

Supplementary material

Figure S1a. Questionnaire translated into English: GP version.

Personal information					
1. Age _____ years					
2. Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Diverse		
3. What is your highest educational level?	<input type="checkbox"/> University entrance qualification	<input type="checkbox"/> Upper secondary education (grade 10)	<input type="checkbox"/> Lower secondary education (grade 8 - 9)		
	<input type="checkbox"/> Vocational qualification		<input type="checkbox"/> No degree		
4. What is your highest professional qualification?	<input type="checkbox"/> No professional qualification		<input type="checkbox"/> Semi-skilled training		
	<input type="checkbox"/> Apprenticeship		<input type="checkbox"/> Vocational school		
	<input type="checkbox"/> Specialized technical training		<input type="checkbox"/> University degree		
5. Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired		
6. What is your current living situation? <i>(Please tick all that apply.)</i>	<input type="checkbox"/> Living alone		<input type="checkbox"/> Living with partner		
	<input type="checkbox"/> Living with child(ren)		<input type="checkbox"/> Shared accommodation		
7. Residence	<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Rural area		
8. Do you have any pre-existing illnesses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please indicate:	1. _____				
	2. _____				
	3. _____				
	4. _____				
	5. _____				
9. Do you get an influenza vaccination annually?	<input type="checkbox"/> Yes, always	<input type="checkbox"/> Yes, mostly	<input type="checkbox"/> Yes, rarely	<input type="checkbox"/> No, never	
10. Have you already been infected with COVID-19?	<input type="checkbox"/> Yes, in (month/year): ____/20____		<input type="checkbox"/> No		
11. Do you have a friend or family member who is/was infected with COVID-19?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
12. Do you know which prioritization group you belong to?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Not sure	
Which prioritization group do you think you belong to?		<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.	<input type="checkbox"/> None

General questions about vaccination				
13. Which vaccination did you receive today?	<input type="checkbox"/> First dose		<input type="checkbox"/> Second dose	
Please indicate today's date: ____/____/2021 (day/month)				
If you received your second vaccine dose today, when did you receive the first dose? <i>(see vaccination certificate)</i> ____/____/20____ (day/month/year)				
14. Which vaccine type did you receive today? <i>(see vaccination certificate)</i>	<input type="checkbox"/> BioNTech (Comirnaty®)	<input type="checkbox"/> AstraZeneca (Vaxzevria®)	<input type="checkbox"/> Moderna (Moderna®)	<input type="checkbox"/> Johnson & Johnson (Janssen®)

If this was your second dose today, which vaccine type did you receive at your first vaccination?	<input type="checkbox"/> BioNTech (Comirnaty®)	<input type="checkbox"/> AstraZeneca (Vaxzevria®)	<input type="checkbox"/> Moderna (Moderna®)	<input type="checkbox"/> Johnson & Johnson (Janssen®)	
15. How long did you wait for your first vaccination appointment at your GP practice (time between scheduling and vaccination date)?	<input type="checkbox"/> < 1 week	<input type="checkbox"/> 1-2 weeks	<input type="checkbox"/> 3-4 weeks	<input type="checkbox"/> 1-2 months	<input type="checkbox"/> > 2 months

Access to vaccines					
16. Who took the first initiative to vaccinate?	<input type="checkbox"/> The GP suggested the vaccination to me		<input type="checkbox"/> I have approached my GP		<input type="checkbox"/> Relatives/friends took the initiative
<input type="checkbox"/> Other:					
17. Had you already made an appointment at the vaccination center before today's vaccination at the GP practice?	<input type="checkbox"/> Yes , I had already registered at the vaccination center and even made an appointment.				
	<input type="checkbox"/> Yes , I had already registered at the vaccination center, but had not yet made an appointment.				
	<input type="checkbox"/> No , I had not yet taken any steps to vaccinate at the vaccination center.				
18. How long did it take you to get to the GP practice?	<input type="checkbox"/> < 5 min	<input type="checkbox"/> 5-10 min	<input type="checkbox"/> 11-20 min	<input type="checkbox"/> 21-30 min	<input type="checkbox"/> > 30 min
19. How did you come to the GP practice today?	<input type="checkbox"/> Alone		<input type="checkbox"/> Accompanied		
What mean of transport did you use to get to the GP practice today?	<input type="checkbox"/> By foot		<input type="checkbox"/> By bike		<input type="checkbox"/> By car
	<input type="checkbox"/> By public transport				
	<input type="checkbox"/> Other:				
20. Did you have any other concerns with your GP today?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vaccination process				
21. How long did you wait in the GP practice today?	<input type="checkbox"/> < 10 min	<input type="checkbox"/> 10-30 min	<input type="checkbox"/> 31-60 min	<input type="checkbox"/> > 60 min
22. What were you informed about at the first and/or second vaccination? (Please tick all that apply.)	<input type="checkbox"/> Vaccine type information		<input type="checkbox"/> Vaccine benefits	
	<input type="checkbox"/> Vaccine effectiveness		<input type="checkbox"/> Behavior before/after vaccination	
	<input type="checkbox"/> Common vaccination reactions, e.g., fever, shivering, heavy arm		<input type="checkbox"/> Potential complications (exceeding normal level of vaccination reaction, e.g., allergic shock, sinus vein thrombosis)	
	<input type="checkbox"/> Other:			
How much time was spent on patient education?	<input type="checkbox"/> < 2 min	<input type="checkbox"/> 2-5 min	<input type="checkbox"/> 6-10 min	<input type="checkbox"/> > 10 min
23. Was there an opportunity to ask questions after vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but I had none	<input type="checkbox"/> Not sure	<input type="checkbox"/> No

