

## 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?<sup>1</sup>**

- 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.<sup>1</sup>**

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**Which vaccine did you receive for your first dose of the COVID-19 vaccination?<sup>1</sup>**

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

*Branching logic: when “Other” selected, then:*

**Please specify:<sup>1</sup>**

- 
- Not sure

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

- 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:**<sup>1</sup>

- 
- 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?**<sup>1</sup>

- 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.**<sup>1</sup>

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**Which vaccine did you receive for your second dose of the COVID-19 vaccination?**<sup>1</sup>

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

*Branching logic: when "Other" selected, then:*

**Please specify:**<sup>1</sup>

- 
- Not sure

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

- 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:<sup>2</sup>**

- 
- 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?<sup>2</sup>**

- 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.<sup>2</sup>**

- 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:<sup>2</sup>**

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*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?<sup>2</sup>**

- 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.<sup>2</sup>**

- 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:<sup>1</sup>**

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**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.**

*All of Us* Research Program  
Participant Provided Information (PPI)  
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### **Sources**

1. Developed for *All of Us* Research Program
2. [Dutch Mexican Flu Study](#)