

Vaccine Hesitancy Questionnaire

Meta Data Information:

Name of Interviewer: _____

Name of Supervisor: _____

Date of Interview: _____

Introduction:

Namaste, my name is ____. I work with MORSEL, an organization based in Lucknow that conducts surveys in India. Your household has been selected to participate in a short survey. This survey is a study conducted by Vidhi Centre for Legal Policy. It will take around 15 minutes.

As we all know, the COVID-19 pandemic has negatively affected the health of billions of people across the globe. In order to prevent serious illness and reduce fatalities caused by the virus, the Government of India and various other countries have manufactured vaccines. However, there are still many people who are hesitant to take the vaccine for personal or other reasons.

This study aims to look at how COVID-19 vaccines are perceived by women and the reasons why women are choosing to take the vaccine or resist it. Since vaccine hesitancy is a common phenomenon, understanding the rationale behind it would help in better resolving the problem.

This questionnaire is designed to strictly maintain anonymity of the respondent. This data collection is purely for research purposes and will be stored in de-identified form. Your cooperation will be highly appreciated.

1. Would you like to participate?
 - a. Yes
 - b. No

2. If no, record the reason: _____

Geographic Information:

1. State/UT Name:
2. Block Name:
3. Location Name:
4. Full Address:

Part I: Understanding about Covid-19 vaccine	
1. What is your name? (Optional and subject to anonymity)	
2. How old are you? (In years) (18-45 years)	
3. What are your educational qualifications?	<ol style="list-style-type: none">a. No Formal Schoolingb. Up to 5th standard

	<ul style="list-style-type: none"> c. Up to 10th Standard d. Up to 12th standard e. Undergraduate f. Postgraduate g. Doctorate
4. What is your marital status?	<ul style="list-style-type: none"> a. Married b. Single c. Divorced d. Separated e. Widow
5. What are the educational qualifications of your husband or partner (if applicable)? (Don't ask if respondent's marital status is Unmarried)	<ul style="list-style-type: none"> a. No Formal Schooling b. Up to 5th standard c. Up to 10th Standard d. Up to 12th standard e. Undergraduate f. Postgraduate g. Doctorate
6. Do you believe that Covid-19 is a life-threatening disease?	<ul style="list-style-type: none"> a. Yes b. No c. Not Sure
7. Have you taken a Covid-19 test in the past 6 months? a. <i>[Help text: Covid-19 test refers to RT PCR/RAT test]</i>	<ul style="list-style-type: none"> a. Yes b. No c. Not Sure
8. Is vaccination necessary to prevent COVID-19?	<ul style="list-style-type: none"> a. Yes b. No c. Not Sure
9. Do you think that Covid-19 immunity can be developed by alternative medicines like homeopathy, ayurveda etc?	<ul style="list-style-type: none"> a. Yes b. No c. Not Sure
10. Are you aware of how many COVID-19 vaccines are currently available for use in India? (Kindly mention a number)	<ul style="list-style-type: none"> a. 0 b. 1 c. 2 d. 3 e. 4 or more
11. Please state the name of the vaccine you prefer and the reason for the preference.	<ul style="list-style-type: none"> A. Add text B. No preference
12. Were you able to get the vaccine of your preference? (Make this question conditional. This question need not be answered if in the previous question the respondent opted for "No preference".)	<ul style="list-style-type: none"> a. Yes b. No

