# Personal Questions

Q) Select your Gender:

1. Male
2. Female
3. Other

Q) Mention your age group

1. Below 18
2. 18-44
3. 45-60
4. 60+

Q) Please tell us about your religion or beliefs:

1. Buddhist
2. Christian
3. Hindu
4. Parsi
5. Muslim
6. Sikh
7. No religion
8. Other

Q) What best characterizes the area where you live?

1. Urban
2. Suburban
3. Rural

Q) What is the highest level of education that you have completed?

1. Less than high school
2. High school or equivalent
3. Bachelor’s degree or higher

Q)Which of the following describes your employment status right now?

1. Working remotely only
2. Working in person only
3. Working both remotely and in person
4. Not working – temporarily laid off
5. Not working – voluntary leave of absence or sabbatical
6. Not working – permanently laid off
7. Not working – retired
8. Not working – student
9. Not working – other

Q)Which of the following best describes your current industry?

1. Provide direct medical care to patients (e.g., physician, nurse,dentist, therapist, home healthcare provider, or emergency responder)
2. Do not provide direct medical care to patients, but work or volunteer in a healthcare facility (e.g., patient transport driver, administrator, janitor, food preparer, volunteer, or other in a hospital, clinic, nursing home, or residential care home)
3. Frontline essential worker (worker who regularly comes into contact with the public, such as firefighter, police officer, corrections officer, food and agricultural worker, manufacturing worker, grocery store worker, public transit worker, taxi/rideshare driver).
4. Non-frontline essential worker (worker who does not regularly come into contact with the public but works in a critical industry, such as transportation and logistics, food service, finance, communications, law, media, public safety, waste and wastewater, public health, etc.)
5. Personal Business Owners in non-essential fields (like restaurants, hotels, theatres, luxury goods, etc)
6. Prefer not to say

Q) Do you have any of the following conditions? (Select all that apply.)

1. Cancer
2. Chronic kidney disease
3. Chronic obstructive pulmonary disease (COPD)
4. Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
5. Obesity or severe obesity
6. Sickle cell disease
7. Type 2 diabetes mellitus
8. Immunocompromised due to solid
9. Organ transplant
10. Smoker
11. None of the above
12. I'd rather not say

# COVID-19 Questions

Q) Do you have medical insurance?

1. Yes
2. No

Q) Have you been down with Covid-19 in the last 90 days?

If yes, then describe the level of care you received, or are receiving:

1. Did not seek medical care
2. Received medical care but was not hospitalized
3. Was hospitalized
4. Did not contract COVID

Q) Do you know anyone in your family or friends who suffered or died as a result of COVID 19?

1. Yes
2. No

Q)What is your opinion on the survival of COVID 19 patients

a. They can survive

b. The cannot survive

c. I’d rather not say

Q) What are the benefits of infection prevention and control (IPC)

a. Protecting yourself

b. Protecting your family, community & environment

c. Protecting your patients

d. All of the above

Q) Who all should be tested for COVID19 ?

a. All symptomatic individuals who have undertaken international travel in the last 14 days

b. All symptomatic contacts of laboratory confirmed cases

c. All symptomatic health care workers

d. All hospitalized patients with SARI (fever AND cough and/or shortness of breath)

e. Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact.

Q) The incubation period of COVID 19 is

a. 2-14 days

b. 2 days

c. 14 days

d. Unknown

Q). The signs and symptoms of COVID 19 are

a. Fever, cough, sore throat, nasal congestion, malaise, headache, muscle pain or malaise

b. Pneumonia

c. ARDS

d. Sepsis and Septic shock

e. All of the above

Q) The available effective vaccines for COVID in India are Covaxin, Covishield and Sputnik

1. Yes, I knew about them
2. I didn’t know about some
3. Waiting for foreign vaccine

# Vaccination Drive Questions

Q) What makes it difficult for you to get a COVID-19 vaccine? \*

(Select all that apply.)

1. I can’t go on my own(I have a physical limitation).
2. It’s too far away.
3. I don’t know where to go to get vaccinated.
4. I’m not eligible to get a COVID-19 vaccine.
5. I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past).
6. I don’t have transportation.
7. The hours of operation are inconvenient.
8. The waiting time is too long.
9. It is difficult to find or make an appointment.
10. I don’t have time off work.
11. Other

Q) What are the main reasons you want the COVID-19 vaccine? Please tick as many as apply

(checkboxes)

1. To protect my friends and family from getting COVID-19
2. To protect people who are vulnerable/at higher risk of getting COVID-19
3. To protect me against getting COVID-19
4. Medical/healthcare professional e.g. GP, nurse, pharmacist, recommends it
5. Family member/friend recommends it
6. It will enable me to get back to work
7. It will help society in general to get back to normal again
8. I want to visit my older family members at home or in a care home and I need the vaccine to make sure it is safe for them
9. It will help the economy get going again
10. It is the responsible thing to do
11. Don’t know/not sure

Q) Which vaccine have you taken?

1. Covishield
2. Covaxin
3. Sputnik
4. I haven’t been vaccinated

Q) What is the status of your vaccination?

1. Partially Completed
2. Completed
3. Not taken

Q. From which vaccination centre have you gotten vaccinated?

[PUT 20-30 popular mumbai covid centres as drop down]

Q) Was your vaccination drive paid or free?

1. Paid
2. Free
3. None

Q) What kind of reactions did you have from the vaccination?

1. Mild fever, pain at site of vaccine
2. High Fever, numbing pain in arm, nausea, diarrhea
3. I had no such reaction
4. Other

Q) How likely are you to recommend getting the COVID-19 vaccine to others?

1. Not at all likely
2. Somewhat likely
3. Extremely likely
4. Vaccine Information

# 

# Social Attitude and Behaviours

Q) Suppose you had to do each of the following things in the next two weeks. How likely are you to wear a mask for each activity?

1. Work in setting outside the home

1. Not at all likely
2. Somewhat likely
3. Extremely likely

2. Use public transportation, a taxi, or a ride share service

1. Not at all likely
2. Somewhat likely
3. Extremely likely

3. Go for a walk in your neighborhood

1. Not at all likely
2. Somewhat likely
3. Extremely likely

4. Shop inside a store

1. Not at all likely
2. Somewhat likely
3. Extremely likely

5. Visit inside a friend’s house

1. Not at all likely
2. Somewhat likely
3. Extremely likely

6. Visit a park or other outdoor public space

1. Not at all likely
2. Somewhat likely
3. Extremely likely

Q) If you were to be vaccinated, how likely would you be to wear a mask in public after vaccination?

1. Not at all likely
2. Somewhat likely
3. Extremely likely

Q) Have you seen or heard any information about COVID-19 vaccines (e.g., on the news, on social media, or from friends and family) that you could not determine were true or false?

1. Yes
2. No
3. Not sure

Q) Select your top 3 most trusted sources of information about COVID-19 vaccines:

1. Centers for Disease Control and Prevention (CDC)
2. Employer
3. Family and friends
4. Health insurers
5. Hospital system websites
6. Local health officials and primary care providers
7. News sources (e.g., television, internet, and radio)
8. Religious leader(s) and Union leader(s)
9. Online publishers of medical information (such as WHO)
10. Social media (such as Facebook, Twitter, Instagram, WhatsApp, LinkedIn, or TikTok) Other