Please take a few minutes to fill out this survey. Maricopa County Department of Public Health-Office of Community Health Nursing welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

1. **Age, Years**
   - [ ] 18-29
   - [ ] 30-44
   - [ ] 45-54
   - [ ] 55-64
   - [ ] ≥ 65

2. **Race/Ethnicity**
   - [ ] Asian
   - [ ] Black/African American
   - [ ] Native American
   - [ ] White
   - [ ] Hispanic

3. **Education**
   - [ ] High School
   - [ ] Associate
   - [ ] Technical
   - [ ] Some College
   - [ ] Bachelor
   - [ ] Master
   - [ ] PhD

4. **Select the answer that best describes your profession.**
   - [ ] Student
   - [ ] Faculty
   - [ ] Other

   **4a. If you are a student, what degree program are you currently enrolled in (e.g. nursing, education, business)?**
   
   __________________________________________________________

5. **Have you ever received the influenza vaccine?**
   - [ ] Yes
   - [ ] No

6. **The influenza vaccine is safe.**
   - [ ] Strongly disagree
   - [ ] disagree
   - [ ] neither
   - [ ] agree
   - [ ] strongly agree
7. It is important for me to receive the influenza vaccine.

____________________________

Strongly disagree disagree neither agree strongly agree

8. It is important for patients to receive the influenza vaccine.

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Strongly disagree disagree neither agree strongly agree

9. I am at risk for influenza infection.

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Strongly disagree disagree neither agree strongly agree

10. Patients are at risk for influenza infection from healthcare workers.

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Strongly disagree disagree neither agree strongly agree

11. The influenza vaccine is important for healthcare workers.

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Strongly disagree disagree neither agree strongly agree

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.