

## COVID-19 Attitudes and Behaviors Survey

The goal of this survey is to understand your attitudes and behaviors about COVID-19 and how they've changed over time. We're going to show you a few statements about COVID-19 both before and after vaccination.

How strongly do you agree or disagree with each of the following statements?

1. Before vaccines were available, COVID-19 was a serious threat to my personal health.
  - ☐ Strongly agree
  - ☐ Somewhat agree
  - ☐ Neither agree nor disagree
  - ☐ Somewhat disagree
  - ☐ Strongly disagree
2. Before vaccines were available, COVID-19 was a serious threat to the health of the public.
  - ☐ Strongly agree
  - ☐ Somewhat agree
  - ☐ Neither agree nor disagree
  - ☐ Somewhat disagree
  - ☐ Strongly disagree
3. Before vaccines were available, the threat of COVID-19 was overblown.
  - ☐ Strongly agree
  - ☐ Somewhat agree
  - ☐ Neither agree nor disagree
  - ☐ Somewhat disagree
  - ☐ Strongly disagree
4. Since vaccination, COVID-19 is no longer a serious threat to my personal health.
  - ☐ Strongly agree
  - ☐ Somewhat agree
  - ☐ Neither agree nor disagree
  - ☐ Somewhat disagree
  - ☐ Strongly disagree
5. Since vaccines became available, COVID-19 is no longer a serious threat to the health of the public.
  - ☐ Strongly agree
  - ☐ Somewhat agree
  - ☐ Neither agree nor disagree
  - ☐ Somewhat disagree
  - ☐ Strongly disagree
6. Since vaccines became available, the threat of COVID-19 is overblown.
  - ☐ Strongly agree
  - ☐ Somewhat agree
  - ☐ Neither agree nor disagree

- Somewhat disagree
  - Strongly disagree
7. COVID-19 restrictions have gone on long enough. We need to get back to normal.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
8. When thinking about COVID-19, I become stressed more easily than I did before the pandemic.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
9. My emotions about COVID-19 make it difficult for me to cope with day-to-day life.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
10. When thinking about COVID-19, I become irritated very quickly about small things or things that do not bother other people.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree

The coronavirus epidemic has changed some people's lives a lot, and other people's not at all. Please read each of the following statements and rate how true or false they are for you since the beginning of the coronavirus epidemic. We will first ask about your behaviors during the early part of the epidemic, *before you received any COVID-19 vaccination*:

11. Before being vaccinated, I washed my hands more often and/or for a longer amount of time than I do now.
- Very false for me
  - Somewhat false for me
  - Slightly false for me
  - Slightly true for me
  - Somewhat true for me
  - Very true for me

12. Before being vaccinated, I tried to keep at least six feet between myself and other people outside my home.
- Very false for me
  - Somewhat false for me
  - Slightly false for me
  - Slightly true for me
  - Somewhat true for me
  - Very true for me
13. Before being vaccinated, I reduced the number of trips outside of my home.
- Very false for me
  - Somewhat false for me
  - Slightly false for me
  - Slightly true for me
  - Somewhat true for me
  - Very true for me
14. Before being vaccinated, I wore a mask or other covering over my nose and mouth whenever I was outside my home.
- Very false for me
  - Somewhat false for me
  - Slightly false for me
  - Slightly true for me
  - Somewhat true for me
  - Very true for me
15. Before being vaccinated, how much did you approve of the following ways to limit the spread of the COVID-19 pandemic?
- a. Mandatory mask wearing in public places
    - Strongly approve
    - Somewhat approve
    - Slightly approve
    - Slightly disapprove
    - Somewhat disapprove
    - Strongly disapprove
  - b. Limits on in-person worship or religious services
    - Strongly approve
    - Somewhat approve
    - Slightly approve
    - Slightly disapprove
    - Somewhat disapprove
    - Strongly disapprove

- c. Limits on indoor dining
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- d. Lockdown of all non-essential travel outside the home
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- e. Closure of schools
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- f. Increased telework/work from home options where available
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- g. Mandatory vaccination
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- h. Vaccine 'passports'
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove

- Strongly disapprove

Next, we will ask about your behaviors *since completing the primary series but BEFORE receiving a booster*. You completed the primary series when you received two shots of the Pfizer or Moderna vaccines or when you received one shot of the Johnson and Johnson vaccine. Please read each of the following statements and rate how true or false they are for you:

