

**Orlando Health  
COVID Vaccine – Team Member Study  
Questionnaire DRAFT (Version 2 - Shorter)  
11/20/20**

**Purpose and Methodology**

**Purpose**

The purpose of this study is to inform decisions related to order quantity, education, promotion and distribution of COVID-19 vaccines as they become available in the coming weeks.

This data will be used to segment the target audience by their attitudes toward the vaccine. The findings will also serve as a baseline for future studies to track the evolution of attitudes as the vaccine passes more trials and its efficacy is further refined and documented.

**Methodology**

Orlando Health Team Members and Medical Staff will receive an email invitation to participate in the survey. Only the first question is required with the option to answer 3 attitudinal questions, 3 classifiers and one open end. Analysis will include basic frequencies, crosstab analysis, and recommendations.

**Survey Invitation**

SUBJECT: COVID-19 Vaccine Survey

Dear Orlando Health Team Member,

This year has been a rollercoaster of information, challenges and emotions as a result of COVID-19. We could not be more proud to have witnessed the grace with which each of you have persevered. Your resilience, flexibility and growth have been on display like never before.

As you may have heard, vaccines have been developed and will soon be distributed under emergency order starting with healthcare workers. We are seeking the opinions of Orlando Health's team members to design a vaccination program with your concerns in mind. Please click the link below to access a brief survey (only **ONE** required question) to tell us what you think:

**[insert survey link]**

Thank you for your honest feedback and we promise to honor your confidentiality, candor and professionalism, regardless of how you feel about the vaccine.

Sincerely,

**George Ralls, M.D.**  
Chief Medical Officer

## COVID-19 Vaccine Survey

1. If the vaccine were offered to you today would you choose to take it?

- ☐ Yes
- ☐ No

***The rest of this questionnaire is optional:***

Please tell us **HOW MUCH YOU AGREE** with the following:

	<i>Strongly Agree</i>				<i>Strongly Disagree</i>
	5	4	3	2	1
2. I worry that the vaccine may <b>make me sick</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I consider myself <b>more cautious than average</b> regarding COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I don't want to be in the first batch. I <b>prefer to wait to see how other people react</b> to it first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Did you personally test positive or suspect that you had COVID-19 at any point over the last year?

- ☐ Yes
- ☐ No

6. Do you personally have a risk factor such that you would be considered "high risk" due to age or other health condition?

- ☐ Yes
- ☐ No

7. Which setting best describes your role:

- ☐ Physician
- ☐ Advance Practice Professional
- ☐ Nurse
- ☐ Non-Clinical / Patient Facing
- ☐ Non-Clinical / Non-Patient Facing
- ☐ Other (please specify: \_\_\_\_\_)

8. Please use the space below to share other feelings you have about the COVID-19 vaccine.

***Thank you for taking the time to give us your feedback!***