

COVID-19 Vaccine from the Perspective of Healthcare Professionals

This study is performed in cooperation with Üsküdar District Health Directorate and Istanbul Medeniyet University. The questionnaire was prepared to evaluate the approaches of healthcare professionals regarding the COVID-19 vaccine. Your answers will be used for scientific purposes only. The number of questions in the survey is 26 and the response time is 3-4 minutes. Thank you in advance for your valuable contributions.

* Required

1. What is your age? *

2. What is your gender? *

Female

Male

3. What is your job? *

Family Physician

General Practitioner

Nurse

Midwife

Medical Assistant

Emergency Medical Technician (EMT)

Other: _____

4. What is your marital status? *

Married

Single

5. Do you have a child? *

Yes

No

6. Do you have an individual over the age of 65 that you live with in your home? *

Yes

No

7. Do you have a chronic disease? *

Yes

No

8. If your answer to the previous question is yes, what is your disease(s)?

9. Do you smoke? *

No, i do not.

I used to, but i quited before the pandemic.

I used to, but i quited during the pandemic.

Yes, i do.

10. Have you been diagnosed with COVID-19 disease during the pandemic? *

Yes

No

11. Has anyone in your close circle had COVID-19? *

Yes

No

12. How would you evaluate yourself in terms of the risk of having COVID-19 disease during the ongoing pandemic process? *

I have a very high risk.

I have a high risk.

I have a moderate risk.

I have a low risk.

I do not have a risk.

13. How would you rate yourself in terms of the risk of dying from COVID-19 during this period? *

- I have a very high risk.
- I have a high risk.
- I have a moderate risk.
- I have a low risk.
- I do not have a risk.

14. Did you get a flu vaccine during the H1N1 (Swine Flu) epidemic in 2009? *

- Yes, I did.
- No, I did not.
- I do not remember.

15. Have you had the seasonal influenza vaccine?? *

- I have it done every year.
- I had/will have it done first time this year.
- I had it done just few times before.
- I have never done it before.

16. What is your reason for not getting seasonal influenza vaccination? *

- I get the influenza vaccine.
- I do not have it because I do not think influenza is a threat to my health.
- I do not have it because I have doubts about the brand of the vaccine.
- I do not have it because I have doubts about the effectiveness of the vaccine in preventing the disease.
- I do not have it because I have concerns about the side effects of the vaccine.
- Other: _____

Please answer the following suggestions regarding the COVID-19 vaccine according to a 5-point rating. Strongly Disagree=1, Disagree=2, Undecided=3, Agree=4 and Strongly Agree=5

17. I could have the COVID-19 vaccine approved by the Ministry. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Vaccine will be effective in preventing and controlling COVID-19 disease. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. I think the COVID-19 disease threatens my health. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. I have enough knowledge about the COVID-19 vaccine. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. I am concerned about the short-term adverse effects (i.e., fever) of the vaccine. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. I am concerned about the long-term adverse effects of the vaccine. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. I would get vaccinated even if I had the disease. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. If there is a national COVID-19 vaccine, I will get it. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. If there is a vaccine coming from abroad, I will get it. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. I want all my family members to be vaccinated. *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>