Attitudes and opinions					
24. Please tick to what extent you agree with the statement. 1= Strongly disagree 5= Strongly agree					
	1	2	3	4	5

It was important for me to be vaccinated by my GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was difficult for me to get a vaccination appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The distance I had to travel to get vaccinated was too far .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The access was barrier-free .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The vaccination procedure was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor took enough time for the patient education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctors' information was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend being vaccinated at my GP practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would also get vaccinated against COVID-19 at the vaccination center .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

Figure S1b. Questionnaire translated into English: Vaccination center version.

Personal information				
1. Age _____ years				
2. Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Diverse	
3. What is your highest educational level?	<input type="checkbox"/> University entrance qualification	<input type="checkbox"/> Upper secondary education (grade 10)	<input type="checkbox"/> Lower secondary education (grade 8 - 9)	
	<input type="checkbox"/> Vocational qualification		<input type="checkbox"/> No degree	
4. What is your highest professional qualification?	<input type="checkbox"/> No professional qualification		<input type="checkbox"/> Semi-skilled training	
	<input type="checkbox"/> Apprenticeship		<input type="checkbox"/> Vocational school	
	<input type="checkbox"/> Specialized technical training		<input type="checkbox"/> University degree	
5. Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	
6. What is your current living situation? (Please tick all that apply.)	<input type="checkbox"/> Living alone		<input type="checkbox"/> Living with partner	
	<input type="checkbox"/> Living with child(ren)		<input type="checkbox"/> Shared accommodation	
7. Residence	<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Rural area	
8. Do you have any pre-existing illnesses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please indicate:	1. _____			
	2. _____			
	3. _____			
	4. _____			
	5. _____			
9. Do you get an influenza vaccination annually?	<input type="checkbox"/> Yes, always	<input type="checkbox"/> Yes, mostly	<input type="checkbox"/> Yes, rarely	<input type="checkbox"/> No, never
10. Have you already been infected with COVID-19?	<input type="checkbox"/> Yes, in (month/year): ____/20____		<input type="checkbox"/> No	
11. Do you have a friend or family member who is/was infected with COVID-19?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Do you know which prioritization group you belong to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure	
Which prioritization group do you think you belong to?		<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
General questions about vaccination				
13. Which vaccination did you receive today?	<input type="checkbox"/> First dose		<input type="checkbox"/> Second dose	
Please indicate today's date: ____/____/2021 (day/month)				
If you received your second vaccine dose today, when did you receive the first dose? (see vaccination certificate) ____/____/20____ (day/month/year)				
14. Which vaccine type did you receive today? (see vaccination certificate)	<input type="checkbox"/> BioNTech (Comirnaty®)	<input type="checkbox"/> AstraZeneca (Vaxzevria®)	<input type="checkbox"/> Moderna (Moderna®)	<input type="checkbox"/> Johnson & Johnson (Janssen®)

If this was your second dose today, which vaccine type did you receive at your first vaccination?	<input type="checkbox"/> BioNTech (Comirnaty®)	<input type="checkbox"/> AstraZeneca (Vaxzevria®)	<input type="checkbox"/> Moderna (Moderna®)	<input type="checkbox"/> Johnson & Johnson (Janssen®)	
15. How long did you wait for your first vaccination appointment at the vaccination center (time between registration and vaccination date)?	<input type="checkbox"/> < 1 week	<input type="checkbox"/> 1-2 weeks	<input type="checkbox"/> 3-4 weeks	<input type="checkbox"/> 1-2 months	<input type="checkbox"/> > 2 months

Access to vaccines					
16. How did the appointment process work after registering at the vaccination center?	<input type="checkbox"/> I have made an appointment online		<input type="checkbox"/> Friends/relatives have made an appointment		
	<input type="checkbox"/> I have made an appointment by telephone		<input type="checkbox"/> The vaccination center approached me		
	<input type="checkbox"/> Other:				
17. How long did it take you to get to the vaccine center?	<input type="checkbox"/> < 5 min	<input type="checkbox"/> 5-10 min	<input type="checkbox"/> 11-20 min	<input type="checkbox"/> 21-30 min	<input type="checkbox"/> > 30 min
18. How did you come to the vaccine center today?	<input type="checkbox"/> Alone		<input type="checkbox"/> Accompanied		
What mean of transport did you use to get to the vaccine center today?	<input type="checkbox"/> By foot		<input type="checkbox"/> By bike		<input type="checkbox"/> By car
	<input type="checkbox"/> By public transport				
	<input type="checkbox"/> Other:				

