

SURVEY NAME

# JULY 2 SURVEY

DATE

Sunday, July 3, 2022

POWERED BY



# Demographics

Total responses

501

Age groups

18 - 24 (14.77%), 25 - 34 (25.55%), 35 - 44 (30.14%), 45 - 54 (13.97%), > 54 (15.57%)

Country

United States

Gender

Female (53.69%), Male (46.31%)

Residential Postal Code

11206 US,90723 US,37918 US,49047 US,60615 US,33314 US,77023 US,60118 US,38128 US,75061 US,77581 US,91761 US,33062 US,01101 US,32162 US,98003 US,44514 US,88201 US,

40456 US,84120 US,37010 US,52060 US,22835 US,58078 US,66762 US,33896 US,55076 US,48210 US,32514 US,36610 US,30542 US,33705 US,78753 US,62903 US,22191 US,80227 US,79907 US,27360 US,53172 US,15205 US,88102 US,77048 US,61107 US,17872 US,60471 US,78214 US,07111 US,19601 US,20619 US,06880 US,12345 US,85281 US,55108 US,03054 US,44138 US,98366 US,76541 US,85308 US,85396 US,77627 US,27605 US,21075 US,76557 US,20007 US,64123 US,20602 US,84065 US,79065 US,85737 US,75901 US,19426 US,98122 US,92882 US,44663 US,56514 US,70586 US,90022 US,17036 US,03276 US,21061 US,06795 US,60174 US,35146 US,60653 US,28205 US,33030 US,78045 US,11355 US,71378 US,89148 US,75501

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US,95824 US,08022 US,23227 US,23141  
US,57107 US,96818 US,62995 US,68801

## Q1

TYPE: SINGLE SELECTION

### Have you received a COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	25.55%	128	24.83%	124.4
A2	Yes, 1 dose	7.58%	38	5.97%	29.92
A3	Yes, 2 doses	34.73%	174	32.55%	163.06
A4	Yes, 3 doses	25.75%	129	26.50%	132.78
A5	Yes, 4+ doses	6.39%	32	10.15%	50.85

COMPLETES 501

## Q2

TYPE: SINGLE SELECTION

### Which COVID vaccine did you receive?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	Pfizer	49.60%	185	48.36%	182.11
A2	Moderna	34.58%	129	37.98%	143.02
A3	Johnson & Johnson	9.38%	35	7.84%	29.53
A4	Combination of more than one product	5.09%	19	4.59%	17.3
A5	Not sure	1.34%	5	1.23%	4.64

COMPLETES 373

### Q3

TYPE: SINGLE SELECTION

## Were you injured from the COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	90.62%	338	91.09%	343.04
A2	Yes	9.38%	35	8.91%	33.57

COMPLETES 373

#### Q4

TYPE: SINGLE SELECTION

### Did your injury from the COVID vaccine require you to seek medical help?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	48.57%	17	53.64%	18.0
A2	Yes	51.43%	18	46.36%	15.56

COMPLETES 35



Q5

TYPE: SINGLE SELECTION

Did your injury from the COVID vaccine require a hospital stay?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	38.89%	7	39.80%	6.19
A2	Yes	61.11%	11	60.20%	9.37

COMPLETES 18

Q6

TYPE: SINGLE SELECTION

Did your COVID vaccine injury result in any kind of heart problem?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	62.86%	22	60.43%	20.29
A2	Yes	37.14%	13	39.57%	13.28

COMPLETES 35

Q7

TYPE: SINGLE SELECTION

## Did your COVID vaccine injury result in Myocarditis?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	23.08%	3	23.11%	3.07
A2	Yes	76.92%	10	76.89%	10.21

COMPLETES 13

Q8

TYPE: SINGLE SELECTION

## Did your COVID vaccine injury result in Pericarditis?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	53.85%	7	63.36%	8.42
A2	Yes	46.15%	6	36.64%	4.87

