Winter 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 two minutes to complete.

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

We will ask you about your vaccination experiences. We may also ask you about additional doses of the vaccine. Additional doses include both "booster doses" and "additional full doses." To help you better understand and answer these questions, please read the definitions below.

- Booster dose: refers to another dose of a vaccine that is given to people who built enough protection after full vaccination (two weeks after receiving 1 dose of J&J or two weeks after receiving the 2-dose mRNA COVID-19 vaccine series). Boosters may be recommended over the coming months to maintain protection against COVID-19.
- Additional full dose: refers to additional doses of a vaccine that are given to people with moderately to severely weakened immune systems

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

  _____

  Which vaccine did you receive for your first dose of the COVID-19 vaccination?[1]
  - AstraZeneca
  - Johnson & Johnson (Janssen Pharmaceuticals)
  - Pfizer (Pfizer-BioNTech)
  - Moderna

    ○ Other

    Branching logic: when "Other" selected, then:

    Please specify:[1]

    _____

    ○ Not sure

Since receiving your COVID-19 vaccine, have you experienced any of the following adverse reactions related to the vaccine? Please select all that apply.[2]

- 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
- Myocarditis
- Thrombocytopenia
- 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 "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?", then:

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

    ■ 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]

  _____

  Which vaccine did you receive for your second dose?[1]

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

    Branching logic: when "Other" selected, then:

    Please specify:[1]

    _____

  - ☐ Not sure

Branching logic: when "Yes" to "Did you receive the first dose of the COVID-19 vaccination?" AND "Did you receive the second dose of the COVID-19 vaccination?" selected, then:

Since receiving your COVID-19 vaccine, have you experienced any of the following adverse reactions related to the vaccine? Please select all that apply.[2]

- 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
- Myocarditis
- Thrombocytopenia

- 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]
- ○ 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]
- 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 risks/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]

- 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 an additional dose? Please select all that apply.[2]

  - I do not want to pay for it.
  - Difficulty 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 or planning to be pregnant or breastfeeding.
  - Other

    Branching logic: when "Other" selected, then:

    Please specify:[1]

    _____

Branching logic: when:

1) *"Johnson & Johnson (Janssen Pharmaceuticals)" selected in response to "Which vaccine did you receive for your first dose of the COVID-19 vaccination?"*

   OR

2) *"AstraZeneca," "Pfizer (Pfizer-BioNTech)," "Moderna," "Other," or "Not Sure" selected in response to "Which vaccine did you receive for your first dose of the COVID-19 vaccination?" AND "Which vaccine did you receive for your second dose?", then:*

Did you receive an additional dose of the COVID-19 vaccination? This includes boosters or additional full doses of the COVID-19 vaccine.[1]

- ○ Yes
- ○ No
- ○ Not sure

   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]

   _____

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

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

      Branching logic: when "Other" selected, then:

      Please specify:[1]

      _____

   - ■ Not sure

   Since receiving your additional COVID-19 vaccine, have you experienced any of the following adverse reactions related to the vaccine? Please select all that apply.[2]

   - ● 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
- Myocarditis
- Thrombocytopenia
- Other complication or event following vaccination

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

  Please specify:[1]

  _____

- None of the above

What type of vaccine did you receive for the additional dose?[1]

- Booster dose
- Additional full dose
- Other

  Branching logic: when "Other" selected, then:

  Please specify:[1]

  _____

- Not sure

Branching logic: when "No" or "Not sure", selected in response to "Did you receive an additional dose of the COVID-19 vaccination? This includes boosters or additional full doses of the COVID-19 vaccine.", then:

If an additional dose is available to you, how likely are you to get vaccinated?[2]

- Very likely
- Likely
- I do not know yet
- Not likely now, but maybe later
- Unlikely

- ■ Very unlikely

  Branching logic: when "Likely", "I do not know yet", "Not likely now, but maybe later", "Unlikely", "Very Unlikely" (NOT "Very Likely") selected, then:

  What factors might make you less likely to get an additional dose? Please select all that apply.[2]

  - I think I'm sufficiently protected against COVID-19.
  - I think I should wait to get my booster until more people around the world can get vaccinated.
  - I do not want to pay for it.
  - Difficulty making an appointment.
  - I had a severe adverse reaction to the first or second COVID-19 dose.
  - I know family/friends that had a severe adverse reaction to the first or second COVID-19 dose.
  - I am currently or planning to be pregnant or breastfeeding.
  - There is not enough data on additional doses.
  - I had COVID-19 after being fully vaccinated.
  - Other

    Branching logic: when "Other" selected, then:

    Please specify:[1]

    _____

Branching logic: when "Yes" to "Did you receive an additional dose of the COVID-19 vaccination? This includes boosters or additional full doses of the COVID-19 vaccine." selected, then:

Have you received a dose in addition to the one(s) previously indicated? This includes boosters or additional full doses of the COVID-19 vaccine?[1]

- ○ Yes
- ○ No
- ○ Not sure

  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]

  _____

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

- AstraZeneca
- Johnson & Johnson (Janssen Pharmaceuticals)
- Pfizer (Pfizer-BioNTech)
- Moderna
- Other
  Branching logic: when "Other" selected, then:
  Please specify:[1]

  _____

- Not sure

Since receiving your additional COVID-19 vaccine, have you experienced any of the following adverse reactions related to the vaccine? Please select all that apply.[2]

- 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
- Myocarditis
- Thrombocytopenia
- Other complication or event following vaccination
  Branching logic: when "Other complication or event following vaccination" selected, then:
  Please specify:[1]

  _____

- None of the above

What type of vaccine did you receive for the additional dose?[1]

- Booster dose
- Additional full dose
- Other

  Branching logic: when "Other" selected, then:

  Please specify:[1]

  _____

- Not sure

Branching logic: when "Yes" selected in response to "Have you received a dose in addition to the one(s) previously indicated? This includes boosters or additional full doses of the COVID-19 vaccine," then detailed questions about vaccine event repeat. This loop can repeat up to 14 more times.

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.

<u>Sources</u>

1. Developed for *All of Us* Research Program
2. Dutch Mexican Flu Study