

Knowledge, attitude, and acceptance of COVID-19 vaccines₁ among secondary school pupils in Zambia: implications for₂ future educational and sensitisation programmes₃

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| Part I: Sociodemographic characteristics of pupils | | |
|---|------------------------|----------------------------|
| SN | Questions | Answers/choice |
| 1 | Age | years |
| 2 | Grade | |
| 3 | School | |
| 4 | Gender | 1. Male 2. Female |
| 5 | Where do you live? | |
| 6 | Whom do you live with? | 1. Parents 2. Guardians |
| Part II: Knowledge questions about COVID-19 vaccine [circle the correct answer] | | |

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|---|--|--|
| 1 | Have you ever heard about the COVID-19 vaccine? | 1. Yes 2.No |
| 2 | If said "yes "to question 1 above, what is the main source of information? | 1. Healthcare workers 2. TV/radio 3. Social media 4. Family/friends 5. Others..... |
| 3 | Do you know currently people taking the COVID-19 vaccine? | 1. Yes 2.No 3. I don't know |
| 4 | Do you think COVID-19 vaccines reduce disease transmission? | 1. Yes 2.No 3. I don't know |
| 5 | Do you think the use of COVID-19 vaccines has side effects? | 1. Yes 2.No 3. I don't know |
| Part III: Attitude questions about the COVID-19 vaccine | | |

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| 1 | Taking the COVID-19 vaccine is important for our health. | 1. Yes 2.No 3. I don't know |
| 2 | I will take the COVID-19 vaccine without any fear. | 1. Yes 2.No 3. I don't know |
| 3 | I will encourage my family /friends to take the COVID-19 vaccine. | 1. Yes 2.No 3. I don't know |
| 4 | COVID-19 vaccine should be distributed fairly to all of us. | 1. Yes 2.No 3. I don't know |
| 5 | I support currently recommended COVID-19 vaccine campaigns and programs. | 1. Yes 2.No 3. I don't know |
| Part IV: Factors influencing participants' acceptance of COVID-19 vaccines | | |
| 1 | Have you ever suffered from COVID-19? | 1. Yes 2.No 3. I don't know |

| | | |
|---|---|-----------------------------|
| 2 | Did any of your friends or relatives suffer from COVID-19? | 1. Yes 2.No 3. I don't know |
| 3 | Has any of your friends or relatives died from COVID-19? | 1. Yes 2.No 3. I don't know |
| 4 | Were you ever quarantined as a result of COVID-19? | 1. Yes 2.No 3. I don't know |
| 5 | Are you able to practice physical and social distancing? | 1. Yes 2.No 3. I don't know |
| 6 | Are the preventive measures of COVID-19 stressful to follow? | 1. Yes 2.No 3. I don't know |
| 7 | Do you suffer from ANY chronic condition (tuberculosis, diabetes mellitus, HIV/AIDs, asthma, bronchitis, hypertension, cancer)? | 1. Yes 2.No 3. I don't know |

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|--|---|-----------------------------------|
| | Acceptance of the COVID-19 vaccine | |
| | Would you accept being vaccinated against COVID-19? | 1. Yes 2.No 3. I don't know |

Thank you for your participation!