

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!