

Portsmouth City Knowledge About Vaccines

The purpose of this survey is to get your opinions about our community health status for the City of Portsmouth. The Portsmouth City Health Department will use the results of this survey and other information to identify the needs of our community, which can be addressed through community action. Remember, your opinion is important!

Y=Yes N=No

- Y N 1. Do you feel that you know which vaccines you need as an adult?
- Y N 2. Are you up to date on vaccines?
- Y N 3. Do you have children?
- Y N 4. Do you believe in getting kids vaccines?
- Y N 5. Do you believe that vaccines prevent disease?
- Y N 6. Do you get your yearly flu shot?
- Y N 7. Did you know if you are over the age of 65, that there is a special flu shot for you?
- Y N 8. Did you know if you are between the ages of 9-26 (boys and girls), that there is a vaccine to prevent cancer?
- Y N 9. Do you recommend vaccines to your loves ones (old and young)?
- Y N 10. Do you personally know people who refuse vaccines?
- Y N 11. Do you agree with those who refuse vaccines?
- Y N 12. Have you ever refused a vaccine?
- Y N 13. Do you believe that you are at risk of disease or infection because someone else doesn't get vaccinated?
- Y N 14. Do you trust social media's information about vaccines?
- Y N 15. Do you have a reliable source (health department, doctor, etc) for vaccine information?
- Y N 16. Do you believe that vaccines better your health?
- Y N 17. Do you have any factors (transportation, insurance, etc) that prevents you from getting vaccines?

Answer the following questions to the best of your ability.

18. What is your age? _____
19. What gender do you identify with (Circle): Male Female Other Prefer not to say
20. Ethnicity (Circle): American Indian or Alaska Native Asian Black or African American
Hispanic or Latino Native Hawaiian or Other Pacific Islander White
21. Marital Status (Circle)? Single Married Widowed Divorced
22. Education Completed (Circle):
Less Than High School High School Diploma GED College Degree Some College
23. Type of coverage (Circle): No Insurance Medicaid Private Insurance
24. How would you like to hear about vaccine updates (Circle): Pamphlets TV/Radio Social Media Billboards

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We appreciate you taking the time to better our community!

THANK YOU