13. (I am reading a statement, please let me know your thoughts on the same) I will take the COVID-19 vaccine only if it is made mandatory for me by the government authorities and not on the basis of my own willingness.	<ul style="list-style-type: none"> a. Completely agree b. Agree c. I'm not sure d. Disagree e. Completely disagree
14. (I am reading a statement, please let me know your thoughts on the same) I will take the COVID-19 vaccine only if it is made mandatory for me by my employer and not on the basis of my own willingness.	<ul style="list-style-type: none"> a. Completely agree b. Agree c. I'm not sure d. Disagree e. Completely disagree
15. Is your husband/partner/parents/in-laws vaccinated (if applicable)?	<ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Not applicable
16. Have your parents/spouse/children/colleagues advised you against getting vaccinated?	<ul style="list-style-type: none"> a. Yes b. Not c. Not sure
17. Are you aware of any community centre or hospital in your area within a 5-kilometre radius which is easily accessible where one can get vaccinated?	<ul style="list-style-type: none"> a. Yes b. No c. Not Sure
18. Did you find the process of registration for getting the Covid-19 vaccine easy?	<ul style="list-style-type: none"> a. 1 (very difficult) b. 2 (somewhat difficult) c. 3 (I am not sure/Not applied) d. 4 (somewhat easy) e. 5 (very easy)
19. What is your main source of information regarding COVID-19 vaccine? (Select Multiple Choice options)	<ul style="list-style-type: none"> a. Newspaper b. Internet c. Social media (Facebook/Whatsapp/Instagram/Twitter etc.) d. Friends e. Family members f. Neighbours or other community members g. Teachers at college h. Official circulars i. Others (please specify)
20. How easy is it to reach the vaccination centre in your locality?	<ul style="list-style-type: none"> a. 1 (very difficult) b. 2 (somewhat difficult) c. 3 (I am not sure/Not Applied) d. 4 (somewhat easy) e. 5 (very easy)
Part 3: Importance of Covid-19 Vaccine	
21. How important is Covid vaccine for a woman to stay healthy?	<ul style="list-style-type: none"> a. 1 (very unimportant) b. 2 (somewhat unimportant) c. 3 (I am not sure) d. 4 (somewhat important) e. 5 (very important)

22. How effective is COVID-19 vaccine in reducing the spread of the disease in the community?	<ul style="list-style-type: none"> a. 1 (very ineffective) b. 2 (somewhat effective) c. 3 (I am not sure) d. 4 (effective) e. 5 (highly effective)
23. Keeping up to date about the upcoming vaccines is important for my role as mother (if applicable): (Don't ask if respondent's marital status is single)	<ul style="list-style-type: none"> a. 1 (strongly disagree) b. 2 (somewhat disagree) c. 3 (I am not sure) d. 4 (somewhat agree) e. 5 (strongly agree)
24. COVID-19 vaccine should be made mandatory for those travelling abroad:	<ul style="list-style-type: none"> a. 1 (strongly disagree) b. 2 (somewhat disagree) c. 3 (I am not sure) d. 4 (somewhat agree) e. 5 (strongly agree)
25. Would you be willing to motivate other women to take the COVID-19 vaccine?	<ul style="list-style-type: none"> f. 1 (very unwilling) g. 2 (somewhat unwilling) h. 3 (I am not sure) i. 4 (Somewhat willing) j. 5 (Very willing)
26. COVID-19 vaccine should be made mandatory for domestic inter-state travellers.	<ul style="list-style-type: none"> a. 1 (strongly disagree) b. 2 (somewhat disagree) c. 3 (I am not sure) d. 4 (somewhat agree) e. 5 (strongly agree)
27. Do you agree that COVID-19 vaccines can affect a female's menstrual cycle?	<ul style="list-style-type: none"> a. 1 (strongly disagree) b. 2 (somewhat disagree) c. 3 (I am not sure) d. 4 (somewhat agree) e. 5 (strongly agree)
28. Do you agree that COVID-19 vaccines can be harmful for pregnant or lactating women?	<ul style="list-style-type: none"> a. 1 (strongly disagree) b. 2 (somewhat disagree) c. 3 (I am not sure) d. 4 (somewhat agree) e. 5 (strongly agree)
29. Did you or anybody in your family contract Covid-19?	<ul style="list-style-type: none"> a. Yes, an immediate family. b. Yes, a distant relative c. Yes, myself d. No
Part 4: Personal Preference/ logistics for Covid-19 Vaccine	
30. Have you been vaccinated against Covid-19?	<ul style="list-style-type: none"> 1. Yes 2. No
31. If yes, are you partially vaccinated or fully vaccinated?	<ul style="list-style-type: none"> 1. Partially Vaccinated 2. Fully Vaccinated
32. Where did you get yourself vaccinated? (Ask if yes in Q_30)	<ul style="list-style-type: none"> a. Private vaccination centre

