

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.

* Obligatoire

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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