

CO-ROLL STUDY QUESTIONNAIRE

Study ID:

Protocol code		
C	O	R

Facility /WOPS code	

Participant ID		

Date:

dd	

MMM		

yyyy			

Demographics

1. Age (years).....
2. Sex (*mark only one*)
 - i) Male
 - ii) Female
3. What is your marital status? (*mark only one*)
 - i) Single (never married)
 - ii) Married/Cohabiting
 - iii) Divorced/separated/Widowed
 - iv) Prefer not to say
4. What is your occupation (*mark only one*)
 - i) Medical doctor
 - ii) Clinical officer
 - iii) Nurse/Midwife
 - iv) Assistant nurse
 - v) Radiology/X-ray technician
 - vi) Pharmacist/Pharmacy technician or dispenser
 - vii) Laboratory personnel
 - viii) Physical therapist
 - ix) Counselor
 - x) Nutritionist/dietitian
 - xi) Student (medical/nursing/other)
 - xii) Administrator/Adminitrative assisant
 - xiii) Other support staff (driver, cleaners, porters, guard, catering etc.)
 - xiv) Other (specify):.....
5. What is your employment status (*mark only one*)
 - i) Employed
 - ii) Unemployed
 - iii) Stay-at-home parent
 - iv) Student
 - v) Retired
 - vi) Other, specify _____
 - vii) Prefer not to say
6. What is the highest level of educational or professional qualification you have (*mark only one*)
 - i) None/never had any formal education
 - ii) Incomplete primary school
 - iii) Completed primary school (PLE ceritificate)
 - iv) Incomplete O-level
 - v) Completed O-level (O-level certificate)
 - vi) Incomplete A-level
 - vii) Completed A-level (A-level certificate)



CO-ROLL STUDY QUESTIONNAIRE

Study ID: Protocol code Facility /WOPS code Participant ID Date:

C	O	R									
			dd	MMM			yyyy				

- viii) Technical/professional qualification – Certificate
- ix) Technical/professional qualification – Diploma
- x) University diploma/degree

7. What is your religion? *(mark only one)*

- i) No religion
- ii) Christian
- iii) Muslim
- iv) Other religion, specify _____
- v) Prefer not to say

8. In which district do you live? *(mark only one)*

- i) Kampala
- ii) Wakiso
- iii) Mukono
- iv) Masaka
- v) Kalungu
- vi) Other, specify _____
- vii) Prefer not to say

9. Number of persons living in your household (Yourself included)

	Age group	Number
i)	Children (<18 years)	
ii)	Adults (18-49)	
iii)	Older people (>50 years)	
iv)	Prefer not to say	

Underlying health conditions

10. Do any of the following apply to you or someone else in your household?

	You			Someone else in your household		
	Yes	No	Prefer not to say	Yes	No	Prefer not to say
Chronic Infectious Disease? (e.g. HIV, Hepatitis, or TB)						
Chronic lung condition? (e.g. asthma)						
Heart disease (e.g. heart failure)						



CO-ROLL STUDY QUESTIONNAIRE

Study ID: Protocol code: C O R Facility /WOPS code: Participant ID: Date:

dd
MMM
yyyy

A condition affecting the brain or nerves (such as Parkinson's disease or cerebral palsy)							
Chronic kidney disease							
Diabetes or other autoimmune disease? (Rheumatoid Arthritis)							
Have cancer or receiving radio/chemotherapy							
Taking medicine that can affect the immune system (such as steroids)							
Classified as very obese (a body mass index (BMI) of 40 or above)							
Pregnant							

Beliefs and attitudes about COVID-19 illness

11. To what extent do you think COVID-19 poses a risk to people in Uganda? *(mark only one)*
- i) Major risk
 - ii) Moderate risk
 - iii) Minor risk
 - iv) No risk at all
 - v) Don't know
12. To what extent do you think COVID-19 poses a risk to you personally? *(mark only one)*
- i) Major risk
 - ii) Moderate risk
 - iii) Minor risk
 - iv) No risk at all
 - v) Don't know



CO-ROLL STUDY QUESTIONNAIRE

Study ID:

Protocol code		
C	O	R

Facility /WOPS code	

Participant ID		

 Date:

dd	

MMM		

yyyy			

13. Do you believe you have had, or currently have, COVID-19? (Please select the one option that BEST applies to you)

- i) I have definitely had it or definitely have it now
- ii) I have probably had it or probably have it now
- iii) I have probably not had it and probably don't have it now
- iv) I have definitely not had it and definitely don't have it now
- v) Don't know
- vi) Prefer not to say

14. Do you personally know anyone (excluding yourself) who has had COVID-19? (*mark only one*)

- i) Yes
- ii) No
- iii) Don't know
- iv) Prefer not to say

15. Do you personally know anyone who has died of COVID-19? (*mark only one*)

- i) Yes
- ii) No
- iii) Don't know
- iv) Prefer not to say

16. Are you worried about catching coronavirus? (*mark only one*)

- i) Yes
- ii) No
- iii) Don't know
- iv) Prefer not to say

17. Do you believe that COVID-19 would be a mild illness for you? (*mark only one*)

- i) Yes
- ii) No
- iii) Don't know
- iv) Prefer not to say

18. Do you believe that you are immune to coronavirus? (*mark only one*)

- i) Yes
- ii) No
- iii) Don't know
- iv) Prefer not to say

19. Do you believe the risk of COVID-19 is being exaggerated? (*mark only one*)

- i) Yes
- ii) No
- iii) Don't know
- iv) Prefer not to say

20. Would you say the COVID-19 pandemic has had a big impact on your life? (*mark only one*)

- i) Yes



CO-ROLL STUDY QUESTIONNAIRE

Study ID:

