

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.

Strongly disagree disagree neither agree strongly agree

9. I am at risk for influenza infection.

Strongly disagree disagree neither agree strongly agree

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

Strongly disagree disagree neither agree strongly agree

11. The influenza vaccine is important for healthcare workers .

Strongly disagree disagree neither agree strongly agree

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