

1. Have you been fully vaccinated against COVID-19 (received two doses of BioNTech-Pfizer, Moderna or AstraZeneca COVID-19 vaccine or a single dose of Janssen/Johnson&Johnson)?

Yes

No

2. Which COVID-19 vaccine have you been vaccinated with?

BioNTech-Pfizer (2 doses)

Moderna (2 doses)

AstraZeneca (2 doses)

Janssen/Johnson&Johnson (1 dose)

3. Please evaluate the severity of side effects that occurred after receiving your COVID-19 vaccine

(1 - no side effects/negligible side effects, 5 - medium severity, 10 - very high severity)

	1	2	3	4	5	6	7	8	9	10
First dose										
Second dose										

(If the answer " Janssen/Johnson&Johnson (1 dose)" in question #2

	1	2	3	4	5	6	7	8	9	10
Single dose (Janssen/Johnson&Johnson)										

4. Please evaluate the level of fear accompanying the side effects that occurred after receiving your COVID-19 vaccine

(1 - no fear/very low level of fear, 5 - medium fear, 10 - very high fear)

	1	2	3	4	5	6	7	8	9	10
First dose										
Second dose										

(If the answer " Janssen/Johnson&Johnson (1 dose)" in question #2

	1	2	3	4	5	6	7	8	9	10
Single dose (Janssen/Johnson&Johnson)										

5. Are you willing to receive the potential additional dose of the COVID-19 vaccine if it would be made available (third dose in the case of vaccinated with BioNTech/Pfizer, Moderna or AstraZeneca vaccines and second dose in the case of vaccinated with Janssen/Johnson&Johnson vaccine)?

Yes

No

Don't know

6. (If the answer "yes" in question #5) Which vaccine would you like to receive as the additional COVID-19 vaccine dose?

It doesn't matter

I don't know

BioNTech/Pfizer

Moderna

AstraZeneca

Janssen/Johnson&Johnson

7. (If the answer "yes" in question #5) Please evaluate the level of fear associated with receiving the potential additional dose of the COVID-19 vaccine?

(1 - no fear/very low level of fear, 5 - medium fear, 10 - very high fear)

	1	2	3	4	5	6	7	8	9	10
Level of fear										

8. (If the answer "no" in question #5) Why are you not willing to receive the additional dose of the COVID-19 vaccine dose?

I don't think it is necessary

Due to safety concerns

Due to side effects after previous doses of COVID-19 vaccine

9. Have you been infected with the SARS-CoV-2?

No

Yes, prior to vaccination

Yes, between 1st and 2nd dose of vaccine (for those vaccinated with BioNTech/Pfizer, Moderna or AstraZeneca vaccines)

Yes, after receiving all required doses (two doses of BioNTech/Pfizer, Moderna or AstraZeneca vaccines or a single dose of Janssen/Johnson&Johnson vaccine)

10. Do you vaccinate against influenza?

Yes, regularly (annually)

Yes, irregularly

No, I was never vaccinated against the influenza

11. Do you suffer from immune deficiency (primary or secondary)?

Yes

No

12. Do you suffer from any of these diseases?

Diabetes

Cancer

Cardiovascular disease

Chronic pulmonary disease

Chronic kidney disease

Asthma

None of these

13. Your age (in years):.....

14. Your gender:

Female

Male

15. Your weight (in kilogram):.....

16. Your height (in centimeters):.....

17. Your education level

Primary

Secondary

Vocational

Tertiary

18. Your place of living

Urban

Rural