



# SAMPLE EMPLOYEE SURVEY

## Covid-19 Vaccination Plans

This sample survey will identify employee attitudes and progress towards vaccination. It will surface their concerns, and ways your organization might support them. It also includes optional demographic questions. These can help you understand and communicate with different audiences within your organization.

Please feel free to customize this survey. Questions 5-7 in particular should reflect the specific support your organization can provide. We recommend keeping question 3 open-ended rather than listing potential concerns. This will avoid “priming” people to respond in a certain way.

This survey is based in part on those developed by Survey Monkey, Pew Research and the Kaiser Family Foundation.

### INTRO TEXT

#### HOW DO YOU FEEL ABOUT GETTING A COVID-19 VACCINE?

Keeping our workplace safe from the coronavirus is important to us. We would like to know your thoughts about getting a Covid-19 vaccine, returning to the workplace, and how we can support you. With that in mind, we would appreciate it if you could submit your feedback using this survey. It should take you only a few minutes to complete.

The information collected here will assist [company name] to better understand and meet our employees' needs.

\*\* All personal information will remain anonymous. No personal or identifying information from this survey will be shared\*\*

Please answer questions 1-10. The last four questions (11-14) are optional. They help us to better understand the different communities within [Company name].

Thank you so much for your feedback. We greatly appreciate your input!

## SURVEY TEXT

**1. Have you gotten a Covid-19 vaccine?\***

- One-dose vaccine
- Two-dose vaccine: first dose
- Two-dose vaccine: two doses
- I have not gotten a vaccine

**2. Do you plan to get a COVID-19 vaccine?\***

- Definitely get a vaccine
- Probably get a vaccine
- Probably NOT get a vaccine
- Definitely NOT get a vaccine
- I am unsure if I will get a vaccine
- I have already gotten a vaccine dose

**3. What concerns do you have, if any, about receiving a COVID-19 vaccine?\***

**(Please list your concerns)**

**4. If you have not been vaccinated, how concerned are you about the health risks of contracting Covid-19?\***

- I am very concerned about serious risks to my health from contracting Covid-19.
- I am somewhat concerned about serious risks to my health from contracting Covid-19.
- I am not concerned about serious risks to my health from contracting Covid-19.
- I do not believe that I could contract Covid-19.

**5. What could we do to support you in learning about Covid vaccines?\***

**(Select all that apply)**

- Information on how Covid vaccines were developed and tested
- Information on how Covid vaccines work
- Information on what happens during and after the vaccine
- Webinars with medical experts
- Confidential answers to my own questions
- Scientific updates
- Information in other languages
- Other (Please list):

## SURVEY TEXT

**6. What could we do to support you in getting a Covid vaccine?\* (Select all that apply)**

- Assistance in finding vaccination and testing sites near you
- Assistance in scheduling vaccination appointments
- Vaccination reminders
- Hearing from people who were vaccinated
- Onsite vaccination for me
- Onsite vaccination for my family
- Paid time off to receive a vaccination
- Paid time off after vaccination, if needed
- Transportation assistance
- Other assistance (Please list):

**7. What communication/updates would be valuable to you during this time?\***  
**(Select all that apply)**

- Vaccination and testing locations near you
- Vaccine updates
- Scientific information/developments
- Covid-related company policies
- Other communications:

**8. How concerned are you about returning to the workplace and being exposed to people who may be infected with the Covid-19 in the workplace?**

- I am very concerned about being exposed to Covid-19 in the workplace.
- I am somewhat concerned about being exposed to Covid-19 in the workplace.
- I am not concerned about being exposed to Covid-19 in the workplace.

**9. If you are concerned about exposure in the workplace, what measures would reduce those concerns? (Check all that apply)**

- Limiting number of employees in office
- Social distancing
- Safety barriers
- Mask requirements
- Employee vaccine mandates
- Employee vaccine mandates or regular testing
- Customer vaccine mandates
- Other (Please specify)

**SURVEY TEXT**

**10. Are there any other comments you'd like to share?\***

**11. What is your gender?**

- Male
- Female
- Other (please specify)

**12. What is your age group?**

- Under 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+

**13. What is your race/ethnicity? (Select all that apply)**

- White or Caucasian
- Hispanic or Latino
- Black or African American
- Asian or Asian American
- American Indian
- Alaska Native
- Native Hawaiian or other Pacific Islander
- Other (please specify)
- Prefer not to answer

**14. Do you have a language preference other than English? (Please list your preferred languages)**