

# A survey on COVID-19 vaccine among Tunisians

This survey is launched as a part of a **Marketing Research Project**.

We are five senior students from Tunis Business School, and we would like to gain a better understanding of the Tunisian citizens' drivers and barriers regarding the **COVID-19 vaccination**.

Filling out this survey won't take more than five minutes, and we would appreciate it if you **shared** this survey with your connections.

*This research serves academic purposes and all the data collected will remain anonymous and confidential.*

\* Required

## Willingness to get vaccinated

In this section, we kindly ask you to answer these questions regardless of your COVID-19



1. Would you get vaccinated if the ministry of Health launched a new vaccination campaign in the near future? \*

Definitely  
Not

☐

Probably  
Not

☐

Possibly

☐

Very  
Probably

☐

Definitely

☐

2. Would you get vaccinated if the overall effectiveness of the vaccine exceeded 95%? \*

Definitely Not	Probably Not	Possibly	Very Probably	Definitely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Would you take the vaccine if your family members or your close friends did? \*

Definitely Not	Probably Not	Possibly	Very Probably	Definitely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Would you take a COVID-19 vaccine that is 100% made in Tunisia? \*

Definitely Not	Probably Not	Possibly	Very Probably	Definitely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## COVID-19 History

In this section, we would like to have an idea about your COVID-19 history.

5. How many times have you been diagnosed with COVID-19? \*

- ☐ Never
- ☐ Once
- ☐ Twice or more

6. How many doses of COVID-19 vaccine have you received? \*

- ☐ 0 shots
- ☐ 1 shot
- ☐ 2 shots
- ☐ 3 shots

## 7. What type of vaccines have you received? \*

- ☐ Janssen
- ☐ Pfizer
- ☐ Moderna
- ☐ AstraZeneca
- ☐ Sinovac
- ☐ Sputnik V
- ☐ Sinopharm
- ☐ I did not get vaccinated

## Perception of Vaccination Types

To what extent do you agree with the following statements related to vaccination types?

8. All vaccine types are equally effective against COVID-19. \*

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. The more popular the vaccine is globally, the more I trust it. \*

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. The vaccine's experimental period is enough to guarantee the safety of its users. \*

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. The information communicated by the World Health Organization (WHO) and the vaccines' companies is trust-worthy. \*

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

☐☐☐☐☐

## Health Status

12. Do you suffer from any chronic diseases? \*

☐ Yes

☐ No

13. Did your health status affect your vaccination decision ? \*

☐ Yes (priority to get vaccinated)

☐ Yes (prohibited from getting vaccinated)

☐ It did not affect my decision

# Attitude toward Health Risks

In this section, we would like to have an understanding of where you stand when it comes to

14. How important is your health to you? \*

Not Important	Slightly Important	Moderately Important	Important	Very Important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How important is visiting the doctor for check-ups according to you? \*

Not Important	Slightly Important	Moderately Important	Important	Very Important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How important is taking the seasonal flu vaccine to you?

\*

Not Important	Slightly Important	Moderately Important	Important	Very Important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



17. How important is learning more about the vaccine's benefits and side effects to you? \*

Not Important	Slightly Important	Moderately Important	Important	Very Important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Insights about COVID-19

In this section, we would like to know more about the information related to COVID-19 that you encountered during the pandemic.

18. How likely were you to encounter information about COVID-19? \*

Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How likely were you to trust the information encountered? \*

Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How likely was this latter to affect your vaccination decision? \*

Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Lifestyle

In this section, we want to have a better understanding of your lifestyle.

21. How often do you travel per year? \*

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ 3 times or more

22. You travel for: \*

- ☐ Work
- ☐ Studies
- ☐ Entertainment
- ☐ Health reasons
- ☐ I do not travel

23. Did your traveling tendency obligate you to get vaccinated? \*

- ☐ Yes
- ☐ No
- ☐ I do not travel

24. You usually work/study \*

- ☐ Online
- ☐ On site
- ☐ Hybrid
- ☐ I do not work nor study

25. Did your work/study style obligate you to get vaccinated? \*

- ☐ Yes
- ☐ No
- ☐ I do not work nor study

26. Where did you use to get COVID-19 updates from during the pandemic?

\*

- ☐ Magazines and journals
- ☐ Radio
- ☐ TV
- ☐ Social media
- ☐ Search engines
- ☐ Word of mouth

## Demographics

Congrats! You've made it this far, let us get to know you better!

27. How old are you? \*

- ☐ 18 - 24 years old
- ☐ 25 - 34 years old
- ☐ 35 - 44 years old
- ☐ 45 - 54 years old
- ☐ 55 - 64 years old
- ☐ 65 and above

28. You identify as: \*

- ☐ Female
- ☐ Male

29. What is your highest level of education? \*

- ☐ No education
- ☐ Primary School
- ☐ Middle School
- ☐ High School
- ☐ College

30. What is your monthly income? \*

- ☐ 0 - 500 TND
- ☐ 500 - 1000 TND
- ☐ 1000 - 1500 TND
- ☐ 1500 - 2000 TND
- ☐ More than 2000 TND



## 32. Does the vaccine contradict with your religious beliefs? \*

- ☐ Yes
- ☐ No
- ☐ I do not follow any religious beliefs

☐ Gafsa

☐ Jendouba

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☐ Kairouan



☐ Kasserine

☐ Kebili

☐ Kef

☐ Mahdia

☐ Manouba

☐ Medenine

☐ Monastir

☐ Nabeul

☐ Sfax

☐ Sidi Bouzid

☐ Siliana

☐ Sousse

☐ Tataouine

☐ Tozeur

☐ Tunis

☐ Zaghouan