

Knowledge, Attitude, and Perceptions of COVID-19 Vaccination among Healthcare  
Workers in New York City

COVID-19 Vaccine Survey

**Thank you for taking this survey. Your responses will help us understand how you feel about the COVID-19 vaccine. Your answers will be anonymous; we will not know who answered these questions.**

1. Did you get the COVID-19 vaccine?

☐ Yes

☐ No

Yes->Q2

No->Q6

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2. Why did you get the vaccine? Select one or more answers.

- ☐ I am at risk for getting COVID-19 because of my age and/or other medical issues
- ☐ I work on the frontline
- ☐ I live with or take care of someone who is at risk (a person who is 65 years or older and/or who has medical issues that make them more likely to become sick)
- ☐ I don't want to become sick with COVID-19
- ☐ My doctor (or person who provides medical care) suggested getting the vaccine
- ☐ My employer recommended getting the vaccine
- ☐ I heard on the news or social media that it is recommended
- ☐ I want to help control the spread of COVID-19
- ☐ Other (please specify)

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3. Did you experience any of the following after getting the vaccine? Select one or more answers.

☐ Arm pain or soreness

☐ Felt tired or exhausted

☐ Fever

☐ Body aches

☐ Rash or any allergy

☐ I don't know

☐ Other (please specify)

☐ None of the above

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4. Will you get your second shot as scheduled?

- ☐ Yes
- ☐ No
- ☐ I don't know

Yes->Q9  
No->Q5  
I don't know->Q5

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5. Why will you not (or possibly not) get your second shot? Select one or more answers.

- ☐ One shot is enough
- ☐ I had a bad reaction after the first shot
- ☐ I heard side effects after the second shot can be bad
- ☐ Busy schedule
- ☐ Other (please specify)

All Choices -->Q9

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6. I will get the vaccine within the next two months.

- ☐ Agree
- ☐ Disagree
- ☐ I don't know

Agree->Q9  
Disagree->Next Question  
I don't know->Q8

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7. Why will you not get the vaccine in the next two months? Select one or more answers.

- ☐ I do not believe in vaccines
- ☐ The COVID-19 vaccine does not work
- ☐ I could get COVID-19 from the vaccine
- ☐ I do not work on the frontline
- ☐ I do not need/want another shot
- ☐ I do not want a vaccine made outside of the United States
- ☐ It was developed too quickly
- ☐ My faith does not allow me to get the vaccine
- ☐ The sides effects can be bad
- ☐ The vaccine was not tested on people like me or with my condition
- ☐ I don't want to be experimented on
- ☐ My doctor (or person who provides medical care) said I should not get it
- ☐ I do not trust the people who suggested I get the vaccine
- ☐ I am pregnant or breastfeeding (or will become pregnant or breastfeed in the near future)
- ☐ I am not eligible to get the vaccine
- ☐ Other (please specify)

All responses-->Q9

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8. What would help you make a decision about getting the vaccine? Select one or more answers.

- ☐ I need more time to decide
- ☐ I need more information
- ☐ I want to talk to my doctor (or person who provides medical care)
- ☐ I want to talk to someone I trust (community leader, religious leader, etc)
- ☐ I will decide after I am no longer pregnant or breastfeeding
- ☐ I will decide after the vaccine has full approval from the FDA (Food and Drug Administration)
- ☐ I want to wait until more people get the vaccine
- ☐ I don't know
- ☐ Other (please specify)



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9. How has your experience with COVID-19 changed your overall opinion on vaccinations?

- ☐ I am much more likely to vaccinate myself/my children
- ☐ I am more likely to vaccinate myself/my children
- ☐ My opinion on vaccinations has not changed
- ☐ I am less likely to vaccinate myself/my children
- ☐ I am much less likely to vaccinate myself/my children

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10. I worry that I cannot pay for the vaccine (now or in the future).

- ☐ Agree
- ☐ Disagree
- ☐ I don't know

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11. What do you think would happen if you became sick with COVID-19? Select one or more answers.

- ☐ I would likely have no symptoms or a mild disease
- ☐ I could become ill but not need hospitalization
- ☐ I could be hospitalized
- ☐ I could become very ill and need intensive care
- ☐ I could die
- ☐ I don't know

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12. Based on your overall experience, how serious is COVID-19?

- ☐ Not a problem at all
- ☐ Not as bad as other problems in the United States
- ☐ Somewhat of a problem
- ☐ A severe problem, more important than most issues
- ☐ The most important problem in the United States

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13. Where do you get most of your information on COVID-19? Select one or more answers.

- ☐ Work/ NYC Health + Hospitals
- ☐ My doctor (or person who provides medical care)
- ☐ Other medical or scientific professionals
- ☐ Public health organizations like the CDC (Center for Disease Control and Prevention), or NYC DOH (New York City Department of Health)
- ☐ Communications from professional organizations
- ☐ Public/political figures
- ☐ Scientific research or review studies
- ☐ Friends or family
- ☐ My religious community
- ☐ News organizations (print, TV, or online)
- ☐ Social media (Facebook, Twitter, TikTok)
- ☐ None of the above

Work/ NYC HHC-->Q14  
All other responses -->Q15

Other (please specify)

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14. You selected that you get COVID-19 information from Health + Hospitals. Which resource do you find most helpful?

- ☐ COVID-19 Resource Hub
- ☐ Staff emails
- ☐ Staff meetings
- ☐ Insider articles you read on the intranet
- ☐ Flyers, brochures, and posters with information you see and receive
- ☐ My supervisor or coworkers
- ☐ Other (please specify)

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15. What is your age group ?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

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16. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary/third gender
- ☐ Prefer not to answer

Prefer to self-describe



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17. Are you Hispanic or Latino/a/x?

☐ Yes

☐ No

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18. Regardless of your answer to the prior question, please indicate how you identify yourself (you may select one or more).

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other (please specify)

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19. Please enter the zip code where you live.

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20. What is your highest level of formal education?

- ☐ Some secondary school/high school
- ☐ GED
- ☐ High school diploma
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Some graduate school
- ☐ Master's degree
- ☐ Doctoral level
- ☐ Other (please specify)

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21. How many children do you have ?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ More than 2

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22. Which best describes your primary role at work?

- ☐ Physician/Attending
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Nurse
- ☐ Resident
- ☐ Medical Student
- ☐ Patient Care Associate
- ☐ Maintenance Staff
- ☐ Environmental Services
- ☐ Administrative Support Staff
- ☐ Physiotherapy, Occupational Therapy, Speech and Swallow
- ☐ Social Worker
- ☐ Hospital Police
- ☐ Dietary Services/Nutritionist
- ☐ Hospital Administration
- ☐ Information Technology
- ☐ Central Office Administration /Operational Offices

Other (please specify)

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23. Where do you work?

- ☐ The Bronx
- ☐ Brooklyn
- ☐ Manhattan
- ☐ Queens
- ☐ Staten Island

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You have reached the end of the survey. Thank you very much for participating!