

Questionnaire form

Contact information	
<p>If you have any concerns, questions, and complaints about this study, its risks, benefits, and procedures contact the Protocol Director, Dr. Meliha Cagla Sonmezer at (+90) 505 892 32 78. <i>Independent Contact:</i> If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Hacettepe University Institutional Review Board to speak to someone independent of the research team at (+90) 312-305-1082 or email at goetik@hacettepe.edu.tr. If you agree to participate in this research, please select “Yes” below.</p>	
Informed consent	
<p>We have conducted a survey entitled “Knowledge, Attitudes and Perception towards COVID-19 Vaccination among Adult Population: A Cross-Sectional Study in Turkey”. The results of the study will represent the knowledge, attitudes and perceptions towards COVID-19 vaccinations. The survey may take 10-15 minutes. Nowhere in the survey, you won’t be asked for your personal information. All of your information will be kept secret. You have the right to participate or deny, and during the time of participation, you can withdraw yourself from responding. The study will not be benefitted you by money or other compensations but the outcome of the study may consider by the policymakers and take initiative for COVID-19 vaccinations in Turkey. Thank you for your participation.</p>	
Are you willing to participate in the survey?	<input type="radio"/> Yes <input type="radio"/> No
Section 1: Sociodemographic data	
1. Age
2. Gender	<input type="radio"/> Female <input type="radio"/> Male
3. Chronic Disease	<input type="radio"/> No <input type="radio"/> Hypertension <input type="radio"/> Asthma/COPD <input type="radio"/> Diabetes <input type="radio"/> Chronic Heart Disease <input type="radio"/> Cancer <input type="radio"/> Chronic Kidney Disease <input type="radio"/> Other
4. Use of regular medications	<input type="radio"/> Yes <input type="radio"/> No
5. Educational Level	<input type="radio"/> No education <input type="radio"/> Primary school <input type="radio"/> Secondary school <input type="radio"/> Bachelor degree <input type="radio"/> Higher education
6. Occupational status	<input type="radio"/> Employed <input type="radio"/> Non-employed <input type="radio"/> Retired
7. Influenza shot in the past years	<input type="radio"/> Yes <input type="radio"/> No

8. Having a child	<input type="radio"/> Yes <input type="radio"/> No
9. My child received all the recommended vaccines	<input type="radio"/> Yes <input type="radio"/> No
10. Have you been diagnosed with COVID-19?	<input type="radio"/> Yes <input type="radio"/> No
11. Which of the following sources will you choose to derive Covid-19 vaccine-related information? (multiple choices)	<input type="radio"/> Recommendation from health authorities <input type="radio"/> Social media <input type="radio"/> Friends <input type="radio"/> Recommendation from my relatives who are healthcare workers <input type="radio"/> Other sources
Section 2: Knowledge, Attitude and Perception	
1. Do you believe that the vaccines will produce immune response against COVID-19 ?	<input type="radio"/> Yes <input type="radio"/> No
2. Everyone should get vaccinated to end the COVID-19 pandemic.	<input type="radio"/> Disagree <input type="radio"/> Neither agree or disagree <input type="radio"/> Agree
3. Although we are not able to vaccinate everybody, the pandemic will end soon.	<input type="radio"/> Disagree <input type="radio"/> Neither agree or disagree <input type="radio"/> Agree
4. People who have had COVID-19 and recovered no need to get vaccinated.	<input type="radio"/> Disagree <input type="radio"/> Neither agree or disagree <input type="radio"/> Agree
5. The vaccine's protection is achieved immediately after getting the COVID-19 vaccine.	<input type="radio"/> Disagree <input type="radio"/> Neither agree or disagree <input type="radio"/> Agree
6. Stop practicing precautions such as masking, social distancing, and hand hygiene after receiving COVID-19 vaccine.	<input type="radio"/> Disagree <input type="radio"/> Neither agree or disagree <input type="radio"/> Agree
7. COVID-19 pandemic changed my approach to vaccination.	<input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree
8. Worried about family members becoming ill with COVID-19.	<input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree