Flu and COVID-19 attitudes

Page 1: Flu and COVID-19 Attitudes and Behaviours

This questionnaire is about the flu (Influenza) and the flu vaccine which is offered during pregnancy and to children aged 2 and older. It is also about COVID-19 (SARS-CoV-2).

The questionnaire is part of a research project that aims to look at knowledge and attitudes about the flu and its vaccine as well as about COVID-19. The information gathered from the questionnaire will aid in developing an informative message about influenza and its vaccine in an effort to increase flu vaccine uptake. It will also provide information on the effect of COVID-19 and its pandemic on flu vaccine acceptance.

All of the responses to this questionnaire are confidential and anonymous (no information will be gathered that could identify you). Participation in this questionnaire is completely voluntary and you may choose to leave the survey at any time if you feel you do not wish to complete it. Since the questionnaire is confidential, once submitted, no responses can be withdrawn as it will be impossible to find which responses relate to you. Data collected from this questionnaire will be retained for 10 years on the secure University network and then deleted.

When the questionnaire is completed, you will be provided with contact details for the

study if you have any questions.

If you have already completed this questionnaire, please do not complete it again. **Additionally, please only complete this questionnaire if you are pregnant and if you live in the Liverpool City Region (Liverpool, Knowsley, Sefton, St Helens, Wirral, Halton).**

This questionnaire is voluntary and as such, if a question makes you uncomfortable, you may choose to leave it blank. However, we ask that you answer as many of the questions as you can.

This questionnaire will take approximately 10 minutes to complete.

If you have any questions, please contact:

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1. **Please tick the box to indicate your consent to the information above.** ✱
Required

- ○ I consent.

Page 2: Background Information

2. How old are you (in years)?

Please enter a number.

3. Approximately how many weeks pregnant are you?

Please enter a number.

4. Have you had a previous pregnancy?

- Yes
- No

5. How many children do you currently have?

- This is my first
- 1
- 2
- 3
- 4
- 5+

6. Are you a member of a high-risk health group (e.g. asthma, liver disease, diabetes, etc.)?

- Yes
- No

7. What is your highest education level?

- ○ Below GCSE
- ○ GCSE or similar
- ○ NVQ or similar
- ○ A-level or similar
- ○ Undergraduate
- ○ Post-graduate
- ○ Other

7.a. If you selected Other, please specify:

8. What is your current occupation?

9. What is the first part of your postcode? (e.g. "L17")

10. What is your estimated family income?

- ○ <£10,000
- ○ £10,001-20,000
- ○ £20,001-30,000
- ○ £30,001-45,000
- ○ £45,001-60,000
- ○ >£60,000

11. Do you own a smartphone?

- ○ Yes
- ○ No

12. Do you access your GP online for any of these services? (check all that apply)

- [ ] Book appointments
- [ ] Request prescriptions
- [ ] Access medical records
- [ ] Other

12.a. If you selected Other, please specify:

13. How many people live in your household (including yourself)?

Please enter a number.

14. Who do you live with? (check all that apply)

- [ ] Alone
- [ ] Partner
- [ ] Child(ren)
- [ ] Parent(s)
- [ ] Other family
- [ ] Roommate(s)

15. What is your ethnicity?

Page 3: Health Behaviours

16. Do you currently smoke?

- Yes
- No

17. Prior to pregnancy, how many days (on average) per week did you do at least 30 minutes of exercise?

- 0
- 1-2
- 3-4
- 5-7

18. Currently, how many days (on average) per week do you do at least 30 minutes of exercise?

- 0
- 1-2
- 3-4
- 5-7

19. Do you take antenatal vitamins?

- Yes
- No

20. Do you take folic acid?

- Yes
- No

Please read these statements and then tick only one box for each statement.

21. This question is in relation to your beliefs about flu illness. Please rate the extent to which you agree with the following statements.

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If I get the flu, I will get very ill.	☐	☐	☐	☐	☐
If I get the flu, I will have to stay home from work/school.	☐	☐	☐	☐	☐
If I get the flu, my baby could get ill.	☐	☐	☐	☐	☐
If I get the flu, it could hurt my baby.	☐	☐	☐	☐	☐
If I get the flu, my other family members or friends could get ill.	☐	☐	☐	☐	☐
If I get the flu, my co-workers/colleagues could get ill.	☐	☐	☐	☐	☐

If I get the flu, I will die.	☐	☐	☐	☐	☐

22. .

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I feel knowledgeable about the flu in general.	☐	☐	☐	☐	☐
I feel knowledgeable about my risk of getting the flu.	☐	☐	☐	☐	☐
I am at risk of getting the flu.	☐	☐	☐	☐	☐
My family and friends are at risk of getting the flu.	☐	☐	☐	☐	☐

Page 5: Flu Illness and Vaccine

23. Have you been offered the flu vaccine this year?

- ○ Yes
- ○ No

23.a. If yes, who offered it to you? (check all that apply)

- ☐ GP
- ☐ Women's Hospital
- ☐ Community services/midwife
- ☐ Health visitor
- ☐ Pharmacist
- ☐ Other

23.a.i. If you selected Other, please specify:

23.b. How was it offered to you? (check all that apply)

- ☐ Letter
- ☐ Text message
- ☐ Face-to-face
- ☐ Other

23.b.i. If you selected Other, please specify:

24. Have you had the flu vaccine during this pregnancy?

- ○ Yes
- ○ No

24.a. If you have **not** had the flu vaccine, do you intend to?

- Yes
- No

25. Have you had the flu vaccine during a previous pregnancy?

- Yes
- No

25.a. If you did, did you experience any side effects afterwards?

- Yes
- No

26. Do you discuss vaccination with your partner or another family member?

- Yes
- No

27. Have you or a close friend or family member of yours ever had the flu?

- Yes
- No

28. Do you take any over-the-counter medications for flu or flu-like symptoms?

- Yes
- No

29. Do you participate in any alternative medicine practices for flu treatment or prevention?

- [ ] Yes
- [ ] No

30. Have you had or do you intend to have the pertussis (whooping cough) vaccine?

- [ ] Yes
- [ ] No

Please read these statements and then tick only one box for each statement.

31. **This question is in relation to your beliefs about flu vaccine. In the literature, people are reported to hold beliefs that may not be supported by scientific evidence. We have used these ideas to create these questions. Please rate the extent to which you agree with the following statements.**

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If I have the flu vaccine, I will have side effects from it.	☐	☐	☐	☐	☐
If I have the flu vaccine, it will be painful.	☐	☐	☐	☐	☐
If I have the flu vaccine, it will not protect me from getting the flu.	☐	☐	☐	☐	☐
If I have the flu vaccine, it will not protect my baby.	☐	☐	☐	☐	☐

31.a. .

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
It is inconvenient for me to get the flu vaccine.	☐	☐	☐	☐	☐
There is a shortage of the flu vaccine.	☐	☐	☐	☐	☐
The flu vaccine was recommended to me by my healthcare provider (e.g. doctor, nurse, midwife).	☐	☐	☐	☐	☐

32. This question is in relation to your beliefs about flu illness. Please rate the extent to which you agree with the following statements.

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If I have the flu vaccine, I will not get ill with the flu.	☐	☐	☐	☐	☐
If I have the flu vaccine, I will help prevent my baby from getting the flu.	☐	☐	☐	☐	☐

If I have the flu vaccine, I will help prevent my family/friends from getting ill with the flu.	☐	☐	☐	☐	☐

Please read these statements and then tick only one box for each statement.

33. .

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Vaccines prevent disease.	☐	☐	☐	☐	☐
Vaccines are safe.	☐	☐	☐	☐	☐
I intend to vaccinate my child with the flu vaccine when they are old enough.	☐	☐	☐	☐	☐
I intend to vaccinate my baby when they are born with all vaccines offered.	☐	☐	☐	☐	☐
I am more likely to have a vaccine if my family members or friends have had it.	☐	☐	☐	☐	☐

34. I am more likely to have a vaccine if it is recommended by a:

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
- doctor	☐	☐	☐	☐	☐
- pharmacist	☐	☐	☐	☐	☐
- nurse	☐	☐	☐	☐	☐
- midwife	☐	☐	☐	☐	☐
- health visitor	☐	☐	☐	☐	☐
- family member or friend	☐	☐	☐	☐	☐

35. Compared to the standard intramuscular (injectable) vaccines, are you more or less likely to accept an intranasal (spray in the nose) vaccine?

○ More likely ○ Less likely

36. Compared to the standard intramuscular (injectable) vaccines, are you more or less likely to accept an oral (liquid/pill in the mouth) vaccine?

○ More likely ○ Less likely

Page 8: COVID-19

37. Have you or a close friend or family member of yours ever tested positive for COVID-19?

- Yes
- No

38. Have you or a close friend or family member of yours been hospitalized for COVID-19?

- Yes
- No

39. Were you shielding during the COVID-19 pandemic?

- Yes
- No

Please read these statements and then tick only one box for each statement.

