

Appendix

Table. Questions in the DocStyles 2018 and 2022 surveys that were analyzed in this manuscript.

Survey Questions	2018 Response Options	2022 Response Options
1. Which of the following are you?	Family Practitioner, Internist, Pediatrician, Obstetrician/Gynecologist, Nurse Practitioner, Pharmacist, Oncologist, Other Specialty	Family Practitioner, Internist, Pediatrician, Obstetrician/Gynecologist, Nurse Practitioner, Physician Assistant, Other Specialty
2. Do you live and work in the United States?	Yes, No	Yes, No
3. What is your age?	_____ years old	_____ years old
4. Please indicate your gender.	Male, Female	Male, Female, Prefer to self-identify
5. About how many years have you been practicing medicine?	Number of years: _____	Number of years: _____
6. In which state do you live?	[drop down for all US states]	[drop down for all US states]
7. In the past 12 months, approximately how many cases of Lyme disease have you treated?	Number of cases: _____	Number of cases: _____
8. Scientists are currently working on vaccines to protect people from Lyme disease. A Lyme disease vaccine may become FDA-approved and available for people of all ages in the next several years. When there is a new vaccine, how likely would you be to recommend it to your patients?	Very likely, Somewhat likely, Somewhat unlikely, Very Unlikely, Don't know/Not sure	Very likely, Somewhat likely, Somewhat unlikely, Very Unlikely, Don't know/Not sure
9. Which factors would be most important in deciding whether you would offer the new Lyme disease vaccine to your patients?	My patients' risk of getting Lyme disease, The severity of Lyme disease, The safety of the vaccine, Possible side effects of the vaccine, The cost of the vaccine, The dosing schedule of the vaccine, I do not offer/provide any vaccinations, I don't counsel patients on Lyme disease, Other reasons not listed	My patients' risk of getting Lyme disease, The severity of Lyme disease, The safety of the vaccine, Possible side effects of the vaccine, The cost of the vaccine, The dosing schedule of the vaccine, Other factors not listed, I do not offer/provide any vaccinations, I don't counsel patients on Lyme disease
10. Are you of Hispanic or Latino origin?	Yes, No	Yes, No
11. Which of the following best describes your race?	White, Black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaskan Native, Two or more races, Other race	White, Black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaskan Native, Two or more races, Other race

12. Please select the category that best describes the approximate financial situation (household income) of the majority of your patients.	Poor (Less than \$25,000), Lower middle (\$25,000- \$49,999), Middle (\$50,000- \$99,999), Upper middle (\$100,000- \$249,999), Affluent (\$250,000 or more)	Poor (Less than \$25,000), Lower middle (\$25,000- \$49,999), Middle (\$50,000- \$99,999), Upper middle (\$100,000- \$249,999), Affluent (\$250,000 or more)
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Figure. Willingness of healthcare providers to recommend the Lyme disease vaccine to their patients by survey year.

