

Tell us if you have ever had at least one dose of a COVID-19 vaccine. We can't record COVID-19 vaccines taken as part of a trial yet. If this how you received your vaccination, please don't add it for now.

Q. (select one)

1. Add vaccine
2. I haven't had a vaccine

If "add vaccine", go to section "tell us about your vaccine"

Q. When was your injection? Enter date

Q: Have you had a second dose yet?

1. No
2. Yes

If yes, show:

Q. When was your injection? Enter date.

Confirm either one or two doses → click "this information is correct" button.

Q. Are you experiencing any symptoms near the injections site?

Check all that apply:

1. Pain
2. Redness
3. Swelling
4. Swollen glands in the armpit
5. Warmth
6. Itch
7. Tenderness
8. Other

If other, describe your symptoms in the free text box

If, selected "I have not had a vaccine"

Q. Would you accept a COVID-19 vaccine if offered? (select one):

1. Yes
2. No
3. I don't know

If "No",

Q. Please tell us why (check all that apply):

1. I took part on a vaccine trial
2. Religious reasons
3. Personal belief/philosophical reasons
4. Pregnancy/breastfeeding
5. Illness/medication
6. Concerned about long term side effects
7. Concerned about adverse reaction
8. Do not know enough about it
9. Do not think it will work
10. Do not think it will be available to me
11. Do not think it is necessary
12. Prefer not to say
13. Other

If other, describe your symptoms in the free text box

If "I don't know"

Q. Please tell us why (check all that apply):

1. I took part on a vaccine trial
2. Religious reasons
3. Personal belief/philosophical reasons
4. Pregnancy/breastfeeding
5. Illness/medication
6. Concerned about long term side effects
7. Concerned about adverse reaction
8. Do not know enough about it
9. Do not think it will work
10. Do not think it will be available to me
11. Do not think it is necessary
12. Prefer not to say
13. Other

If other, describe your symptoms in the free text box