Date of Vaccine Acceptance Collection

_____
(MM/DD/YYYY)

Vaccination

| Have you ever received a flu vaccination? | ○ Yes
○ No
○ Do not remember |

| Have you received a flu vaccine this season (last 6 months)? | ○ Yes
○ No
○ Do not remember |

| Have you received a COVID-19 vaccine? | ○ Yes
○ No
○ Prefer not to answer
○ Don't know |

| How likely are you to get an approved COVID-19 vaccine when it becomes available? | ○ Very likely
○ Fairly likely
○ Not too likely
○ Not at all likely
○ Definitely not
○ Don't know
○ Prefer not to answer
○ Not applicable |

Reasons for Getting/Not Getting a COVID 19 Vaccine

Why would you get a COVID-19 vaccine?

☐ I want to keep my family safe
☐ I want to keep my community safe
☐ I want to keep myself safe
☐ I have a chronic health problem, like asthma or diabetes
☐ My doctor told me to get a COVID-19 vaccine
☐ I don't want to get really sick from COVID-19
☐ I want to feel safe around other people
☐ I believe life won't go back to normal until most people get a COVID-19 vaccine
☐ Other
(Check all that apply)

Why would you NOT get a COVID-19 vaccine?	☐ I'm allergic to vaccines
	☐ I don't like needles
	☐ I'm not concerned about getting really sick from COVID-19
	☐ I'm concerned about side effects from the vaccine
	☐ I don't think vaccines work very well
	☐ I don't trust that the vaccine will be safe
	☐ I don't believe the COVID-19 pandemic is as bad as some people say it is
	☐ I don't want to pay for it
	☐ I don't know enough about how well a COVID-19 vaccine works
	☐ Other
	(Check all that apply)

This module was extracted from pages 11-12, section "Vaccine Acceptance" from the full document "RADx-UP Common Data Elements"