Supplementary Materials

S1: Questionnaire

Survey Covid-19 across Italian Healthcare Workers

1. **SEX:**
   - ☐ Male
   - ☐ Female

2. **AGE :**
   - ☐ < 31
   - ☐ 31-40
   - ☐ 41-50
   - ☐ 51-60
   - ☐ 60

3. **LENGHT OF SERVICE (YEARS):**
   - ☐ < 6
   - ☐ 6-10
   - ☐ 11-15
   - ☐ 16-20
   - ☐ 21-25
   - ☐ 26-30
   - ☐ 31-35
   - ☐ > 35

4. **EDUCATION:**
   - ☐ Elementary school
   - ☐ Secondary school leaving certificate
   - ☐ High school diploma
   - ☐ Bachelor degree
   - ☐ Master degree
   - ☐ Post-graduate diploma or a specializing master
   - ☐ Other (specify) [ ]

5. **PROFESSION**
   - ☐ Medical doctor
   - ☐ Nurse
   - ☐ Healthcare assistant
   - ☐ Midwife
   - ☐ Pharmacist
   - ☐ Biologist
   - ☐ Psicologist
   - ☐ Other degree (physicists, chemists, engineers, ...)
   - ☐ Healthcare technician
   - ☐ Auxiliary nurse (Healthcare operator)
   - ☐ Other (specify) [ ]

6. **AREA OF SERVICE**
   - ☐ Health management
   - ☐ Hospital hygiene and infection control
   - ☐ Occupational medicine
   - ☐ Infectious diseases
   - ☐ Medical area
   - ☐ Surgical area
   - ☐ Nursing home
   - ☐ Territorial medicine
   - ☐ Administration
   - ☐ Other (specify)

7. **PLACE OF WORK (CITY)**

8. **PLACE OF WORK (REGION)**

9. **IN THE PAST YEARS HAVE YOU SUBJECTED TO ANTI-FLU VACCINATION?**

	Yes	No
• 2018 -2019	☐	☐
• 2019 – 2020	☐	☐
• 2020 – 2021	☐	☐

10. **HAVE YOU BEEN IN CONTACT WITH SUSPECTED OR CERTIFIED CASES COVID-19?**
    - ☐ Yes
    - ☐ No

11. **HAVE YOU WORKED / DO YOU WORK IN A COVID DEPARTMENT?**
    - ☐ Yes
    - ☐ No

12. **AMONG THOSE INDICATED BELOW, DO YOU THINK YOU HAVE RISK FACTORS FOR SERIOUS MANIFESTATIONS DUE TO COVID-19? MULTIPLE ANSWERS ARE POSSIBLE**
    - ☐ None
    - ☐ Diabetes
    - ☐ Obesity
    - ☐ Cardiovascular diseases
    - ☐ Autoimmune diseases
    - ☐ Lung diseases

13. **HOW DO YOU ASSESS THE FOLLOWING STATEMENTS?**

True False Don't Know

- Obesity is a risk factor for the severe form of COVID-19 at all ages: ☐ ☐ ☐
- Belonging to the age group ≥ 50 - 60 years is the main risk factor to develop a severe form of covid-19 ☐ ☐ ☐
- Prolonged symptoms (fatigue, anxiety ...) are often reported as consequences of COVID-19 infection ☐ ☐ ☐

14. HAVE YOU EVER BEEN INFECTED BY COVID-19?

- ☐ No
- ☐ Yes, asymptomatic, treated at home
- ☐ Yes, symptomatic, hospitalized
- ☐ Yes, serious, admitted to intensive care

15. WHAT IS YOUR LEVEL OF CONCERN REGARDING COVID-19?

- ☐ Very low
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Very high

16. HOW DO YOU ASSESS THE LEVEL OF YOUR KNOWLEDGE ABOUT COVID-19 AND VACCINES?

	Very low	Low	Medium	High	Very high
• about COVID-19:	☐	☐	☐	☐	☐
• about vaccination:	☐	☐	☐	☐	☐
• about COVID-19 vaccination:	☐	☐	☐	☐	☐

17. INDICATE WHICH OF THE FOLLOWING SOURCES OF INFORMATION ABOUT VACCINATION FOR COVID-19 WERE MOST IMPORTANT FOR YOU (NO MORE THAN FIVE OF THE BELOW)

- ☐ Family
- ☐ Friends or acquaintances' recommendation
- ☐ TV
- ☐ Internet
- ☐ Social network
- ☐ Newspapers (printed or on line)
- ☐ Scientific literature
- ☐ General practicioner
- ☐ International institutions (WHO or others)
- ☐ National institutions (Ministery of Heatlh, Istituto Superiore di Sanità)
- ☐ Health service

18. ASSESS THE INFORMATION QUALITY ABOUT COVID-19 VACCINATION IN RELATION TO THE SOURCES OF INFORMATION LISTED ABOVE

	Very low	Low	Medium	High	Don't know
o Family:	☐	☐	☐	☐	☐
o Friends or acquaintances' recommendation :	☐	☐	☐	☐	☐
o TV:	☐	☐	☐	☐	☐
o Internet:	☐	☐	☐	☐	☐
o Social network	☐	☐	☐	☐	☐
o Newspapers (printed or on line) :	☐	☐	☐	☐	☐
o Scientific literature:	☐	☐	☐	☐	☐
o General practicioner:	☐	☐	☐	☐	☐
o International institutions (WHO or others) :	☐	☐	☐	☐	☐
o National institutions (Ministery of health, ISS) :	☐	☐	☐	☐	☐
o Health service:	☐	☐	☐	☐	☐

19. IF YOU THINK YOU ARE NOT VACCINATING YOURSELF AGAINST COVID-19, CAN YOU INDICATE THE REASONS AMONG THOSE LISTED? (MULTIPLE ANSWERS POSSIBLE)

- ☐ Because the COVID-19 vaccine had too short a period of testing and control
- ☐ I'm afraid of side effects
- ☐ I prefer to wait until more people have been vaccinated, or to wait until next year
- ☐ I doubt it's effective
- ☐ Covid-19 is not a serious disease / the symptoms are generally mild at least in my age group
- ☐ It is preferable to develop physiological immunity (after exposure to the disease)
- ☐ Clinical contraindication
- ☐ I have already had the disease
- ☐ Advice from a physician
- ☐ Serious side effects due to the COVID-19 vaccine are kept under wraps

20. WOULD YOU RECOMMEND THE COVID-19 VACCINE TO YOUR PATIENTS?

- ☐ Yes
- ☐ No
- ☐ Don't Know

21. WOULD YOU RECOMMEND THE COVID-19 VACCINE TO YOUR FAMILY MEMBERS?

- ☐ Yes
- ☐ No
- ☐ Don't Know

22. DIFFERENT VACCINES ARE AVAILABLE OR NEAR AVAILABLE. CHOOSE AN ANSWER:

- ☐ One vaccine is as good as another, having been approved by regulatory agencies (EMA, AIFA)
- ☐ It is preferable that the person receiving the vaccine can choose which vaccine to be injected
- ☐ The person receiving the vaccine must be able to choose which vaccine to be injected
- ☐ The choice of the type of vaccine must be made by the Health Authorities

23. WHAT DO YOU THINK ABOUT THE MANDATORY COVID-19 VACCINATION FOR HEALTHCARE WORKERS?

- ☐ It must be mandatory
- ☐ Can be recommended, but cannot be mandatory
- ☐ Other (specify)

24. OBSERVATIONS, CRITICS, PROPOSALS?