|  |
| --- |
| **Personal Information** |
| **I.** Gender | * Female
* Male
* Non-binary
* Prefer not to say
 |
| **II.** Age | * Dropdown menu of numbers (18-40)
 |
| **III.** Academic Level | * 1st Year
* 2nd Year
* 3rd Year
* 4th Year
* 5th Year
* 6th Year
* Intern
* Postgraduate
 |
| **IV.** Country | * Dropdown menu of participating countries
 |
| **Experience with COVID-19** |
| **V.** I had COVID-19 infection | * Yes
* No
 |
| **VI.** I cared for someone with COVID-19 infection | * Yes
* No
 |
| **VII.** I personally know someone who has had COVID-19 infection | * Yes
* No
 |
| **VIII.** I personally know someone who has died from COVID-19 infection | * Yes
* No
 |
| **Attitude to COVID-19 Vaccine** |
| **IX.** I am willing to take the COVID-19 vaccine once it becomes available to me. | * Totally Disagree
* Disagree
* Not Sure
* Agree
* Totally Agree
 |
| **Experience with Influenza Vaccine** |
| **X.** Do you usually take the seasonal influenza vaccine? | * Never
* Sometimes
* Always, when I have the chance
* It is mandatory in my work/study setting
 |
| **Attitudes to Vaccines** |
| **XI.** Do reports you hear/read in the media/ on social media make you re-consider the choice to take vaccine? | * Yes
* No
* Not sure
 |
| **XII.** Do celebrities, religious or political leader influence your decision about getting vaccinated? | * Yes
* No
* Not sure
 |
| **XIII.** Do you know anyone who does not take a vaccine because of religious or cultural values?  | * Yes
* No
 |
| If “Yes”, Do you agree or disagree with these persons? | * Yes
* No
* Not sure
 |
| **XIV.** Do you trust that your government is making decisions in your best interest with respect to what vaccines are provided (e.g., your government purchases the highest quality vaccines available)? | * Yes
* No
* Not sure
 |
| **XV.** Do you trust pharmaceutical companies to provide credible data on vaccine safety and effectiveness vaccines? | * Yes
* No
* Not sure
 |
| **XVI.** Do you think that there are better ways to prevent diseases than using vaccines (e.g., developing immunity by getting sick and recovered)? | * Yes
* No
* Not sure
 |
| **XVII.** Do you feel you have enough information about vaccines and their safety? | * Yes
* No
* Not sure
 |
| **XVIII.** Do you think that the benefits of vaccines outweigh their reported side effects / adverse reactions? | * Yes
* No
* Not sure
 |
| **XIX.** In general, when a new vaccine is introduced, what are you inclined to do? | * I would want to be the first to get it
* I would rather wait and see what other people do
* I would refuse to get it completely
 |
| **XX.** Do you feel confident that the health centre or doctor’s office will have the vaccine you need, when you need them? | * Yes
* No
* Not sure
 |