COMPLETES 13

Q9

TYPE: SINGLE SELECTION

## Did your COVID vaccine result in Bell's Palsy

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	85.71%	30	90.95%	30.53
A2	Yes	14.29%	5	9.05%	3.04

COMPLETES 35

## Q10

TYPE: SINGLE SELECTION

### Did your COVID vaccine injury result in Guillain-Barre Syndrome?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	85.71%	30	88.64%	29.75
A2	Yes	14.29%	5	11.36%	3.81

COMPLETES 35

## Q11

TYPE: SINGLE SELECTION

### How serious is your COVID vaccine injury?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	Very serious	5.71%	2	5.49%	1.84
A2	Serious	22.86%	8	18.15%	6.09
A3	Somewhat serious	31.43%	11	32.68%	10.97
A4	Not serious	40.00%	14	43.69%	14.66

COMPLETES 35

Q12

TYPE: MULTIPLE SELECTION

Which of the following are true about your COVID vaccine injury? (check all that apply)

#	ANSWERS	RESPONDENTS(%)	ANSWERS(%)	COUNT	STRATIFIED RESPONDENTS(%)	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	It will likely shorten my lifespan	17.14%	12.50%	6	16.78%	12.15%	5.63
A2	I am now unable to hold a job	5.71%	4.17%	2	5.06%	3.66%	1.7
A3	I am now unable to work a full day	11.43%	8.33%	4	9.42%	6.82%	3.16
A4	It impacts my personal life	31.43%	22.92%	11	32.04%	23.20%	10.76
A5	It is a minor annoyance	51.43%	37.50%	18	49.60%	35.92%	16.65
A6	None of the above	20.00%	14.58%	7	25.19%	18.24%	8.46

COMPLETES 35



### Q13

TYPE: SINGLE SELECTION

Since the beginning of 2021, have you been diagnosed with any new medical conditions?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	87.25%	301	87.35%	307.03
A2	Yes	12.75%	44	12.65%	44.46

COMPLETES 345

Q14

TYPE: MULTIPLE SELECTION

Which medical condition(s) have you been diagnosed with since the beginning of 2021? (check all that apply)

#	ANSWERS	RESPONDENTS(%)	ANSWERS(%)	COUNT	STRATIFIED RESPONDENTS(%)	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	Hypertension	15.91%	12.73%	7	10.81%	8.42%	4.8
A2	A heart problem or condition	15.91%	12.73%	7	19.69%	15.34%	8.75
A3	Diabetes	15.91%	12.73%	7	17.87%	13.92%	7.95
A4	An auto-immune disease (other than diabetes)	18.18%	14.55%	8	13.55%	10.56%	6.03
A5	Cancer (of any type or stage)	4.55%	3.64%	2	12.43%	9.69%	5.53
A6	Another chronic disease or condition	54.55%	43.64%	24	54.00%	42.07%	24.01

COMPLETES 44

## Q15

TYPE: SINGLE SELECTION

Did your new medical condition begin before or after your first COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	Before vaccine	52.27%	23	53.75%	23.9
A2	After vaccine	38.64%	17	37.26%	16.57
A3	Not sure	9.09%	4	8.99%	4.0

COMPLETES 44

## Q16

TYPE: SINGLE SELECTION

Now, please think about COVID infection. Did you ever have a COVID infection?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	61.93%	231	65.21%	245.59
A2	Yes	38.07%	142	34.79%	131.02

COMPLETES 373

## Q17

TYPE: SINGLE SELECTION

Did you contract a COVID infection before or after receiving the COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	Before	39.44%	56	38.87%	50.92
A2	After	51.41%	73	52.44%	68.71
A3	Both before and after the vaccine	9.15%	13	8.69%	11.38

COMPLETES 142

## Q18

TYPE: SINGLE SELECTION

Since the beginning of 2021, have you been diagnosed with any new medical condition?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	84.38%	108	80.71%	100.4
A2	Yes	15.62%	20	19.29%	23.99

COMPLETES 128

## Q19

TYPE: MULTIPLE SELECTION

Which medical condition(s) have you been diagnosed with since the beginning of 2021? (check all that apply)

#	ANSWERS	RESPONDENTS(%)	ANSWERS(%)	COUNT	STRATIFIED RESPONDENTS(%)	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	Hypertension	35.00%	26.92%	7	36.59%	24.93%	8.78
A2	A heart problem	20.00%	15.38%	4	41.28%	28.13%	9.9
A3	Diabetes	10.00%	7.69%	2	6.29%	4.29%	1.51
A4	An autoimmune disorder (other than diabetes)	10.00%	7.69%	2	4.65%	3.17%	1.12
A5	Cancer (of any type or stage)	15.00%	11.54%	3	28.72%	19.57%	6.89
A6	Another chronic disease or condition	40.00%	30.77%	8	29.22%	19.91%	7.01

COMPLETES 20

## Q20

TYPE: SINGLE SELECTION

Now think about COVID infection. Did you ever have a COVID infection?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	53.91%	69	56.89%	70.77
A2	Yes	46.09%	59	43.11%	53.62

COMPLETES 128



## Q21

TYPE: SINGLE SELECTION

### Besides yourself, how many people live in your household?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	0 (I live by myself)	11.98%	60	13.04%	65.35
A2	1 other person	27.74%	139	32.67%	163.66
A3	2 to 4 other people	49.10%	246	43.34%	217.14
A4	5 to 7 other people	9.98%	50	8.62%	43.18
A5	8+ other people	1.20%	6	2.33%	11.67

COMPLETES 501

## Q22

TYPE: SINGLE SELECTION

### Did any members of your household die from the COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	91.38%	403	93.71%	408.26
A2	Yes	8.62%	38	6.29%	27.39

COMPLETES 441

### Q23

TYPE: SINGLE SELECTION

## Did any of your household members contract a COVID infection?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	51.70%	228	52.89%	230.4
A2	Yes	44.67%	197	44.31%	193.02
A3	Not sure	3.63%	16	2.81%	12.23

COMPLETES 441

## Q24

TYPE: SINGLE SELECTION

### Did any of your household members die from having a COVID infection?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	90.86%	179	93.53%	180.52
A2	Yes	9.14%	18	6.47%	12.5

COMPLETES 197

## Q25

TYPE: SINGLE SELECTION

Did your household member who died from a COVID infection receive at least one COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	33.33%	6	31.83%	3.98
A2	Yes	66.67%	12	68.17%	8.52
A3	Not sure	0.00%	0		

COMPLETES 18

## Q26

TYPE: SINGLE SELECTION

Was your household member who died from a COVID infection treated in a hospital, nursing home, or other medical care facility?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	22.22%	4	25.34%	3.17
A2	Yes	77.78%	14	74.66%	9.33

COMPLETES 18

Q27

TYPE: SINGLE SELECTION

Was your household member who died from a COVID infection placed on a ventilator?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	14.29%	2	14.72%	1.37
A2	Yes	85.71%	12	85.28%	7.96
A3	Not sure	0.00%	0		

COMPLETES 14

## Q28

TYPE: SINGLE SELECTION

### Was your household member who died from a COVID infection treated with Remdesivir?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	50.00%	7	56.11%	5.24
A2	Yes	28.57%	4	26.48%	2.47
A3	Not sure	21.43%	3	17.40%	1.62

COMPLETES 14



Q29

TYPE: SINGLE SELECTION

Do you think your household member's medical treatment for COVID contributed to or caused their death?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	28.57%	4	25.06%	2.34
A2	Yes	64.29%	9	59.44%	5.55
A3	Not sure	7.14%	1	15.50%	1.45

COMPLETES 14

### Q30

TYPE: SINGLE SELECTION

## Are you planning on getting future COVID vaccines?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	31.34%	157	28.92%	144.9
A2	Yes	47.11%	236	48.52%	243.08
A3	Not sure	21.56%	108	22.56%	113.01

COMPLETES 501