

COVID-19 Vaccination perceptions of HCWs

*** 1. Greetings dear healthcare provider,**

We would like you to imagine a situation where a number of vaccines for COVID-19 have been developed. These vaccines have undergone all required testing and have received regulatory approval for use in humans from the health authorities in Saudi and in other countries. Vaccination has also been recommended by the World Health Organisation (WHO).

Kindly take 5 minutes to answer, keeping in mind that all your answers are confidential. This will also give you more insight into several COVID vaccines that are currently in Phase 3 trial.

The study was approved by the Institutional Review Board at the College of Medicine, King Saud University (approval # 20/0065/IRB).

Thank You!

Dr. Hani Temsah, Dr. Mazin Barry
mtemsah@ksu.edu.sa

- I am a healthcare worker in Saudi Arabia, and I **ACCEPT** to participate in this Survey
- I do **NOT accept** to participate in this Survey

*** 2. Region:**

- Riyadh region
- Makkah region
- Madinah region
- Qassim region
- Eastern Region
- Asir
- Tabuk
- Hail
- The Northern Border region
- Jazan
- Najran
- Al Baha
- Al Jouf

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Please Choose Your Answers then Press "Next"

* 3. You are

- Consultant
- Assistant consultant
- Resident
- Nurse
- RT
- Other (please specify)

* 4. What is your age?

Age in years:

* 5. What is your gender?

- Female
- Male

* 6. Are you now married, widowed, divorced, separated, or have you never been married?

- Married and living with children
- Married but living alone
- Widowed
- Divorced
- Never married

* 7. At what Hospital area do you work usually most of the time?

- Pediatric ICU
- Adult ICU
- Pedia ER
- Adult ER
- Isolation ward
- General ward
- OPD
- Other (please specify)

8. Do you have a chronic medical condition?

(like Hypertension, DM, chronic kidney disease, Heart disease, Asthma, COPD, Cancer, Immunocompromised state, SCD, Obesity)

- No
- Yes (please specify)

* 9. Your hospital setting and type of practice?

Hospital/healthcare center Type

Practice Level

Hospital Setting:

* 10. Have you been previously in contact with Corona (proven or suspected COVID) patients?
(Please choose all that apply)

- Yes: With COVID-Infected Patient
- Yes: With COVID-positive family member or friend
- Yes: With MERS-CoV Patient
- No: No contact at all

* 11. Have you been infected with laboratory-confirmed COVID-19 yourself?

- Yes
- No

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* 12. Did you take the influenza vaccine during the last 2 years?

Yes

No

* 13. If an approved MERS-CoV vaccine became available in Saudi Arabia this year, would you take it yourself?

Yes

No

* 14. If an approved COVID vaccine became available in Saudi Arabia this year, would you take it yourself?

Yes

No

* 15. If a COVID vaccine became available when will you take it?

Get one as soon as possible

Delay getting it for few months

Never get one

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16. You choose not to get the COVID Vaccine:
What are your reasons for not taking the vaccine?
(Choose what apply)

- Inadequate data about the safety of a new vaccine
- I am against vaccine in general (or I avoid medications whenever possible)
- Vaccine administration is painful or inconvenient
- I already had COVID infection
- A concern of adverse effects of the vaccine
- A concern of acquiring Covid19 from the vaccine
- A concern of vaccine being ineffective
- Prior adverse reaction to the vaccine
- I perceive myself not at high risk to acquire Covid19 infection
- I perceive myself not at high risk to develop complications if I get infected with Covid19 infection
- Other (please specify)

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COVID Vaccine

* 17. If a COVID vaccine is announced this year in 2020, would your first thoughts be:

- It is a scientific achievement to find a vaccine that fast
- It was probably rushed without enough testing
- Other (please specify)

* 18. COVID vaccine is the most likely way to stop this pandemic.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

* 19. Once the vaccine is available and approved; it would be safe.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

* 20. The best way to avoid the complications of COVID is by being vaccinated

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

* 21. From the following COVID vaccines in phase 3 trials, which do you know?

	I do not know this vaccine	I know about this vaccine
AstraZeneca: (OxfordUniversity: British/Swedish Non-Replicating Viral Vector (chimpanzee adenovirus vectored vaccine (ChAdOx1 nCoV-19)	<input type="radio"/>	<input type="radio"/>
Johnson and Johnson (USA): (adenovirus type 26 vector Ad26.COV2-S)	<input type="radio"/>	<input type="radio"/>
Pfizer RNA (BNT162b2 (USA): nucleoside-modified messenger RNA modRNA)	<input type="radio"/>	<input type="radio"/>
Novavax (USA): protein subunit (Full length recombinant SARS CoV-2 glycoprotein nanoparticle vaccine adjuvanted with Matrix M)	<input type="radio"/>	<input type="radio"/>
Moderna RNA (USA): mRNA-1273	<input type="radio"/>	<input type="radio"/>
CanSino (China) (Adenovirus type 5)	<input type="radio"/>	<input type="radio"/>
Gamaleya (Russia): Sputnik V non replicating viral vector Adenovirus	<input type="radio"/>	<input type="radio"/>

* 22. From the following COVID vaccines in phase 3 trials, how likely would you accept each one:

	I will never accept to take	Not sure	Surely I will accept
AstraZeneca: (OxfordUniversity: British/Swedish Non-Replicating Viral Vector (chimpanzee adenovirus vectored vaccine (ChAdOx1 nCoV-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Johnson and Johnson (USA): (adenovirus type 26 vector Ad26.COV2-S)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pfizer RNA (BNT162b2 (USA): nucleoside-modified messenger RNA modRNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Novavax (USA): protein subunit (Full length recombinant SARS CoV-2 glycoprotein nanoparticle vaccine adjuvanted with Matrix M)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderna RNA (USA): mRNA-1273	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CanSino (China) (Adenovirus type 5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gamaleya (Russia): Sputnik V non replicating viral vector Adenovirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. What factors affected your choice your answer to the above question?

- This COVID vaccine(s) seem more efficient on preventing the infection
- Vaccine availability
- Company's reputation
- Manufacturing country
- Possibly lessor side effects from this vaccine
- from the Media coverage
- Personal preference
- Other (please specify)

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Changes after Corona (MERS)

Please Choose Your Answers then Press "Next"

* 24. What is/are your usual source(s) of information about COVID vaccine?

(Check all that apply)

- Hospital announcements (e.g. roll-ups or newsletters)
- Official statements or press release from MOH (e.g. through SMS or newspapers)
- MOH website
- WHO website
- CDC Website
- Other internet resources
- Social Networks (like YouTube, Facebook, Twitter, WhatsApp)

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* 25. On a scale from 1 to 5, please rate how much worry you experienced over the past 2 weeks about contracting COVID19 Infection yourself:

1- Not worried at all 2- Little worried 3- Somewhat worried 4- Very worried 5- Extremely worried

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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* 26. On a scale from 1 to 5, please rate how much worry you experienced over the past 2 weeks about transmitting the COVID19 Infection to your family:

1- Not worried at all 2- Little worried 3- Somewhat worried 4- Very worried 5- Extremely worried

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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* 27. Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all Several days More than half the days Nearly every day

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>