



UNIVERSITY OF
LIVERPOOL

Flu and COVID-19 Attitudes and Behaviours

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 Since the questionnaire is confidential, once submitted, no responses can be withdrawn as it will be impossible to find which responses relate to you.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. How many children do you currently have?

☐ This is my first

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5+

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

☐ Yes

☐ No

6. What is your highest education level?

☐ Below GCSE

☐ GCSE or similar

☐ NVQ or similar

☐ A-level or similar

☐ Undergraduate

☐ Post-graduate

☐ Other

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

7. What is your current occupation?

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

9. What is your estimated family income?

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> <£10,000 | <input type="radio"/> £10,001-20,000 | <input type="radio"/> £20,001-30,000 |
| <input type="radio"/> £30,001-45,000 | <input type="radio"/> £45,001-60,000 | <input type="radio"/> >£60,000 |

10. Do you own a smartphone?

- ☐ Yes ☐ No

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

- ☐ Book appointments ☐ Request prescriptions ☐ Access medical records
- ☐ Other

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

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

Please enter a number.

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

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

14. What is your ethnicity?

Page 3: Health Behaviours

15. Do you currently smoke?

- ☐ Yes ☐ No

16. 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

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

- ☐ 0 ☐ 1-2 ☐ 3-4
☐ 5-7

18. Do you take antenatal vitamins?

- ☐ Yes ☐ No

19. Do you take folic acid?

- ☐ Yes ☐ No

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

20. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get the flu, I will have to stay home from work/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get the flu, my baby could get ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get the flu, it could hurt my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get the flu, my other family members or friends could get ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get the flu, my co-workers/colleagues could get ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If I get the flu, I will die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21. .

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel knowledgeable about my risk of getting the flu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am at risk of getting the flu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family and friends are at risk of getting the flu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 5: Flu Illness and Vaccine

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

☐ Yes

☐ No

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

☐ GP

☐ Women's Hospital

☐ Community
services/midwife

☐ Health visitor

☐ Pharmacist

☐ Other

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

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

☐ Letter

☐ Text message

☐ Face-to-face

☐ Other

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

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

29. Have you had the pertussis (whooping cough) vaccine?

☐ Yes

☐ No

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

30. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have the flu vaccine, I will get ill from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have the flu vaccine, it could hurt my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have the flu vaccine, it will be painful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If I have the flu vaccine, it will not protect me from getting the flu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have the flu vaccine, it will not protect my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30.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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a shortage of the flu vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The flu vaccine was recommended to me by my healthcare provider (e.g. doctor, nurse, midwife).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have the flu vaccine, I will help prevent my baby from getting the flu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have the flu vaccine, I will help prevent my family/friends from getting ill with the flu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

32. .

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

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

33. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- health visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- family member or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 8: COVID-19

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

37. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get COVID-19, I will have to isolate myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get COVID-19, my family members and friends who came in contact with me will have to quarantine themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I get COVID-19, my baby could get ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If I get COVID-19, my other family members or friends could get ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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38. .

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel knowledgeable about my risk of getting COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am at risk of getting COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family and friends are at risk of getting COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

39. .

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

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If a COVID-19 vaccine was available to me now, I would get it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A COVID-19 vaccine would protect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A COVID-19 vaccine would protect my baby, other family members, or friends from getting ill with COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would vaccinate my baby against COVID-19 as soon as possible after they are born.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a COVID-19 vaccine was seasonal, I would get it every year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would get a COVID-19 vaccine if I wasn't pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. I am more likely to have a COVID-19 vaccine if it is recommended to me by a:

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

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
- doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- pharmacist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- midwife.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- health visitor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- family member or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Where did you hear about this questionnaire?

- | | | |
|--|---|--|
| <input type="checkbox"/> University of Liverpool website | <input type="checkbox"/> GP practice | <input type="checkbox"/> Mumsnet |
| <input type="checkbox"/> Netmums | <input type="checkbox"/> Liverpool Bambis | <input type="checkbox"/> Liverpool Mums Facebook |
| <input type="checkbox"/> Family member/Friend | <input type="checkbox"/> Other | |

41.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

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

14 - 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