40. This question is in relation to your beliefs about COVID-19 illness. Please rate the extent to which you agree with the following statements.

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If I get COVID-19, I will get very ill.	☐	☐	☐	☐	☐
If I get COVID-19, I will have to isolate myself.	☐	☐	☐	☐	☐
If I get COVID-19, my family members and friends who came in contact with me will have to quarantine themselves.	☐	☐	☐	☐	☐
If I get COVID-19, my baby could get ill.	☐	☐	☐	☐	☐

If I get COVID-19, my other family members or friends could get ill.	☐	☐	☐	☐	☐

41. .

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I feel knowledgeable about COVID-19 in general.	☐	☐	☐	☐	☐
I feel knowledgeable about my risk of getting COVID-19.	☐	☐	☐	☐	☐
I am at risk of getting COVID-19.	☐	☐	☐	☐	☐
My family and friends are at risk of getting COVID-19.	☐	☐	☐	☐	☐

Page 10: Feelings about COVID-19 Vaccine

42. Have you had a COVID-19 vaccine?

- ○ No
- ○ 1 dose
- ○ 2 doses

42.a. For what reason(s) have you not received the vaccine?

42.b. Which vaccine have you had?

42.b.i. Did you receive this dose prior to pregnancy?

- ○ Yes
- ○ No

42.b.ii. Where do you stand on receiving the second dose?

42.b.ii.a. For what reason(s) have you not received the vaccine?

42.c. Which vaccine have you had?

42.c.i. When did you receive it?

- ○ Both doses before pregnancy
- ○ Both doses during pregnancy
- ○ 1 dose before pregnancy and 1 dose during pregnancy

42.d. Have you had a COVID-19 booster?

- ○ Yes
- ○ No

42.d.i. Which booster have you had?

[ ]

42.d.ii. When did you receive this booster?

- ○ Before pregnancy
- ○ During pregnancy

Please read these statements and then tick only one box for each statement.

43. .

Please don't select more than 1 answer(s) per row.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

A COVID-19 vaccine would protect me.	☐	☐	☐	☐	☐
A COVID-19 vaccine would protect my baby, other family members, or friends from getting ill with COVID-19.	☐	☐	☐	☐	☐
I would vaccinate my baby against COVID-19 as soon as possible after they are born.	☐	☐	☐	☐	☐
If a COVID-19 vaccine was seasonal, I would get it every year.	☐	☐	☐	☐	☐
I would get a COVID-19 vaccine if I wasn't pregnant.	☐	☐	☐	☐	☐

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44. Where did you hear about this questionnaire?

- ☐ University of Liverpool website
- ☐ GP practice
- ☐ Mumsnet
- ☐ Netmums
- ☐ Liverpool Bambis
- ☐ Liverpool Mums Facebook
- ☐ Familiy member/Friend
- ☐ Other

44.a. If you selected Other, please specify:

If you would like to participate further in this study (e.g. focus groups), please email:

Samantha.Kilada@liverpool.ac.uk

For information regarding NHS recommendation of flu vaccine during pregnancy, please click here.

For information regarding NHS recommendation of COVID-19 vaccine during pregnancy, please click here.

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This is the END of the questionnaire.

Thank you very much for participating in this survey.

ENTER THE PRIZE DRAW FOR A £100 AMAZON VOUCHER

Key for selection options

15 - What is your ethnicity?

White: British
White: Irish
White: Gypsy or Irish Traveler
White: Other
Mixed/multiple ethnic groups: White and Asian
Mixed/multiple ethnic groups: White and Black African
Mixed/multiple ethnic groups: White and Black Caribbean
Mixed/multiple ethnic groups: Other
Asian British/Asian: Chinese
Asian British/Asian: Pakistani
Asian British/Asian: Indian
Asian British/Asian: Bangladeshi
Asian British/Asian: Other
Black British/Black/African/Caribbean: African
Black British/Black/African/Caribbean: Caribbean
Black British/Black/African/Caribbean: Other
Other ethnic group: Arab
Other ethnic group: Other

42.b - Which vaccine have you had?

Moderna
Oxford/AstraZeneca

Pfizer/BioNTech
Janssen (Johnson & Johnson)

42.c - Which vaccine have you had?

Moderna
Oxford/AstraZeneca
Pfizer/BioNTech
Janssen (Johnson & Johnson)

42.d.i - Which booster have you had?

Moderna
Oxford/AstraZeneca
Pfizer/BioNTech
