

QUESTIONNAIRE - Attitudes related to vaccination against COVID-19 in uro-oncology patients

<b>Sociodemographic data</b>	
Gender	1. Male 2. Female
Date of Birth	<i>day.month.year</i>
Permanent residence	1. In Capital city 2. Outside Capital city
The highest level of education	1. Elementary school or less 2. High School 3. Higher education
Are you a Healthcare Professional?	1. Yes 2. No
Number of household members	1. Living alone 2. Living with 1 member 3. Living with $\geq 2$ members
Are any of the family members healthcare workers?	1. Yes 2. No
Do you have any other chronic diseases?	1. Yes 2. No
Of the listed, which chronic diseases do you have? <i>(there can be more than one answer)</i>	1. Cardiovascular diseases 2. Diabetes mellitus 3. Obesity 4. Chronic obstructive pulmonary disease 5. Chronic renal failure
<b>COVID-19 vaccination</b>	
Have you been vaccinated against COVID-19?	1. Yes 2. No
Did you have enough vaccination information, given that you are being treated for a malignant disease	1. Yes 2. No
Have you consulted a doctor about vaccination?	1. Yes 2. No
Which doctors did you consult with <i>(there can be more than one answer)</i>	1. Chosen Primary care physician 2. Urologist 3. Medical Oncologist 4. Other specialties
What did the doctors involved in your treatment advise you, given that you are being treated for a malignant disease	1. For vaccination 2. Against vaccination 3. Advise not received 4. Indeterminate
Have your household members been vaccinated?	1. Yes 2. No
What mostly influenced your decision to or NOT to vaccinate? <i>(there can be more than one answer)</i>	1. Doctor's advice 2. Public media 3. Primary malignant disease 4. Family members 5. Personal beliefs 6. I don't want to answer
Have you previously contracted COVID-19 infection and when?	1. Yes, before systemic treatment started 2. Yes, during systemic treatment 3. No

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<b><i>for those who have been vaccinated</i></b>	
How many doses of vaccine have you received?	1. Two doses 2. Three doses
Dates of all doses 1. 1 <sup>st</sup> dose 2. 2 <sup>nd</sup> dose 3. 3 <sup>rd</sup> dose	<i>day.month.year</i> <i>day.month.year</i> <i>day.month.year</i>
Have you hesitated to get the vaccine?	1. Yes 2. No
<b><i>for those who have not been vaccinated</i></b>	
Would you change your mind and get vaccinated now?	1. Yes 2. No