

# 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 ethic 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:**

	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?

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## 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?

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## 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?

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## 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?

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