Supplementary Appendix S1

Introduction

As of May 28, 2021, SARS-CoV-2 virus had infected more than 33.2 million people and caused more than 593,000 deaths in the United States. Current evidence indicates that available vaccines are effective against severe cases of COVID-19. It isn’t known how long any of the available vaccines will protect a person from COVID-19 or if there are any long-term side effects; more data over a longer period of time are needed to determine this. However, the COVID-19 vaccine is expected to be like many other vaccines we regularly receive with few, if any, long-term side effects. Based on available scientific evidence, it is reasonable to believe the known and potential benefits of the vaccines outweigh the known and potential risks. Several types of COVID-19 vaccine are now available at no cost to all US citizens over 12 years of age in all states.

Based on this information, we would like to know your thoughts about receiving a COVID-19 vaccine. The purpose of this survey is to better understand the views of veterinary providers.

[Block 1: COVID-19 Vaccine Intention]

1. Have you ever had COVID-19?
   1) Yes
   2) No
   3) Uncertain / Maybe

2. Have you received a COVID-19 vaccine?
   1) Yes
   2) No

If answer to Question 2 = 1) yes, skip to Block 5, Question 30
If answer to Question 2 = 2) no, go to Question 3

3. If a COVID-19 vaccine was offered to you today free of charge how likely would you be to get it?
   1) Highly unlikely
   2) Somewhat unlikely
   3) Neither likely nor unlikely
   4) Somewhat likely
   5) Highly likely

[Block 2: Health Beliefs]

Please use the response options indicated below to indicate how much you agree with each of the following statements.

Copyright, American Veterinary Medical Association, 2023
Key:
1 through 5; see descriptors in table below.

<table>
<thead>
<tr>
<th>Health Beliefs Questions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perceived susceptibility and severity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am concerned about catching COVID-19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I am concerned that my job or workplace puts me at risk for getting COVID-19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I am concerned are you that COVID-19 would harm me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceived benefits of COVID-19 vaccines</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Vaccination will protect me against COVID-19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Vaccination will prevent me from spreading COVID-19 to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. It is necessary for me to be vaccinated against COVID-19 in order to do my job safely.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I would feel safer if everyone in my workplace was vaccinated against COVID-19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I believe the benefits of the COVID-19 vaccine outweigh the risks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceived barriers to vaccination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. It is convenient for me to get to a COVID-19 vaccine site.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I am concerned about being able to take time off work to get the COVID-19 vaccine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I am concerned about missing work after getting a COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I am concerned about short-term negative COVID-19 vaccine side-effects.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. I am concerned about long-term negative COVID-19 vaccine side-effects.

17. I have ethical, moral, and/or religious concerns about vaccination.

18. I am concerned about getting a COVID-19 vaccine while pregnant, breast feeding, or trying to get pregnant.

[Block 3: Motivations / Cues to Action (to take a COVID-19 vaccine)]

Please use the response options below to indicate how much you agree with each of the following statements.

Key:
1 = Strongly disagree (SD), 2= Disagree (D), 3= Uncertain / Neutral (N), 4 = Agree (A), 5 = Strongly agree (SA)

<table>
<thead>
<tr>
<th>Cues to action or motivations</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be more comfortable receiving a COVID-19 vaccine if:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I could get paid time off to get a COVID-19 vaccine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. My practice or office could remain open for the time I took off to get a vaccine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I personally know people who are vaccinated without serious side effects.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. My health care provider recommends I get the vaccine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I know the vaccine will protect me for one year or more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. My employer requires we get vaccinated to be allowed to work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Block 4: Perceptions of workplace practices and co-worker behaviors surrounding COVID-19 vaccines]
25. How is your practice or office encouraging COVID-19 vaccination? (Check all that apply)
   1) Making vaccination mandatory to return to work.
   2) Giving paid time off to get the vaccine.
   3) Sharing information about where and how to get the vaccine locally.
   4) Helping staff book vaccine appointments.
   5) Other (please specify): _____
   6) I don’t know
   7) They aren’t encouraging COVID-19 vaccination.

26. How many veterinarians, including yourself, work at your place of employment? _____

27. How many (non-veterinarian) staff work at your place of employment? _____

28. How many of your co-workers have received the vaccine or have scheduled an appointment to get a COVID-19 vaccine?
   1) Number who have scheduled or received COVID-19 vaccine: _____
   2) I don’t know.

29. Why do you think some of your co-workers have not yet been vaccinated? (Check all that apply)
   1) Inconvenience of scheduling a vaccine appointment.
   2) Inconvenience of vaccine site locations.
   3) Concerns about getting or taking time off to get the vaccine
   4) Worries about taking time off due to bad short-term side effects.
   5) Concerns about serious long-term side effects.
   6) Uncertainty about how the COVID-19 vaccine works to induce immunity.
   7) Moral, religious, or ethical objections to vaccination.
   8) Other (please specify): _____
   9) Not applicable—to my knowledge all of my co-workers have been vaccinated.

[Block 5: Occupational and Demographic Information]

30. Which of the following best describes your employment type?
   1) Clinical practice
   2) Academia
   3) Government
   4) Industry/commercial
   5) Non-profit organization
   6) Non-veterinary employment
   7) Retired
   8) Not employed
   9) Other: ______
   10) Prefer not to answer
If answer to Question 30 = 1) Clinical practice, 2) Academia, 3) Government, 4) Industry/commercial, 5) Non-profit organization, or 9) Other display Question 31

If answer to Question 30 = 6) Non-veterinary employment, 7) Retired, 8) Not employed, or 10) Prefer not to answer skip to Question 32

31. Which species category best describes your work in the veterinary profession?
   1) Companion animal
   2) Equine
   3) Food animal
   4) Lab animal
   5) Mixed animal
   6) Zoo or wildlife
   7) Other (please specify): ______
   8) No species contact
   9) Prefer not to answer

32. How would you characterize your primary geographic area?
   a. Urban
   b. Suburban
   c. Rural

33. Please select your state:
   1) [Drop down list of all 50 states + Outside US]

34. What is your age?
   1) Age in years ______

35. What is your sex?
   1) Male
   2) Female
   3) Prefer not to answer

36. Please select the race or ethnicity to which you most closely or primarily identify:
   1) American Indian or Alaska Native
   2) Asian
   3) Black/African American
   4) Hispanic/Latino/Spanish
   5) Native Hawaiian or Other Pacific Islander
   6) Multi-racial/ethnic
   7) White/Caucasian
   8) Other (please specify): ______
   9) Prefer not to answer

Thank you for your feedback!
[End survey]