Attitudes Toward Influenza Vaccination

This project and survey are part of a course for the Robert Larner, M.D. College of Medicine at the University of Vermont (formerly the University of Vermont College of Medicine). The goal of this survey is to identify the attitudes toward influenza vaccination held by the patients of Hinesburg Family Practice. Your kind assistance in helping us gauge your understanding and perception of influenza infection and influenza vaccination will help us accomplish this.

Your participation in this survey is completely voluntary and you can feel free to decline answering any questions at any time. Your name, date of birth, and other identifying information will not be collected. All information collected will be confidential and not linked to you in any way.

Please complete the following demographic questions as accurately as possible:

Age (circle one): 16-25  26-35  36-49  50<  Gender:  Insurance:

What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

□ Some high school  □ High school graduate or GED  □ Technical/vocational training
□ Associate degree  □ Bachelor’s degree  □ Masters, doctorate degree

Please circle one answer for each of the following questions:

1. Have you received a flu shot since September 2015? Yes No
2. Do you plan on receiving a flu shot today? Yes No
3. Have you ever received a pneumonia vaccination? Yes No
4. Have you seen a doctor or other health professional since September 2016? Yes No
5. Has a doctor or health professional recommended that you receive a flu vaccine since 2015? Yes No
6. Have you heard, read or been told that influenza vaccination is recommended to adults aged ≥65. Yes No
7. In a typical year would you receive the flu vaccine if offered to you? Yes No

For each of the following statements please indicate whether you agree or disagree:

8. “Influenza can be a serious disease in the elderly.” Agree Disagree Don’t Know
9. “The flu shot prevents influenza.” Agree Disagree Don’t Know
10. “I feel that I have received all the information I need to decide if I should get a flu shot.” Agree Disagree Don’t Know
11. “I get sick from flu shots.” Agree Disagree Don’t Know
12. “I am concerned that there may be something I don’t know about the flu shot.” Agree Disagree Don’t Know

If you answered “Yes” to question 7 please go to question 13. If you answered “No” to question 7 please skip question 13 and complete question 14.

13. Please list/explain your reason for accepting flu vaccination:

14. Please list/explain your reason for not accepting flu vaccination: