

## Questionnaire ‘Coronavirus vaccine hesitancy among Rheumatology patients’

Version 2.0

17.8.21

Dear patient,

The Department of Rheumatology at Peterborough City Hospital is conducting a survey of Rheumatology clinic patients to assess their knowledge, attitude and practice in relation to Coronavirus vaccines. Your replies are a valuable source of information which will help the Department to assess the impact of the pandemic and vaccination programme. The information you provide will be collected anonymously and will not affect the clinical care you receive. The consent to take part in the study is implied by completing and submitting the questionnaire. We appreciate your participation.

Part 1:

1. How do you identify?

- a. Male
- b. Female
- c. Any other way
- d. Prefer not to answer

2. What is your age group?

a. 18-24	b. 25-34	c. 35-44
d. 45-54	e. 55-64	f. 65-74
g. over 75	h. prefer not to answer	

3. What is your ethnic origin? Choose one option that best describes your ethnic group or background

White English / Welsh / Scottish / Northern Irish / British Irish Traveller or Irish Traveller Any other White background, please describe	Mixed / Multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed / Multiple ethnic background, please describe
Asian / Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background, please describe	Black / African / Caribbean / Black British African Caribbean Any other Black / African / Caribbean background, please describe
Other ethnic group Arab Any other ethnic group, please describe	Prefer not to answer

4. What is your employment status?

- a. Full-time employment
- b. Part-time employment
- c. Not working
- d. Prefer not to answer

5. What education have you received?

**\*Address for Correspondence:** Dr. Vera Saulite, Department of Rheumatology, North West Anglia NHS Foundation Trust, Peterborough, UK; E-mail: vera.saulite@nhs.net

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- a. GCSE level or equivalent
- b. A levels
- c. University degree
- d. Prefer not to answer
6. What is your personal monthly income (post tax)?

less than £500	£500-1000	£1000 - 2000
£2000-3000	over £3000	prefer not to answer

## Part 2:

1. Have you been offered a coronavirus vaccine?

- yes
- no

2. Have you agreed to have a coronavirus vaccine?

- yes
- no
- If no, please explain why \_\_\_\_\_

3. Have you received a coronavirus vaccine?

- Yes
- No

Please let us know your opinion on the following statements:

4. Vaccine is effective against coronavirus

1	2	3	4	5
Not effective				Very effective

Comments:

5. Coronavirus vaccine can cause serious side effects

1	2	3	4	5
Very commonly				Very rarely

Comments:

6. Coronavirus vaccine is safe

1	2	3	4	5
Unsafe				Very safe

Comments:

7. Coronavirus vaccine offers protection against coronavirus disease

1	2	3	4	5
No protection				High level of protection

Comments:

8. Coronavirus vaccine is safe to use with immunosuppressive medications you take

1	2	3	4	5
Not safe at all				Very safe

1. Comments:

9. Coronavirus vaccine may affect your Rheumatological condition

1	2	3	4	5
No				Very likely

Comments:

10. Other comments