

Supplementary Appendix

Demographics	
Study Site	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Age (years)	-----
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others
Education (Degree)	<input type="checkbox"/> None <input type="checkbox"/> School education <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate
Employment	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Nationality	<input type="checkbox"/> Kenyan <input type="checkbox"/> Non-Kenyan
Race	<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Others Specify -----
Medical History	
What medical conditions do you currently have	<input type="checkbox"/> None <input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Heart Disease <input type="checkbox"/> HIV <input type="checkbox"/> Stroke <input type="checkbox"/> Others Specify: -----
Attitudes towards Vaccines and Immunization	
In general, vaccines are safe.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
COVID-19 Pandemic	
Who of the following tested positive for COVID-19?	<input type="checkbox"/> Myself <input type="checkbox"/> A family member <input type="checkbox"/> A friend <input type="checkbox"/> Colleague <input type="checkbox"/> A neighbor <input type="checkbox"/> No one
Do you think that you may have been exposed to or infected with COVID-19 (without testing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are you most worried about during this COVID-19 pandemic? (Tick not more than 5)	<input type="checkbox"/> Fear of becoming infected myself <input type="checkbox"/> Fear of a family member becoming infected

	<input type="checkbox"/> Death <input type="checkbox"/> Financial related worries <input type="checkbox"/> Job-related worries <input type="checkbox"/> Food insecurity related worries <input type="checkbox"/> Unavailability of vaccines <input type="checkbox"/> Being a plot or conspiracy <input type="checkbox"/> Being forced to take a medication <input type="checkbox"/> Being forced to take a vaccine <input type="checkbox"/> I am not worried about any issues <input type="checkbox"/> Other
Have you received the COVID-19 Vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which vaccine did you receive?	<input type="checkbox"/> Pfizer <input type="checkbox"/> AstraZeneca/Covishield <input type="checkbox"/> Moderna <input type="checkbox"/> Sputnik <input type="checkbox"/> Johnson & Johnson <input type="checkbox"/> Others -----
How many doses of the vaccine did you receive?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other
Perspectives Toward COVID-19 Vaccination	
Do you think it is important to get a vaccine to protect the people from COVID-19?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
Pharmaceutical companies are going to develop safe and effective COVID-19 vaccines?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
Do you believe COVID-19 vaccines made in Europe or America are safer than those made in other world countries?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
Which of the following COVID-19 vaccine do you prefer to use in the future?	<input type="checkbox"/> Pfizer <input type="checkbox"/> AstraZeneca/Covishield <input type="checkbox"/> Moderna <input type="checkbox"/> Sputnik <input type="checkbox"/> Johnson & Johnson <input type="checkbox"/> Others ----- <input type="checkbox"/> None
I would take a vaccine to protect against COVID-19	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
I am hesitant to take the vaccine due to side effects from the vaccine.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
What side effects worry you the most about taking the COVID-19 vaccine?	
I will recommend my family and friends to get vaccinated against the COVID-19 vaccine?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
I will get my children vaccinated against the COVID-19 vaccine?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree

COVID-19 vaccine maybe faulty or fake	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
COVID-19 vaccine was rapidly developed and approved	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
COVID-19 vaccine might have some medical complications in the future.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
COVID-19 vaccine is being promoted for commercial gain	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
The government should make the vaccine available for all citizens for free?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
Would you be willing to pay for a COVID-19 vaccine privately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Who do you trust the most for information about vaccines?	<input type="checkbox"/> Media (TV, Radio, Newspaper) <input type="checkbox"/> Internet <input type="checkbox"/> Social media (Facebook, Twitter, WhatsApp etc.) <input type="checkbox"/> Health care providers: Physicians, pharmacists, etc. <input type="checkbox"/> Family-members <input type="checkbox"/> Government (JFDA) <input type="checkbox"/> The pharmaceutical company reports <input type="checkbox"/> Scientific articles <input type="checkbox"/> I do not trust any source