	<ul style="list-style-type: none"> b. Government vaccination centre
<p>33. Where would you prefer to get vaccinated? (Ask this question only if "Have you been vaccinated against Covid-19?" was answered as "No")</p>	<ul style="list-style-type: none"> a. Private vaccination centre b. Government vaccination centre
<p>34. Why do you prefer this centre? (Ask in both conditions Yes and No in Q_30)</p>	<ul style="list-style-type: none"> a. Less expensive b. Closer to my residence c. I know someone working in this centre d. My family member told me e. Easily available at the time of slot booking f. Others specify
<p>35. How likely are you to get vaccinated if vaccine centre is established within distance of 50 meters from your house?</p>	<ul style="list-style-type: none"> a. 1 (absolutely unlikely) b. 2 (somewhat unlikely) c. 3 (I am not sure) d. 4 (somewhat likely) e. 5 (highly likely)
<p>36. How well do you think Covid-19 vaccines were tested before their launch?</p>	<ul style="list-style-type: none"> a. Yes b. No c. Not sure/Don't know
<p>37. How important is COVID-19 vaccine to physically attend your educational institution (or my work place)?</p>	<ul style="list-style-type: none"> a. 1 (very unimportant) b. 2 (somewhat unimportant) c. 3 (I am not sure) d. 4 (somewhat important) e. 5 (very important)
<p>38. How effective do you think Covid-19 vaccines are in protecting you from contracting Covid-19 disease?</p>	<ul style="list-style-type: none"> a. 1 (highly ineffective) b. 2 (somewhat ineffective) c. 3 (I am not sure) d. 4 (somewhat effective) e. 5 (highly effective)
<p>39. How trustworthy is information you are receiving about the COVID-19 vaccine from the government or public health experts?</p>	<ul style="list-style-type: none"> a. 1 (highly untrustworthy) b. 2 (somewhat untrustworthy) c. 3 (I am not sure) d. 4 (somewhat trustworthy) e. 5 (Highly trustworthy)
<p>40. How concerned are you about the risk in terms of side effects and serious adverse events from the currently available COVID-19 vaccines?</p>	<ul style="list-style-type: none"> a. 1 (highly unconcerned) b. 2 (somewhat unconcerned) c. 3 (I am not sure) d. 4 (somewhat unconcerned) e. 5 (Highly concerned)
<p>41. If you are not vaccinated, what is the reason for not being vaccinated? (Kindly mention the reason in one line.) (If vaccine not taken by the respondents)</p>	Text

Part IV: Basic Information/Social Background	
42. Which religion do you practice?	<ul style="list-style-type: none"> a. Hindu b. Muslim c. Sikh d. Christian e. Jain f. Buddhist g. Atheist h. Other, please specify.
43. What caste/tribe category do you identify yourself with?	<ul style="list-style-type: none"> a. General b. OBC c. SC d. ST e. Other, please specify.
44. What is the name of your caste/tribe? (Help text: some examples of castes among Muslims are: Ansari, Pathan, Sayyeds, Darzi Teli. Some Hindu castes are Brahmin and Kshatriya)	
45. How many children do you have? (Don't ask if the respondent is marital status is Unmarried)	
46. What year was your youngest child born in? (if your child is below the age of 10) (Don't ask if respondent's marital status is Unmarried and 0 value in question 45)	
47. What are the educational qualifications of your children? (Help text: Kindly refer to the qualifications of the eldest child amongst the ones staying with you.) (Don't ask if respondent's marital status is Unmarried and 0 value in question 45)	<ul style="list-style-type: none"> a. Illiterate/No Formal Schooling b. Up to 5th standard c. Up to 10th standard d. Up to 12th standard e. Undergraduate f. Postgraduate g. Doctorate
48. Are you financially independent from your parents and/or husband? (Help text: Financial independence means that you earn some kind of income by engaging in employment.)	<ul style="list-style-type: none"> a. Yes b. No
49. Are you employed?	<ul style="list-style-type: none"> a. Yes b. No
50. What is your occupation? (Make it a conditional question. This should be answered only if the	Text

question "Are you employed?" was answered as "Yes".)	
51. Are you permitted to work from home? (Make it a conditional question. This should be answered only if the question "Are you employed?" was answered as "Yes".)	a. Yes b. No
52. Is your boss or senior in the workplace vaccinated? (Make it a conditional question. This should be answered only if the question "Are you employed?" was answered as "Yes".)	a. Yes b. No c. Not sure
53. Are you a disabled person?	a. Yes b. No
54. If yes, what kind of disability?	Text

Contact number (optional):

Enumerator Comment:

GPS Coordinates: