Please complete the survey below.

Thank you!

Observational Study to Evaluation Community Perception of Vaccines, Vaccination, and Other Infection Prevention Interventions Among Adults, Adolescents, and Travelers
IRB # 12.0470

Dear Patient:

You are being invited to participate in a research study by answering the attached survey about perceptions of vaccines, vaccinations and other preventive interventions. You have been asked to participate because you or a friend or family have been a patient in the Vaccine Center, or perhaps you saw the clinic sign and expressed interest. There are no known risks for your participation in this research study. The information collected may not benefit you directly. The information learned in this study may be helpful to others. The information you provide will help us understand decision-making regarding vaccines and other preventive measures relative to infections and subsequent illness. Your completed survey will be stored electronically on the REDCap database website. Any paper forms will be stored in the office of the principal investigator, Dr. Ruth Carrico. The survey will take approximately 15 minutes to complete.

Individuals from the Department of Medicine, the Institutional Review Board (IRB), the Human Subjects Protection Program Office (HSPPO), and other regulatory agencies may inspect these records. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed.

Taking part in this study is voluntary. By completing this survey you agree to take part in this research study. You do not have to answer any questions that make you uncomfortable. You may choose not to take part at all. If you decide to be in this study you may stop taking part at any time. If you decide not to be in this study or if you stop taking part at any time, you will not lose any benefits for which you may qualify.

If you have any questions, concerns, or complaints about the research study, please contact: Ruth Carrico PhD RN at 502-852-6485.

If you have any questions about your rights as a research subject, you may call the Human Subjects Protection Program Office at (502) 852-5188. You can discuss any questions about your rights as a research subject, in private, with a member of the Institutional Review Board (IRB). You may also call this number if you have other questions about the research, and you cannot reach the study doctor, or want to talk to someone else. The IRB is an independent committee made up of people from the University community, staff of the institutions, as well as people from the community not connected with these institutions. The IRB has reviewed this research study.

If you have concerns or complaints about the research or research staff and you do not wish to give your name, you may call 1-877-852-1167. This is a 24 hour hot line answered by people who do not work at the University of Louisville.

Sincerely,

Ruth Carrico, PhD

First Name

______________________________________________________________

Last Name

______________________________________________________________
This section includes basic demographic information about you.

What is the purpose of your visit to this clinic today?
- I am here for travel-related reasons
- I am here for non travel-related reasons (non-travel vaccines)

What is the zip code of your primary residence?

Please select your age group.
- Under the age of 18
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- >65

Please select your gender.
- Male
- Female

Please select your race
- White/Caucasian
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other

Do you have health insurance?
- Yes
- No

Please select your household income.
- $0 - $25,000 / year
- $25,001 - $50,000 / year
- $50,001 - $75,000 / year
- $75,001 - $100,000 / year
- More than $100,000 / year
- Do not wish to answer

Please select your highest educational attainment.
- Less than high school diploma
- High school diploma/GED
- Associate degree
- Bachelor degree
- Master degree
- Doctoral degree
- Other professional degree

Are you currently married?
- Yes
- No

Are you currently employed?
- Yes
- No

Does any religious affiliation guide your daily decision making regarding vaccination?
- Yes
- No

Please rate the following questions based on your level of agreement.

I feel that the vaccine(s) I may be receiving today will protect me from getting sick.
- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree
I feel that the vaccine(s) I may be receiving today is beneficial to me.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

I feel that the vaccine(s) I may be receiving today is beneficial to the public at large.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

I feel that the vaccine(s) I may be receiving today is very important.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

I feel that the vaccine(s) I may be receiving today is very safe.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

Staying healthy is important to me.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

Most people who are important to me think that I should be vaccinated.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

I feel that I am expected to get vaccinated.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

With regard to vaccines, how important are the opinions of your friends to you?

- Not at all important
- Not important
- Somewhat not important
- Unsure
- Somewhat important
- Important
- Very important
With regard to vaccines, how important are the opinions of your medical professional to you?

- Not at all important
- Not important
- Somewhat not important
- Unsure
- Somewhat important
- Important
- Very important

I feel social pressure to get vaccinated.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

The people in my life whose opinions matter to me would like it if I got vaccinated.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

Most people like me are getting recommended routine and/or travel-related vaccines.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

Generally speaking, I do what my friends suggest or do themselves regarding vaccination.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

Generally speaking, I do what medical professionals suggest with regard to vaccination.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

For me, getting vaccinated is easy.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

How difficult was it for you to get an appointment with the Vaccine Center for today's visit?

- Very hard
- Hard
- Somewhat hard
- Neither hard nor easy
- Somewhat easy
- Easy
- Very easy
<table>
<thead>
<tr>
<th>Statement</th>
<th>Options</th>
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<tbody>
<tr>
<td>I am comfortable discussing vaccines with my friends and family.</td>
<td>- Strongly disagree</td>
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<td></td>
<td>- Disagree</td>
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<td></td>
<td>- Somewhat disagree</td>
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<td>- Neither agree nor disagree</td>
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<td>- Strongly agree</td>
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<td>I am comfortable discussing vaccines with my medical professional.</td>
<td>- Strongly disagree</td>
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<td>- Strongly agree</td>
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<td>For me, getting a vaccine is possible today.</td>
<td>- Strongly disagree</td>
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<td></td>
<td>- Disagree</td>
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<td>- Agree</td>
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<td></td>
<td>- Strongly agree</td>
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<td>If I want to, I can get vaccinated.</td>
<td>- Strongly disagree</td>
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<td></td>
<td>- Disagree</td>
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<td>- Somewhat disagree</td>
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<td>- Agree</td>
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<td></td>
<td>- Strongly agree</td>
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<tr>
<td>It is completely up to me whether or not I get vaccinated.</td>
<td>- Strongly disagree</td>
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<td></td>
<td>- Disagree</td>
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<td>- Somewhat disagree</td>
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<td>- Agree</td>
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<td>- Strongly agree</td>
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<td>The cost of vaccinations is a barrier to me getting vaccinated.</td>
<td>- Strongly disagree</td>
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<td>- Disagree</td>
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<td>- Strongly agree</td>
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<td>Over the next year, how likely is it that you will try to get more</td>
<td>- Very unlikely</td>
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<td>information on a particular vaccine?</td>
<td>- Unlikely</td>
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<td>- Somewhat unlikely</td>
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<td>- Neither likely nor unlikely</td>
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<td>- Somewhat likely</td>
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<td>- Likely</td>
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<td></td>
<td>- Very likely</td>
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<td>If it were free, how likely would you be to get a vaccine in the next</td>
<td>- Very unlikely</td>
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<td>6 months?</td>
<td>- Unlikely</td>
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<td></td>
<td>- Somewhat unlikely</td>
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<td>- Neither likely nor unlikely</td>
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<td>- Somewhat likely</td>
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<td></td>
<td>- Likely</td>
</tr>
<tr>
<td></td>
<td>- Very likely</td>
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</tbody>
</table>
How likely is it that you will get another vaccine in the next year?

- Very unlikely
- Unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Likely
- Very likely

Who recommended that you visit this Vaccine and International Travel Center?

- Vaccine Center physician/nurse
- Primary care physician
- Specialist physician
- Nurse practitioner/physician's assistant
- Pharmacist
- Friend or family member
- Self
- Other

Would you like to receive a newsletter from this Vaccine and International Travel Center?

- Yes
- No

May we contact you when you return from your travel to learn from your travel experiences?

- Yes
- No

Please enter your email address so we can contact you with any items you selected above.

__________________________________

Thank you very much for completing this survey. The results will help us to identify ways to improve vaccination in the community and ultimately protect all of us from many infectious diseases. We value any additional comments you would like to provide.

__________________________________