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# COVID-19 vaccines programme Template survey questions

January 2021

# About this resource

The Government COVID-19 vaccines delivery plan aims to vaccinate tens of millions of people.

We are providing this survey to support feedback of rapid insight to Government and local services about how the vaccine programme is working. You can use these template questions to help you develop a survey to gather information about people’s attitudes to COVID-19 vaccines and communications. You can adapt or add to these questions as needed, based on your local knowledge, circumstances and stakeholders.

We’ve focussed these template questions on attitudes to and communications about COVID-19 vaccinations for two reasons:

* Only a small percentage of the population has received the vaccine so far and, due to targeted age demographics, those that have received it will be less likely to access an online survey.
* Surveying attitudes and communications will allow you to see who may be sceptical of the vaccine and how communications can be delivered with their concerns in mind. For this reason, it is really important for you to record the demographics of respondents as fully as possible. We have included a full list of options. You should also think about actively targeting communities which research has shown to be more hesitant and sceptical of being vaccinated. Polling for the Royal Society for Public Health has found that people from minority ethnic communities and those from lower income areas are less likely to take up the vaccine.

The template questions are based on those the Department of Health and Social Care are using to gauge take-up of and attitudes to the vaccine.

# How to use this survey

The question we recommend asking are outlined overleaf. We have also marked in **pink** where you should use the ‘logic’ functionality of your chosen survey software to enable people to skip questions that no longer relevant.

This will enable people who have already received the vaccine to skip the bulk of attitudinal questions, whilst also enabling those who are yet to have the vaccine to answer relevant questions about their attitude towards having a vaccine.

The following systems have this logic function: Healthwatch website template, SurveyMonkey, SmartSurvey and Google Forms.

# Let us know what you think about the COVID-19 vaccine

Please spare a few moments to tell us what you think about the COVID-19 vaccine. The NHS is doing everything it can to deliver COVID-19 vaccines in [insert location], but there might be things that can be improved.

We want to know:

* What you think about the vaccine programme
* Whether you would be willing to have the vaccine if you have not already and if you have already had the vaccine,
* What you think about information on the vaccination programme.

Your feedback is confidential but can help services spot issues affecting care for you and your loved ones.

## What you think about getting the vaccine

Q1. Thinking of vaccinations in general, such as those given for flu, polio or tetanus is your view of vaccinations... (tick one box)

* Very positive
* Fairly positive
* Neither positive or negative
* Fairly negative
* Very negative
* Not sure

Q2. If you were offered a vaccine against COVID-19 (Coronavirus), and at no charge through the NHS, how likely would you be to get vaccinated? (tick one box)

* I have already received the vaccine
* Definitely would
* Probably would
* Probably not
* Definitely not
* Not sure

**IF ‘HAVE ALREADY’, SKIP TO Q6**

**If ‘Definitely would’, ‘Probably would’, or ‘Not sure’ question logic to question 3 and 4**

**If ‘Probably not’, ‘Definitely not, or ‘Not sure’, question logic to question 5**

Q3. If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you? Please tick as many as apply

* Nothing would stop me from getting a COVID-19 vaccination
* The fact that I would have to get public transport or a taxi to the location of the vaccine appointment might stop me getting it
* The distance to the location where the vaccine appointment takes place might stop me from getting it
* The times available to have the vaccine appointment might stop me from getting it
* Having to book the vaccine appointment online might stop me getting it
* Not being able to book a vaccine appointment at my GP surgery might stop me getting it
* Don’t know/not sure
* Another reason might prevent me from having the vaccine – please specify [free text box – reason]

Q4. What are the main reasons you want the COVID-19 vaccine? Please tick as many as apply (checkboxes)

* To protect my friends and family from getting COVID-19
* To protect people who are vulnerable/at higher risk of getting COVID-19
* To protect me against getting COVID-19
* Medical/healthcare professional e.g. GP, nurse, pharmacist, recommends it
* Family member/friend recommends it
* It will enable me to get back to work
* It will help society in general to get back to normal again
* 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
* It will help the economy get going again
* It will help protect the NHS
* It is the responsible thing to do
* Don’t know/not sure
* Other – please specify [free text box – reason]

Q5. If you would not want to be vaccinated, what would be your motivation for refusing the vaccine? Please tick as many as apply (checkboxes)

* I can't be vaccinated for health reasons
* I’m against vaccines in general
* I don’t think the vaccine will be safe
* I don’t think the vaccine will be effective
* I don't trust the intentions behind the vaccine
* I don’t think coronavirus poses enough of a risk to me
* I would want to wait until others have had it first
* My family / community are against it
* My faith/religion/belief systems say it is wrong for me to have the COVID-19 vaccine
* I am concerned about the ingredients used in it
* Don’t know/not sure
* Other –please specify [free text box – reason]

Q6. Which of the following are reasons why you decided to be vaccinated against COVID-19? Please tick all that apply

* To protect myself against getting COVID-19
* To protect my friends and family from getting COVID-19
* To protect people who are vulnerable / at higher risk of getting coronavirus
* I have friends and family who have got ill or died from COVID-19 and I know how serious it is
* Medical/ healthcare professional e.g. GP, nurse, pharmacist, recommends it
* Family member / friend recommends it
* It will enable me to get back to work
* It will help society in general to get back to normal again
* 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
* It will help the economy get going again
* It will help protect the NHS
* It is the responsible thing to do
* Don’t know/not sure
* Other – please specify [free text box – reason]

## What do you think about information on the COVID-19 vaccine?

Q7. Where have you mainly seen or heard information about a COVID-19 vaccine recently?

Please select all that apply.

* An NHS or Government website (e.g. nhs.uk, GOV.UK)
* My local council website
* TV/Radio
* Newspaper/Online news websites
* Social Media
* Friends/relatives
* An NHS GP practice, pharmacy, clinic or hospital
* Letter, leaflet or poster by the NHS or Government
* Government press conference
* Community organisations/websites
* Healthwatch
* Other
* Can’t recall

Q8. Overall, was the information that you have seen or heard recently …

(tick one box only)

* Positive toward a COVID-19 vaccine
* Negative toward a COVID-19 vaccine
* Neither positive nor negative
* A mixture of positive and negative information
* Don’t know/not sure

Q9. Do you agree that information from the NHS or the Government about the vaccine and its roll out has been communicated clearly and effectively? (tick one box only)

* Strongly agree
* Agree
* Neither agree or disagree
* Disagree
* Strongly disagree
* Don’t know/not sure

Q10. Is there anything else you’d like to tell us about COVID-19 vaccinations? [Free text box]

## Tell us a bit more about you

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

Q11. Please tell us which age category you fall into:

* 13 – 17 years
* 18 – 24 years
* 25 – 34 years
* 35 – 44 years
* 45 – 54 years
* 55 – 64 years
* 65 – 74 years
* 75+ years
* I’d prefer not to say

Q12. Please tell us which gender you identify with:

* Woman
* Man
* Non-binary
* Other
* I’d prefer not to say

Q13. Is your gender different to the sex that was assigned to you at birth?

* Yes
* No
* I’d prefer not to say

Q14. Please select your ethnic background:

* Arab
* Asian / Asian British: Bangladeshi
* Asian / Asian British: Chinese
* Asian / Asian British: Indian
* Asian / Asian British: Pakistani
* Asian / Asian British: Any other Asian / Asian British background
* Black / Black British: African
* Black / Black British: Caribbean
* Black / Black British: Any other Black / Black British background
* Gypsy, Roma or Traveller
* Mixed / Multiple ethnic groups: Asian and White
* Mixed / Multiple ethnic groups: Black African and White
* Mixed / Multiple ethnic groups: Black Caribbean and White
* Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background
* White: British / English / Northern Irish / Scottish / Welsh
* White: Irish
* White: Any other White background
* Another ethnic background
* I’d prefer not to say

Q15. Please tell us which sexual orientation you identify with:

* Asexual
* Bisexual
* Gay
* Heterosexual / Straight
* Lesbian
* Pansexual
* Other
* I’d prefer not to say

Q16. Please tell us about your religion or beliefs:

* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* No religion
* Other
* I’d prefer not to say

Q17. Please tell us about your marital or civil partnership status:

* Single
* Married
* In a civil partnership
* Cohabiting
* Separated
* Divorced / dissolved civil partnership
* Widowed
* I’d prefer not to say

Q18. Are you currently pregnant or have you been pregnant in the last year?

* Yes
* No
* I’d prefer not to say

Q19. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):

* Yes, I consider myself to be a carer
* Yes, I consider myself to have a disability
* Yes, I consider myself to have a long-term condition
* None of the above
* I’d prefer not to say