Protocol code		
C	O	R

Facility /WOPS code	

Participant ID		

 Date:

dd	

MMM		

yyyy			

- ii) No
 - iii) Don't know
 - iv) Prefer not to say
21. We are all responsible for reducing the spread of the coronavirus? *(mark only one)*
- i) Yes
 - ii) No
 - iii) Don't know
 - iv) Prefer not to say

History of vaccination for self and/or children

22. Have you been previously vaccinated as a baby, at school, or an adult? *(mark only one)*
- i) Yes
 - ii) No
 - iii) Don't know
 - iv) Prefer not to say
23. Have you had your children vaccinated as babies? *(mark only one)*
- i) Yes
 - ii) No
 - iii) Don't know
 - iv) Prefer not to say
 - v) I have no children

Sources of information on COVID-19 vaccination

24. What are your sources of information on COVID-19 vaccines. *(Mark all that apply)*
- i) Official international health organisation websites and media e.g. WHO, CDC.
 - ii) Official government websites and media e.g. Ministry of Health- Uganda.
 - iii) Medical journals
 - iv) Presentation at a meeting (inperson or virtual)
 - v) News Media e.g. TVs, radios, Magazines, Newspapers
 - vi) Social Media e.g. WhatsApp, Facebook, Twitter, Instagram
 - vii) Friends/family/colleagues
 - viii) Others, specify _____

Knowledge about COVID-19 vaccines

25. There are now vaccines that are effective against COVID-19 *(mark only one)*
- i) True
 - ii) I don't know
 - iii) False
26. Only people who are at risk of serious COVID-19 illness need to be vaccinated *(mark only one)*
- i) True
 - ii) I don't know
 - iii) False



CO-ROLL STUDY QUESTIONNAIRE

Study ID:

Protocol code		
C	O	R

Facility /WOPS code	

Participant ID	

 Date:

dd	

MMM		

yyyy			

27. In Uganda, it is not recommended to give COVID-19 vaccines to children under the age of 18 years (*mark only one*)
- i) True
 - ii) I don't know
 - iii) False
28. A woman who is pregnant should consult their doctor or other healthcare worker before receiving COVID-19 vaccination (*mark only one*)
- i) True
 - ii) I don't know
 - iii) False
29. Persons who have already had COVID-19 and recovered do not need to get COVID-19 vaccination (*mark only one*)
- i) True
 - ii) I don't know
 - iii) False
30. Without a COVID-19 vaccine, you are likely to catch coronavirus (*mark only one*)
- i) True
 - ii) I don't know
 - iii) False
31. COVID-19 vaccination could give you coronavirus (*mark only one*)
- i) True
 - ii) I don't know
 - iii) False
32. After getting COVID-19 vaccination, one should continue to use a mask and avoid social contact with others (*mark only one*)
- a) True
 - b) I don't know
 - c) False

Attitudes towards COVID-19 vaccines

33. In general, vaccination is a good thing (*mark only one*)
- i) Agree
 - ii) Not sure
 - iii) Disagree
34. A safe and effective vaccine is the best hope for eliminating COVID-19 (*mark only one*)
- i) Agree
 - ii) Not sure
 - iii) Disagree



CO-ROLL STUDY QUESTIONNAIRE

Study ID:

Protocol code		
C	O	R

Facility /WOPS code	

Participant ID		

 Date:

dd	

MMM		

yyyy			

35. If you get a COVID-19 vaccination, you will be protected against coronavirus or less likely to get a serious attack of COVID-19 (*mark only one*)

- i) Agree
- ii) Not sure
- iii) Disagree

36. Widespread COVID-19 vaccination is just a way to make money for vaccine manufacturers (*mark only one*)

- i) Agree
- ii) Not sure
- iii) Disagree

37. A COVID-19 vaccine will allow us to get back to 'normal' (*mark only one*)

- i) Agree
- ii) Not sure
- iii) Disagree

38. A COVID-19 vaccine is too new for you to be confident about getting vaccinated (*mark only one*)

- i) Agree
- ii) Not sure
- iii) Disagree

39. You believe that the risk of getting side effects from COVID-19 vaccination outweighs the benefits of vaccination (*mark only one*)

- i) Agree
- ii) Not sure
- iii) Disagree

40. Africans should receive COVID-19 vaccines. (*mark only one*)

- i) Agree
- ii) Not sure
- iii) Disagree

Intention to receive COVID-19 vaccination (*Skip this question if respondent has received COVID-19 vaccine*)

41. Do you intend to receive the COVID-19 vaccine (*mark only one*)

- i) Yes
- ii) No
- iii) I don't know
- iv) Prefer not to say



CO-ROLL STUDY QUESTIONNAIRE

Study ID:

Protocol code		
C	O	R

Facility /WOPS code	

Participant ID		

 Date:

dd	

MMM		

yyyy			

Receipt of COVID-19 vaccination (This part may be completed on the same day that the rest of questionnaire is administered or later)

42. Have you received the COVID-19 vaccination? (mark only one)

- i) Yes, vaccination record seen
- ii) Yes, vaccination record not seen
- iii) No

43. If yes to question 42, provide date first COVID-19 vaccine injection ____/____/____