16. Since being vaccinated, I wash my hands more often and/or for a longer amount of time than usual.

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

17. Since being vaccinated, I work from home more than usual.

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

18. Since being vaccinated, I keep six feet between myself and other people outside my home.

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

19. Since being vaccinated, I reduced the number of trips outside of my home.

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

20. Since being vaccinated, I wore a mask or other covering over my nose and mouth when I was outside my home.

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

21. Since being vaccinated, how much do you approve of the following ways to limit the spread of the COVID-19 pandemic?

- a. Mandatory mask-wearing in public places
  - ☐ Strongly approve
  - ☐ Somewhat approve
  - ☐ Slightly approve
  - ☐ Slightly disapprove
  - ☐ Somewhat disapprove
  - ☐ Strongly disapprove
- b. Limits on in-person worship or religious services
  - ☐ Strongly approve
  - ☐ Somewhat approve
  - ☐ Slightly approve
  - ☐ Slightly disapprove
  - ☐ Somewhat disapprove
  - ☐ Strongly disapprove
- c. Limits on indoor dining
  - ☐ Strongly approve
  - ☐ Somewhat approve
  - ☐ Slightly approve
  - ☐ Slightly disapprove
  - ☐ Somewhat disapprove
  - ☐ Strongly disapprove
- d. Lockdown of all non-essential travel outside the home
  - ☐ Strongly approve
  - ☐ Somewhat approve
  - ☐ Slightly approve
  - ☐ Slightly disapprove
  - ☐ Somewhat disapprove
  - ☐ Strongly disapprove
- e. Closure of schools
  - ☐ Strongly approve
  - ☐ Somewhat approve
  - ☐ Slightly approve
  - ☐ Slightly disapprove
  - ☐ Somewhat disapprove
  - ☐ Strongly disapprove
- f. Increased telework/work from home options where available
  - ☐ Strongly approve
  - ☐ Somewhat approve
  - ☐ Slightly approve
  - ☐ Slightly disapprove

- Somewhat disapprove
- Strongly disapprove

g. Mandatory vaccination

- Strongly approve
- Somewhat approve
- Slightly approve
- Slightly disapprove
- Somewhat disapprove
- Strongly disapprove

h. Vaccine 'passports'

- Strongly approve
- Somewhat approve
- Slightly approve
- Slightly disapprove
- Somewhat disapprove
- Strongly disapprove

22. Since vaccination, my behaviors have returned to what they were before the COVID-19 pandemic

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

23. Have you received additional COVID-19 vaccine doses beyond the primary series (including any boosters or full additional doses)?

- No
- Yes
  - a. If yes, did your behavior or beliefs change from before receiving your additional dose(s) to after?
    - No
    - Yes

**[IF YES, PARTICIPANTS WILL ANSWER QUESTIONS 23 – 29. IF NO, SKIP TO 30]**

24. Since receiving additional vaccine doses, I wash my hands more often and/or for a longer amount of time than usual.

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

25. Since receiving additional vaccine doses, I work from home more than usual.

- Very false for me

- ☐ Somewhat false for me
- ☐ Slightly false for me
- ☐ Slightly true for me
- ☐ Somewhat true for me
- ☐ Very true for me

26. Since receiving additional vaccine doses, I keep six feet between myself and other people outside my home.

- ☐ Very false for me
- ☐ Somewhat false for me
- ☐ Slightly false for me
- ☐ Slightly true for me
- ☐ Somewhat true for me
- ☐ Very true for me

27. Since receiving additional vaccine doses, I reduced the number of trips outside of my home

- ☐ Very false for me
- ☐ Somewhat false for me
- ☐ Slightly false for me
- ☐ Slightly true for me
- ☐ Somewhat true for me
- ☐ Very true for me

28. Since receiving additional vaccine doses, I wore a mask or other covering over my nose and mouth when I was outside my home

- ☐ Very false for me
- ☐ Somewhat false for me
- ☐ Slightly false for me
- ☐ Slightly true for me
- ☐ Somewhat true for me
- ☐ Very true for me

29. Since receiving additional vaccine doses, how much do you approve of the following ways to limit the spread of the COVID-19 pandemic?

a. Mandatory mask-wearing in public places

- ☐ Strongly approve
- ☐ Somewhat approve
- ☐ Slightly approve
- ☐ Slightly disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove

b. Limits on in-person worship or religious services

- ☐ Strongly approve
- ☐ Somewhat approve
- ☐ Slightly approve
- ☐ Slightly disapprove



- Somewhat disapprove
  - Strongly disapprove
- c. Limits on indoor dining
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- d. Lockdown of all non-essential travel outside the home
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- e. Closure of schools
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- f. Increased telework/work from home options where available
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- g. Mandatory vaccination
  - Strongly approve
  - Somewhat approve
  - Slightly approve
  - Slightly disapprove
  - Somewhat disapprove
  - Strongly disapprove
- h. Vaccine 'passports'
  - Strongly approve
  - Somewhat approve
  - Slightly approve

- Slightly disapprove
- Somewhat disapprove
- Strongly disapprove

30. Since receiving additional vaccine doses, my behaviors have returned to what they were before the COVID-19 pandemic

- Very false for me
- Somewhat false for me
- Slightly false for me
- Slightly true for me
- Somewhat true for me
- Very true for me

Finally, we will ask a few questions about your overall beliefs about vaccination:

31. What were the most important factors in your decision to get any COVID-19 vaccine? *Select all that apply.*

- Wanted to protect myself from getting COVID-19
- Wanted to protect others from getting COVID-19
- Believed that the vaccines have been fully tested
- Believed that the vaccines are safe
- Wanted life to go back to normal
- Needed to be vaccinated for work or other activities
- Other \_\_\_\_\_

32. Did any of these thoughts about the vaccine concern you? *Select all that apply.*

- Believed that COVID-19 is not a serious health threat
- Believed that you may have a bad reaction to the vaccine or booster
- Believed that the vaccines are not fully tested
- Believed that the vaccine research was rushed
- Believed that the vaccines are not safe
- Do not believe in the benefits of vaccination in general
- Other \_\_\_\_\_

33. Will you get/continue to get COVID-19 vaccine boosters?

- Yes, as often as I can
- Very likely
- Maybe, it depends
- Very unlikely
- No, definitely not

a. Why did you answer the way you did?

34. Is there anything about your COVID-19 preventative behaviors (e.g., hand washing, wearing masks, social distancing) over time or your thoughts on COVID-19 vaccines that you would like to share?