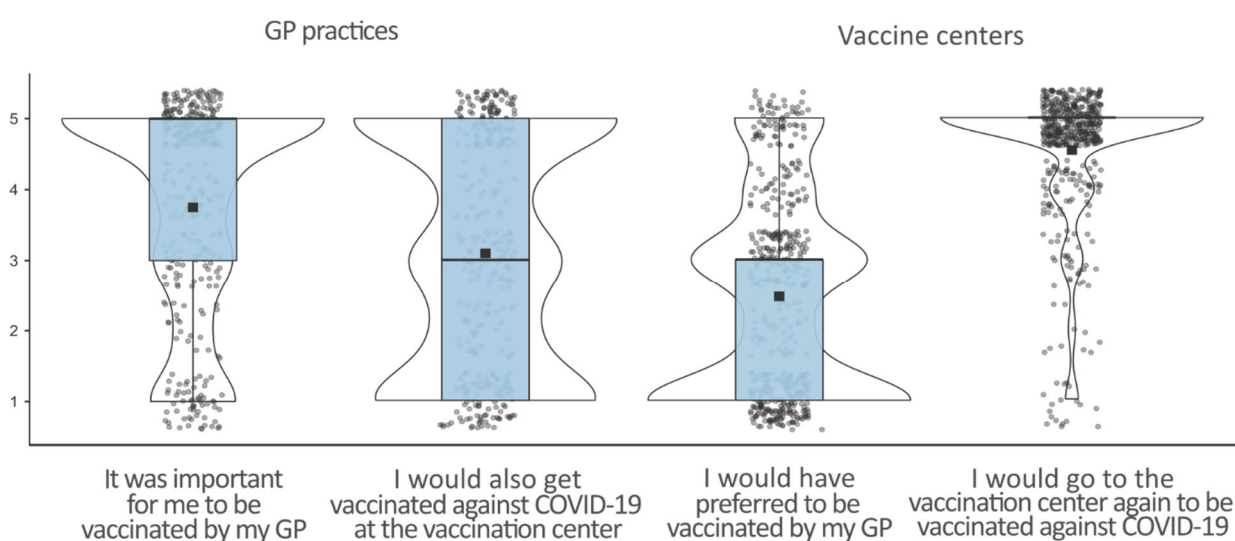
Vaccination process				
19. How long did you wait in the vaccine center today?	<input type="checkbox"/> < 10 min	<input type="checkbox"/> 10-30 min	<input type="checkbox"/> 31-60 min	<input type="checkbox"/> > 60 min
22. What were you informed about at the first and/or second vaccination? (Please tick all that apply.)	<input type="checkbox"/> Vaccine type information		<input type="checkbox"/> Vaccine benefits	
	<input type="checkbox"/> Vaccine effectiveness		<input type="checkbox"/> Behavior before/after vaccination	
	<input type="checkbox"/> Common vaccination reactions, e.g., fever, shivering, heavy arm		<input type="checkbox"/> Potential complications (exceeding normal level of vaccination reaction, e.g., allergic shock, sinus vein thrombosis)	
	<input type="checkbox"/> Other:			
How much time was spent on patient education?	<input type="checkbox"/> < 2 min	<input type="checkbox"/> 2-5 min	<input type="checkbox"/> 6-10 min	<input type="checkbox"/> > 10 min
23. Was there an opportunity to ask questions after vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but I had none	<input type="checkbox"/> Not sure	<input type="checkbox"/> No

Attitudes and opinions					
24. Please tick to what extent you agree with the statement. 1= Strongly disagree 5= Strongly agree					
	1	2	3	4	5
I would have preferred to be vaccinated by my GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was difficult for me to get a vaccination appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The distance I had to travel to get vaccinated was too far .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The access was barrier-free .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The vaccination procedure was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor took enough time for the patient education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctors' information was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend being vaccinated at the vaccination center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would go to the vaccination center again to be vaccinated against COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

Figure S2. Participants' preference for their chosen vaccine site and their desired vaccine site. Values range from 1 = strongly disagree to 5 = strongly agree.



Text S3. Results of the assumption checks for multiple linear regression models.

Model 1, satisfaction with patient education:

Multicollinearity was not a concern in our model (highest correlation between dependent and independent variables was $r = .55$ and VIF ranged between 1.03 and 2.99). The data met the assumption of independent residuals (Durbin-Watson = 1.935). The histogram and p-p plot of standardized residuals indicated that the data contained approximately normally distributed residuals with minimal deviation from the line. The scatterplot of standardized residuals showed that the data met the assumptions of homogeneity of variance and linearity. All participants in the model showed Cook's Distance values below 1, wherefore all were included.

Model 2, recommendation of vaccination at patients' vaccination site:

Multicollinearity was not a concern in our model (highest correlation between dependent and independent variables was $r = .62$ and VIF ranged between 1.08 and 3.36). The data met the assumption of independent residuals (Durbin-Watson = 1.872). The histogram and p-p plot of standardized residuals indicated that the data contained approximately normally distributed residuals with minimal deviation from the line. The scatterplot of standardized residuals showed that the data met the assumptions of homogeneity of variance and linearity. All participants in the model showed Cook's Distance values below 1, wherefore all were included.