Appendix

Appendix A: Screenshots of Survey

This form was completed via Google Forms, and at different stages of completing the form, one was redirected to the next page with a progress bar underneath. Below are the screenshots.
COVID-19 VACCINATION Survey

* Required

Please share your views on COVID-19

1. Do you agree with the following statements (on a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree), *

   1: Strongly disagree  2: Disagree  3: Neutral  4: Agree  5: Strongly agree

   I want to help out in the fight against COVID-19
   ( ) ( ) ( ) ( ) ( )

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Never submit passwords through Google Forms.

This form was created inside of National Institute for Health Research. Report Abuse

Google Forms
2. Do you agree with the following statements (on a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree)?

<table>
<thead>
<tr>
<th>Statement</th>
<th>1: Strongly disagree</th>
<th>2: Disagree</th>
<th>3: Neutral</th>
<th>4: Agree</th>
<th>5: Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines are safe.</td>
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<tr>
<td>Vaccines keep you healthy.</td>
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<tr>
<td>Vaccines are important to my overall health.</td>
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<tr>
<td>An approved vaccine will be safe and protect me and others from getting ill with COVID-19.</td>
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<tr>
<td>Preventable diseases like COVID-19 won't end without vaccines.</td>
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<tr>
<td>I believe that vaccines offer the best opportunity to prevent COVID-19.</td>
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<tr>
<td>An effective vaccine is the only way to control COVID-19 in the long term.</td>
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<tr>
<td>Vaccines won't harm me. Rather they're likely to protect me.</td>
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<tr>
<td>Having more people involved in a vaccine trial will lead to a better vaccine.</td>
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<tr>
<td>People from all backgrounds are important in the vaccine trials.</td>
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</tr>
</tbody>
</table>
3. Have you declined any vaccines in the past? *
   - Yes
   - No
   - Prefer not to say

4. Would you be interested in participating in any potential trials for COVID-19 vaccination? *
   - Yes
   - No
   - Unsure

5. If you answered yes to the above question: How would you prefer the research to be conducted with the research team? If you did not answer yes, please choose the ‘not applicable’ option.
   - Virtual (e.g., through phone/online)
   - In Hospital/research centre
   - Not applicable

6. Would you be interested in having the COVID-19 vaccine once it is approved? *
   - Yes
   - No
   - Unsure
7. If you have answered no or unsure to the question 6 please select the main reason(s) why you not be comfortable to take an approved COVID-19 vaccine. Please select all that apply:

- [ ] I don't believe vaccines work.
- [ ] Vaccines are against my beliefs/practices.
- [ ] The content/ingredients are not permissible according to my religious/non religious beliefs.
- [ ] Vaccines can increase my risks of other conditions.
- [ ] Vaccines might not always protect against the disease COVID-19.
- [ ] The safety and potential long term side effects of a vaccine still concerns me.
- [ ] Vaccines are not important for people of my age and health.
- [ ] I am worried about taking vaccines due to my other health condition(s).
- [ ] Prefer not to say
- [ ] Other:

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8. What is your age group? *

- Under 18
- 18 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70 +
- Prefer not to say

9. Which of the following best describes your ethnic group? *

Choose

10. What is the level of your highest educational qualification? *

- No formal qualifications
- Vocational qualification
- GCSE/O-Level
- A-Level
- University Degree (Undergraduate: B/A; BSc; Other undergraduate degree)
- Postgraduate degree (Masters; PhD; Other postgraduate degree)
- Prefer not to say
11. What are the first 3-4 characters of your postcode? (such as WV10 or B19) *

Your answer

12. Do you smoke? *

Choose

13. Do you have any of the following health conditions? *

- [ ] Asthma
- [ ] Cancer
- [ ] COPD
- [ ] Diabetes
- [ ] High blood pressure
- [ ] Obesity
- [ ] Prefer not to say
- [ ] Not Applicable - I do not have any of these health conditions

Please feel free to share any comments about the COVID-19 vaccinations and its trials in the box below.

Your answer
COVID-19 VACCINATION Survey

Thank you for taking the time to complete this questionnaire.

Please click on the following links if you would like to know more information about research taking place in your area and would like to volunteer and sign up on the NHS national vaccine studies register.

National Institute for Health Research - Be Part of Research
https://bepartofresearch.nihr.ac.uk/

NHS - Coronavirus Vaccine Studies
https://www.nhs.uk/sign-up-to-be-contacted-for-research