

Fall Minute Survey on COVID-19 Vaccines

Thank you for being part of the *All of Us* Research Program. We are interested in addressing one of the most important health topics of our time, COVID-19 vaccination. Help us learn more by completing this short survey. Participating in this survey may help researchers around the world better understand the impact of COVID-19 during this challenging time. This survey will take about one minute to complete.

If possible, please have your vaccination card with you as you complete the survey.

Did you receive the first dose of the COVID-19 vaccination?¹

[Original Source Question Text: N/A]

- Yes
- No
- Not sure, I participated in a COVID-19 vaccination trial

Branching logic: When “Yes” to “Did you receive the first dose of the COVID-19 vaccination?” selected, then:

Enter date of vaccination. If you can't remember the exact date you received your vaccine, use your best guess. ¹

[Original Source Question Text: N/A]

Which vaccine did you receive for your first dose of the COVID-19 vaccination?¹

[Original Source Question Text: N/A]

- AstraZeneca
- Johnson & Johnson (Janssen Pharmaceuticals)
- Pfizer (Pfizer-BioNTech)
- Moderna
- Other

Branching logic: When “Other” selected, then:

Please specify:¹

-
- Not sure

Since receiving your first COVID-19 vaccine, have you experienced any of the following adverse reactions? Please select all that apply.¹

[Original Source Question Text: N/A]

- Swelling, redness, and/or pain at the injection site
- Fever
- Guillain-Barre syndrome
- Headache
- Tiredness
- Muscle pain
- Chills
- Nausea
- Severe allergic reaction (anaphylaxis)
- Fainting or dizziness
- Multisystem inflammatory syndrome
- COVID-19 infection
- Hospitalization
- Other complication or event following vaccination

Branching logic: When “Other complication or event following vaccination” selected, then:

Please specify:¹

-
- None of the above

Branching logic: When “AstraZeneca,” “Pfizer (Pfizer-BioNTech),” “Moderna,” “Other,” or “Not sure”—NOT “Johnson & Johnson (Janssen Pharmaceuticals)” —selected in response to “Which vaccine did you receive for your first dose of the COVID-19 vaccination?” then:

Did you receive the second dose of the COVID-19 vaccination?¹

[Original Source Question Text: N/A]

- Yes
- No

Branching logic: When “Yes” selected, then:

Enter date of vaccination. If you can't remember the exact date you received your vaccine, use your best guess.¹

[Original Source Question Text: N/A]

Which vaccine did you receive for your second dose of the COVID-19 vaccination?¹

[Original Source Question Text: N/A]

- ☐ AstraZeneca
- ☐ Pfizer (Pfizer-BioNTech)
- ☐ Moderna
- ☐ Other

Branching logic: When "Other" selected, then:

Please specify:¹

- _____
- ☐ Not sure

Since receiving your second COVID-19 vaccine, have you experienced any of the following adverse reactions? Please select all that apply.¹

[Original Source Question Text: N/A]

- ☐ Swelling, redness, and/or pain at the injection site
- ☐ Fever
- ☐ Guillain-Barre syndrome
- ☐ Headache
- ☐ Tiredness
- ☐ Muscle pain
- ☐ Chills
- ☐ Nausea
- ☐ Severe allergic reaction (anaphylaxis)
- ☐ Fainting or dizziness
- ☐ Multisystem inflammatory syndrome
- ☐ COVID-19 infection
- ☐ Hospitalization
- ☐ Other complication or event following vaccination

Branching logic: when "Other complication or event following vaccination" selected, then:

Please specify:²

- _____
- ☐ None of the above

Branching logic: When "No" or "Not Sure" selected in response to "Did you receive the first dose of the COVID-19 vaccination?", then:

When a COVID-19 vaccine is available to you, how likely are you to get vaccinated?²

[Original Source Question Text: Do you intend to receive vaccination against the Mexican flu?]

- ☐ Very likely
- ☐ Likely
- ☐ I do not know yet
- ☐ Unlikely
- ☐ Very unlikely

Branching logic: When "Likely," "I do not know yet," "Unlikely," "Very Unlikely" (NOT "Very Likely") selected, then:

What factors might make you less likely to get the vaccine? Please select all that apply²

[Original Source Question Text: Why are you not sure yet? Why do you (probably) not want to receive vaccination? (Four possible answers)]

- ☐ I will not get/am never sick.
- ☐ It is just a virus/not fatal/not necessary.
- ☐ I never get vaccinated.
- ☐ I do not trust the vaccine.
- ☐ I do not want to pay for it.
- ☐ Vaccination location is not convenient.
- ☐ Difficulty in making an appointment.
- ☐ It depends on the risk/adverse events.
- ☐ I have not thought about it yet.
- ☐ I am not in a risk group with underlying conditions.
- ☐ I need more information first.
- ☐ I have already had COVID-19.
- ☐ I am going to let others get it first (herd immunity).
- ☐ I have had severe allergic reactions to vaccines in the past.
- ☐ I am concerned that it will not interact well with other medications/treatments that I am currently taking.
- ☐ I am currently pregnant, planning a pregnancy, or breastfeeding.
- ☐ Do not know yet.
- ☐ Other

Branching logic: when "Other" selected, then:

Please specify:²

Branching logic: When:

- 1) *“AstraZeneca,” “Pfizer (Pfizer-BioNTech),” “Moderna,” or “Other”—NOT “Johnson & Johnson (Janssen Pharmaceuticals)” —selected in response to “Which vaccine did you receive for your first dose of the COVID-19 vaccination?”*

AND

- 2) *“No” is selected in response to “Did you receive the second dose of the COVID-19 vaccination?”, then:*

When a second COVID-19 vaccine is available to you, how likely are you to get vaccinated?²

[Original Source Question Text: N/A]

- ☐ Very likely
- ☐ Likely
- ☐ I do not know yet
- ☐ Unlikely
- ☐ Very unlikely

Branching logic: when “Likely,” “I do not know yet,” “Unlikely,” “Very Unlikely” (NOT “Very Likely”) selected, then:

What factors might make you less likely to get the vaccine? Please select all that apply.²

[Original Source Question Text: Why are you not sure yet? Why do you (probably) not want to receive vaccination? (Four possible answers)]

- ☐ I do not want to pay for it.
- ☐ Difficulty in making an appointment.
- ☐ I had a severe adverse reaction to the first COVID-19 dose.
- ☐ I know family/friends that had a severe adverse reaction to the second COVID-19 dose.
- ☐ I am currently pregnant, planning a pregnancy, or breastfeeding.
- ☐ Other

Branching logic: when “Other” selected, then:

Please specify:¹

Thank you for taking this COVID-19 Vaccine Survey! Now that you've shared your experience with the All of Us Research Program, please remember to click the 'Submit' button to record your responses. We may be in touch to ask you about your future COVID-19 vaccination experiences.

If you are interested in additional resources about COVID-19 vaccine research, please click on the COVID-19 section under the Learning Center Tab in your portal.

Sources

1. Developed for *All of Us* Research Program
2. Bults M, Beaujean DJMA, de Zwart O, Kok G, van Empelen P, van Steenbergen JE, et al. [\[Mexican flu: risk perception in the general public, precautionary measures and trust in information provided by the government\]](#). Ned Tijdschr Geneesk. 2010;154:A1686.
 - a. Year of Original Source: 2010
 - b. Brief Description of Source: Online survey to gain insight into how the Dutch general public viewed the risk during the course of the H1N1 pandemic, into how many and which people took precautionary measures, and into the extent to which people trust the information provided by the government.