



UNIVERSITY OF
BIRMINGHAM

Perspectives of the COVID-19 vaccine: people who have had a stroke or mini stroke

Information about you

Have you had a stroke or mini stroke (transient ischemic attack: TIA)?

- ☐ Stroke
- ☐ Mini-stroke (transient ischemic attack: TIA)
- ☐ Both
- ☐ Unsure

Are you:

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

What is your age?

- ☐ 18 - 25 years
- ☐ 26 - 35 years
- ☐ 36 - 45 years
- ☐ 46 - 55 years
- ☐ 56 - 65 years
- ☐ 66 - 75 years
- ☐ 76 - 85 years
- ☐ 86 - 95 years
- ☐ ≥ 100 years

What is your ethnicity?

- ☐ White
- ☐ Mixed/ multiple ethnic groups
- ☐ Asian/ Asian British
- ☐ Black/ African/ Caribbean/ Black British
- ☐ Prefer not to say
- ☐ Other (please specify):

What is your highest level of education?

- ☐ No formal qualification
- ☐ GCSE / O-Levels / CSE / Foundation Diploma
- ☐ Apprenticeship
- ☐ AS / A-Levels / BTEC / Advanced NVQs
- ☐ Degree (e.g. BA/BSc)
- ☐ Higher Degree (e.g. MSc/PhD)
- ☐ Other (please specify):

What is your current employment status?

- ☐ Employed- full time
- ☐ Employed- part time
- ☐ Furloughed- full time
- ☐ Furloughed- part time
- ☐ Volunteer
- ☐ Housewife/ househusband
- ☐ Unemployed
- ☐ Retired
- ☐ Other (please specify):

Have you had COVID-19?

- ☐ Yes
- ☐ No
- ☐ Unsure

COVID-19 vaccination

Have you had the COVID-19 vaccine?

- ☐ Yes- first dose
- ☐ Yes- first and second dose
- ☐ No- I've not been offered it yet
- ☐ No- I declined the vaccine
- ☐ Other (please specify):

Any comments:

Why did you decline?

Why did you decline the vaccine? Tick all that apply

- ☐ Concerned about side effects of the vaccine
- ☐ Concerned about interaction of the vaccine with stroke prevention medication
- ☐ Concerned the vaccine is too new
- ☐ Fear of needles
- ☐ Don't believe in vaccines in general
- ☐ Prefer not to say
- ☐ Other (please specify):

Comments:

How likely are you to accept the vaccine?

If you haven't been offered it yet, how likely are you to accept the vaccine when it is offered to you?

- ☐ Definitely will accept it
- ☐ Very likely to accept it
- ☐ Likely to accept it
- ☐ Unlikely to accept it
- ☐ Very unlikely to accept it
- ☐ Definitely not accept it

Any comments?

Perspectives of COVID-19 vaccine: safety

To what extent do you agree or disagree with the following statements. I am concerned about:

[illegible]

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| I have a fear of needles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have other concerns about the vaccine (please specify in comments box). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any comments?

Perspectives of COVID-19 vaccine: access to the vaccine appointment

To what extent do you agree or disagree with the following statements:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| I understand how to get the vaccine, such as where to go and how to get there. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have difficulty accessing the vaccination appointment (e.g. unable to travel). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I do not have the time to attend the vaccination appointment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I need to see my doctor before I attend the vaccination appointment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any comments?

Beliefs and social influences

To what extent do you agree or disagree with the following statements:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| I believe the vaccine will protect me against COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I believe having the vaccine will help reduce the spread of Covid-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know other people who have had the vaccine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I believe having the vaccine is the right thing to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Religious or cultural beliefs impact my decision to have the vaccine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In general, I disagree with or don't trust vaccines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any comments?

Knowledge and understanding

To what extent do you agree or disagree with the following statements:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| I am satisfied with my knowledge and understanding of the vaccine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand where stroke and mini stroke (TIA) patients are on the vaccination priority list. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have searched for information about the vaccine for people who have had a stroke/ mini stroke (TIA). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am satisfied with the information I found about the vaccine for people who have had a stroke/ mini stroke (TIA). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any comments?

Have you used any of the resources or people below to find information about the COVID-19 vaccine for people who have had a stroke/ mini stroke (TIA)? Tick all that apply.

- ☐ Google
- ☐ Government website
- ☐ NHS website
- ☐ Stroke Association website
- ☐ Social media
- ☐ GP
- ☐ Stroke doctor
- ☐ Stroke Association worker
- ☐ Other (please specify):

Any comments?

COVID-19

To what extent do you agree or disagree with the following statements:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| I will get very sick if I get COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am at greater risk of COVID-19 related complications due to my stroke/TIA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am at high risk of getting COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I get COVID-19, I am likely to pass it on to other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I believe that having COVID-19 will increase my chances of further stroke/TIA. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any comments?