



Teil A: A – Experience with COVID-19

At the beginning we would like to know what your experiences are in regard to COVID-19.

A1. Have you ever been infected with COVID-19?

Yes

No

A2. If you have been infected with COVID-19: How severe was the infection?

I was tested positive, but I didn't experience any symptoms

I've had mild symptoms (like a cold)

I've had severe symptoms (like influenza)

I was hospitalized (but did not need artificial ventilation)

I was hospitalized and needed artificial ventilation

A3. Have people in your family or in your circle of friends been infected with COVID-19?

Yes

No

Teil B: B – Vaccination status

Now we are going to ask you a few questions about the vaccination against COVID-19.

B1. Are you vaccinated against COVID-19?

Yes, at least the first dose

No, but I already have an appointment for the vaccination

No, and I don't have an appointment for the vaccination



Teil C: C – Willingness to get vaccinated

Next we would like to know what you think about vaccination against COVID-19.

C1. How strongly do you agree or disagree with the following statements regarding the vaccination against COVID-19 (regardless of your own vaccination status)?

	1 Strongly agree	2	3	4	5	6	7 strongly disagree	no answer	I don't know
I think the vaccination against COVID-19 is sensible.	<input type="checkbox"/>								
I'm concerned about potential side effects.	<input type="checkbox"/>								
I think the COVID-19 vaccine may not be safe.	<input type="checkbox"/>								
I don't think that COVID-19 is dangerous to my health.	<input type="checkbox"/>								
I am against vaccination in general.	<input type="checkbox"/>								
The best way is to let nature take its course.	<input type="checkbox"/>								
I believe natural or traditional remedies.	<input type="checkbox"/>								
I'm afraid of injections.	<input type="checkbox"/>								
I refuse vaccination for religious reasons.	<input type="checkbox"/>								

C2. In your opinion, what other reasons speak against a COVID-19 vaccination?



C3. With which of the available vaccines would you want to be vaccinated/have you been vaccinated?

BioNTech /Pfizer

Moderna

AstraZeneca

Johnson & Johnson

I don't want to be vaccinated.

Other/combination of different vaccines:

Other/combination of different vaccines:



Teil D: D – Attitude towards vaccination

Now we would like to know what you are thinking about vaccination in general.

D1. Please indicate whether you disagree or agree with each of the following statements about childhood vaccine.

	1 Strongly agree	2	3	4	5	6	7 strongly disagree	no answer	I don't know
Vaccines are safe.	<input type="checkbox"/>								
Vaccines contain dangerous ingredients.	<input type="checkbox"/>								
Some vaccines are unnecessary since they target relatively harmless diseases.	<input type="checkbox"/>								
Vaccines are effective at preventing diseases.	<input type="checkbox"/>								
In Germany, children are given the right number of vaccines.	<input type="checkbox"/>								
In Germany, children are given too many vaccines.	<input type="checkbox"/>								
Vaccines conflict with my belief that children should use natural products and avoid toxins.	<input type="checkbox"/>								
Vaccines are a major advancement for humanity.	<input type="checkbox"/>								
The government should not force children to get vaccinated to attend school.	<input type="checkbox"/>								
To protect public health, we should follow government guidelines about vaccines.	<input type="checkbox"/>								

D2. Have you been vaccinated in the past five years? (not against COVID-19, but against another disease.)

Yes

No



Teil E: E – Status and sources of information

Now we we would like to know how you found out about the COVID-19 vaccination and how satisfied you are with the information available.

E1. How often do you inform yourself about the COVID-19 vaccination?

Never

Partly

Very often

**E2. Where do you get your information about the COVID-19 vaccination?
(Multiple answers possible)**

Press, television, radio

Internet (in general)

Health authorities (Robert-Koch-Institute, ministry of health, etc.)

Social media (Facebook, Twitter, Blogs)

Conversations with family, friends, other acquaintances

Doctor, pharmacy

Instant-messenger-service (WhatsApp, Signal, Telegram)

I don't inform myself.

Other:

Other:

E3. How well would you say you feel informed about the COVID-19 vaccination?

Very good

Rather good

Moderate

Rather bad

Bad



Teil G: G – Demographics

Finally, we would like to ask you a few more questions about yourself and your living conditions.

G1. What is your gender?

- Male
- Female
- Divers
- No answer

G2. How old are you? (Please enter years)

G3. In which country were you born?

- Germany
- Afghanistan
- Iran
- Iraq
- Syria
- Turkey
- Morocco
- Other country:

Other country:

G4. If you did not tick “Germany” in question 52: How long have you been living in Germany? (Please enter years)



G5. What is your mother tongue/first language?

- German
- Arabic
- English
- Farsi/Dari
- French
- Spanish
- Turkish
- Other language:

Other language:

G6. How many years did you attend school?

- Not at all
- Less than 10 years
- 10 years
- More than 10 years

G7. Where do you live?

- In a rented apartment
- In a condominium
- In my own house
- In a student hostel
- In a shared apartment
- In a community accommodation for refugees



G8. What is your residence status?

- German citizenship
- Permanent residence permit (Unbefristete Aufenthaltsgenehmigung)
- Temporary residence permit (Befristete Aufenthaltsgenehmigung)
- ongoing asylum procedure (Aufenthaltsgestattung)
- temporary suspension of teportation (Duldung)
- Other:

Other:

G9.

How would you describe your current general state of health? It is...
very good good moderate bad very bad

Thank you for your participation in the survey!

If you want to take part in the raffle, please click on the link below.