



Table S1. questionnaire.

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- Gender
 - ☐ M
 - ☐ F
 - Age
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- What is your current occupation?
 - ☐ office work
 - ☐ sales assistant
 - ☐ restaurant business
 - ☐ education
 - ☐ health work
 - ☐ taxi driver
 - ☐ delivery person
 - ☐ retail
 - ☐ student
 - ☐ housemaker
 - Do you live with someone over 65 years old?
 - ☐ Yes
 - ☐ No
 - Do you live with children?
 - ☐ Yes
 - ☐ No
 - Do you live with someone who has an underlying illness such as heart disease, respiratory illness, or diabetes?
 - ☐ Yes
 - ☐ No
 - Are you suffering from?
 - ☐ Crohn's Disease
 - ☐ Ulcerative Colitis
 - What is your comorbidity
 - ☐ COPD
 - ☐ Bronchial asthma
 - ☐ Hypertension
 - ☐ Diabetes
 - ☐ Cardiovascular disease
 - ☐ Renal disease
 - ☐ Hepatic disorder
 - ☐ Psychiatric disorder
 - ☐ Others
 - ☐ None
 - How many years ago were you diagnosed with the disease?
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- Did you get a COVID-19 infection?
 - ☐ No.
 - ☐ Yes, mild symptom.
 - ☐ Yes, moderate symptom.
 - ☐ Yes, severe symptom.
 - Did you have close contact with a person infected with COVID-19?
 - ☐ Yes
 - ☐ No
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- Have you been quarantined for COVID-19?
 - ☐ Yes
 - ☐ No
 - Please answer the items you are worried about regarding the COVID-19 vaccine.
 - ☐ Short-term side effects such as allergies
 - ☐ Long-term side effects
 - ☐ Unknown duration of vaccine efficacy
 - ☐ Short period from development to approval,
 - ☐ Vaccine development to approval process is unreliable
 - ☐ Nothing in particular
 - ☐ Others
 - Have you been vaccinated against COVID-19?
 - ☐ vaccinated with one dose
 - ☐ vaccinated with two doses
 - ☐ intend to be vaccinated
 - ☐ hesitant to vaccinate
 - For those who have been vaccinated or intend to take the COVID-19 vaccine. What is the most applicable reason for choosing vaccination?
 - ☐ Acquiring immunity against COVID-19
 - ☐ Low incidence of adverse effects
 - ☐ Protecting others from COVID-19 infection
 - ☐ Acquiring herd immunity
 - ☐ Increased risk of severe COVID-19 due to old age or comorbidities
 - ☐ Desire to return to normal life
 - ☐ Recommendation from your physician
 - ☐ Receiving immunosuppressive therapy
 - For those who do not intend to take vaccine. What is the most applicable reason for choosing not to be vaccinated?
 - ☐ Concerned about short-term adverse reaction.
 - ☐ Concerned that long-term safety of vaccines is unknown.
 - ☐ The period from development to approval is short and unreliable.
 - ☐ Lack of trust regarding vaccine development or testing process.
 - ☐ Vaccine development to approval process is unreliable.
 - ☐ Instruction not to vaccinate by your physician.
 - ☐ Receiving immunosuppressive therapy.
 - Do you smoke cigarettes / cigars?
 - ☐ Yes
 - ☐ No
 - ☐ Former smoker
 - Do you consume alcohol?
 - ☐ Yes, often or in large quantities
 - ☐ Yes, minimal consumption
 - ☐ NO
 - Please tell us the treatment for gastrointestinal disorders that you are currently using?
 - ☐ Mesalazine
 - ☐ Corticosteroids
 - ☐ Azathioprine or 6-Mercaptopurine
 - ☐ anti-TNF products (infliximab (Remicade), adalimumab (Humira), golimumab (Symphony))
 - ☐ Vedolizumab (Entyvio)
 - ☐ Ustekinumab (Stelara)
 - ☐ Tofacitinib (Xeljanz)
 - ☐ Chinese herbal medicine
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☐ Enteral nutrition
