

## Questionnaire

Ladies and Gentlemen,

As employees of the Department of Family Medicine at the Wroclaw Medical University, we would like to invite you to participate in a survey aimed at assessing the attitudes of Poles towards the booster/supplemental dose of COVID-19 vaccination. The survey is fully anonymous, voluntary and addressed to all individuals who have completed the full COVID-19 vaccination schedule.

You may withdraw from the survey at any stage without giving any reason.

1. Would you like to take part in the survey? Yes/No
2. Have you been vaccinated against COVID-19 Yes, full cycle (2 doses of Pfizer/Moderna/AstraZeneca or 1 dose of Johnson&Johnson) / Yes, but I have not completed the basic vaccination schedule / No
3. Sex: Female [ ] Male [ ]
4. Age: ..... years of age
5. Place of residence:
  - a) Rural area
  - b) City <50,000 residents
  - c) City of 50,000–250,000 residents
  - d) City >250,000 residents
6. Education:
  - a) Primary
  - b) Lower secondary
  - c) Vocational
  - d) Secondary
  - e) Higher (university degree)
7. What is your marital status?:
  - a) I am not in a relationship/ I am divorced
  - b) Civil partnership/ Informal relationship
  - c) Married
8. Are you a healthcare professional?
  - a) Yes
  - b) No
9. If yes, what is your profession?
  - a) Medical doctor
  - b) Dentist
  - c) Nurse and midwife
  - d) Paramedic
  - e) Laboratory diagnostician

- f) Technician
- g) Pharmacist
- h) Other

10. Do you suffer from any chronic diseases?

- a) Yes
- b) No

11. If yes, what kind? (you can choose more than one option)

- a) Cardiovascular diseases (e.g. hypertension, cardiac failure)
- b) Respiratory diseases (e.g. asthma, COPD)
- c) Neurological diseases (e.g. MS, epilepsy)
- d) Oncological diseases (e.g. breast cancer, colorectal cancer, etc.).
- e) Mental illnesses (e.g. depression, anxiety disorders, addictions)
- f) Skin diseases (e.g. psoriasis, AD)
- g) Endocrine disorders (e.g. thyroid, thyroid gland, diabetes)
- h) Other

12. What preparation have you been vaccinated with against COVID-19?

- a) Pfizer BioNtech
- b) Moderna
- c) AstraZeneca
- d) Johnson & Johnson
- e) Mixed schedule

13. Have you had any adverse reactions after the COVID-19 vaccination?

- a) Yes, serious (requiring hospitalisation)
- b) Yes, moderate (e.g. dyspnoea, temperature above 38.5 degrees Celsius, malaise – symptoms lasting more than 72 hours)
- c) Yes, mild (e.g. low-grade fever, pain/swelling at the injection site)
- d) No

14. Have you ever received any mandatory and/or recommended vaccines?

- a) Yes, only mandatory
- b) Yes, mandatory and recommended
- c) No

14. Are you planning to get vaccinated against COVID-19?

- a) I have already received the booster/supplemental dose
- b) Yes, as soon as possible
- c) Yes, but in a few months (up to a year)
- d) Yes, but in a year or more
- e) I cannot decide
- f) No, but I might consider it in the future
- g) No, never

16. Why do you want to wait to take the booster dose/why do you not want to take the booster dose? (multiple choice question)

- a) I don't believe in the effectiveness of the booster dose
- b) I had severe adverse effects after vaccination (requiring hospitalisation or medical advice) and I fear it will be worse after the next dose
- c) I had severe adverse effects after vaccination (requiring outpatient medical advice) and I fear it will be worse after the next dose
- d) I had moderate adverse effects after vaccination (not requiring hospitalisation or medical advice) and I fear it will be worse after the next dose
- e) I believe that the current schedule gives me a sufficient level of protection
- f) A friend/family member had severe adverse effects after vaccination and I am afraid of experiencing them myself
- g) Logistical difficulties (e.g. transport to the vaccination facility, date of vaccination)
- h) I am concerned about possible complications in the future
- i) I'm a recovered patient and I think it gives me sufficient protection
- j) Other