

University of Pennsylvania – COVID-19 Vaccine Acceptability Study

You are getting this survey because you receive care at Penn Medicine Gastroenterology/Hepatology. We would like to understand your beliefs about the COVID-19 vaccine, willingness to take it and how to best get it to you once it becomes available. Your responses will be anonymous, confidential and will be combined with others and analyzed in total. The survey takes about 3 minutes. We appreciate your time!

First Name: (Confidential - only used to track if you completed the survey):

Last Name: (Confidential - only used to track if you completed the survey):

Date of Birth: (Confidential - only used to track if you completed the survey):

Vaccine beliefs/behavior (Section 1 of 3)

Please rate how much you agree with each of the following statements: 1 completely disagree, 2 somewhat disagree, 3 neutral, 4 somewhat agree, 5 completely agree, 6 N/A

1. I believe that vaccines are safe.
2. I believe that vaccines are effective.
3. I believe that the COVID-19 vaccine will help control the pandemic.
4. I would follow **my government's** recommendation about receiving the COVID-19 vaccine.
5. I would follow **my employer's** recommendation about receiving the COVID-19 vaccine.
6. I would follow **my primary care** doctor's recommendation about receiving the COVID-19 vaccine.
7. I would follow **my gastrointestinal/liver specialist's** recommendation about receiving the COVID-19 vaccine.
8. If a COVID-19 vaccine is available to me, I will take it.
9. I get the flu vaccine every year.

COVID-19 Vaccine concerns (Section 2 of 3)

Please rate how much you agree with each of the following statements: 1 completely disagree, 2 somewhat disagree, 3 neutral, 4 somewhat agree, 5 completely agree

1. I am concerned that the COVID-19 vaccine may not be safe.
2. I am concerned that the COVID-19 vaccine may not be effective.
3. I am concerned that I will not be prioritized to get the COVID-19 vaccine.
4. I am concerned about COVID-19 vaccine side effects.
5. I am concerned about COVID-19 vaccine costs.
6. I am concerned it will be inconvenient for me to get the COVID-19 vaccine.

Best way to get the COVID-19 Vaccine (Section 3 of 3)

Please rate on a 1 to 5 scale where you would most like to get the vaccine with 5 being the highest? 1 2 3 4 5

Medical office

Drive-through site

Pharmacy (CVS, Walgreens, local pharmacy, etc.)

Employer

Community site (school, church, community center, etc.)

Thank you for your time!