



## Teil A: A – Experience with COVID-19

At the beginning we would like to know what your experiences are in regard to COVID-19.

**A1. Have you ever been infected with COVID-19?**

Yes ☐

No ☐

**A2. If you have been infected with COVID-19: How severe was the infection?**

I was tested positive, but I didn't experience any symptoms ☐

I've had mild symptoms (like a cold) ☐

I've had severe symptoms (like influenza) ☐

I was hospitalized (but did not need artificial ventilation) ☐

I was hospitalized and needed artificial ventilation ☐

**A3. Have people in your family or in your circle of friends been infected with COVID-19?**

Yes ☐

No ☐

## Teil B: B – Vaccination status

Now we are going to ask you a few questions about the vaccination against COVID-19.

**B1. Are you vaccinated against COVID-19?**

Yes, at least the first dose ☐

No, but I already have an appointment for the vaccination ☐

No, and I don't have an appointment for the vaccination ☐



My insurance status makes it difficult for me to get the COVID-19 vaccination.



## Teil C: C – Willingness to get vaccinated

Next we would like to know what you think about vaccination against COVID-19.

**C1. How strongly do you agree or disagree with the following statements regarding the vaccination against COVID-19 (regardless of your own vaccination status)?**

	1 Strongly agree	2	3	4	5	6	7 strongly disagree	no answer	I don't know
I think the vaccination against COVID-19 is sensible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm concerned about potential side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the COVID-19 vaccine may not be safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't think that COVID-19 is dangerous to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am against vaccination in general.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The best way is to let nature take its course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe natural or traditional remedies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm afraid of injections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I refuse vaccination for religious reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C2. In your opinion, what other reasons speak against a COVID-19 vaccination?**



**C3. With which of the available vaccines would you want to be vaccinated/have you been vaccinated?**

BioNTech /Pfizer ☐

Moderna ☐

AstraZeneca ☐

Johnson & Johnson ☐

I don't want to be vaccinated. ☐

Other/combination of different vaccines: ☐

Other/combination of different vaccines:



## Teil D: D – Attitude towards vaccination

Now we would like to know what you are thinking about vaccination in general.

### D1. Please indicate whether you disagree or agree with each of the following statements about childhood vaccine.

	1 Strongly agree	2	3	4	5	6	7 strongly disagree	no answer	I don't know
Vaccines are safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines contain dangerous ingredients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some vaccines are unnecessary since they target relatively harmless diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines are effective at preventing diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Germany, children are given the right number of vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Germany, children are given too many vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines conflict with my belief that children should use natural products and avoid toxins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines are a major advancement for humanity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The government should not force children to get vaccinated to attend school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To protect public health, we should follow government guidelines about vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### D2. Have you been vaccinated in the past five years? (not against COVID-19, but against another disease.)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>



## Teil E: E – Status and sources of information

Now we would like to know how you found out about the COVID-19 vaccination and how satisfied you are with the information available.

### E1. How often do you inform yourself about the COVID-19 vaccination?

Never ☐

Partly ☐

Very often ☐

### E2. Where do you get your information about the COVID-19 vaccination? (Multiple answers possible)

Press, television, radio ☐

Internet (in general) ☐

Health authorities (Robert-Koch-Institute, ministry of health, etc.) ☐

Social media (Facebook, Twitter, Blogs) ☐

Conversations with family, friends, other acquaintances ☐

Doctor, pharmacy ☐

Instant-messenger-service (WhatsApp, Signal, Telegram) ☐

I don't inform myself. ☐

Other: ☐

Other:

### E3. How well would you say you feel informed about the COVID-19 vaccination?

Very good ☐

Rather good ☐

Moderate ☐

Rather bad ☐

Bad ☐



How long do you think COVID-19 will continue?

0 a short time      1      2      3      4      5      6      7      8      9      10 a long time

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]



**F3.**

How much control do you think you have  
over COVID-19?

0 Absolute ly no control

1 2 3 4 5 6 7 8 9 10 Full control

Diagram illustrating a 10-bit absolute control signal. The signal is represented as a horizontal row of 10 square boxes, each containing a dot. Above the boxes are labels: '0 Absolute ly no control' above the first box, and '10 Full control' above the last box. Between the boxes are labels 1 through 9. Dotted lines connect the boxes.

**F4.**

How much do you think existing treatments help patients with COVID-19?

0 My treatment cannot help me at all

1 2 3 4 5 6 7 8 9

10 My treatment can help me very much

**F5.**

## How much do patients with COVID-19 experience symptoms from the illness?

[illegible]

**F6.**

How concerned are you about COVID-19?

**F7.**

How well do you feel you understand  
COVID-19?

[illegible]


**F8.**

How much does COVID-19 affect you emotionally?

0 it does not affect me emotionally at all

1 2 3 4 5 6 7 8 9

10 it extremely affects me emotionally



A horizontal Likert scale with 10 empty square boxes for rating, connected by a dashed line. The scale is labeled from 0 to 10 with descriptive text at the ends.

**F9. Please list below the three most important factors that you think are causes of COVID-19:**





## Teil G: G – Demographics

Finally, we would like to ask you a few more questions about yourself and your living conditions.

**G1. What is your gender?**

- Male ☐
- Female ☐
- Divers ☐
- No answer ☐

**G2. How old are you? (Please enter years)**

**G3. In which country were you born?**

- Germany ☐
- Afghanistan ☐
- Iran ☐
- Iraq ☐
- Syria ☐
- Turkey ☐
- Morocco ☐
- Other country: ☐

Other country:

**G4. If you did not tick “Germany” in question 52: How long have you been living in Germany? (Please enter years)**

**G5. What is your mother tongue/first language?**



- German ☐
- Arabic ☐
- English ☐
- Farsi/Dari ☐
- French ☐
- Spanish ☐
- Turkish ☐
- Other language: ☐

Other language:

**G6. How many years did you attend school?**

- Not at all ☐
- Less than 10 years ☐
- 10 years ☐
- More than 10 years ☐

**G7. Where do you live?**

- In a rented apartment ☐
- In a condominium ☐
- In my own house ☐
- In a student hostel ☐
- In a shared apartment ☐
- In a community accommodation for refugees ☐



**G8. What is your residence status?**

- German citizenship ☐
- Permanent residence permit (Unbefristete Aufenthaltsgenehmigung) ☐
- Temporary residence permit (Befristete Aufenthaltsgenehmigung) ☐
- ongoing asylum procedure (Aufenthaltsgestattung) ☐
- temporary suspension of teportation (Duldung) ☐
- Other: ☐

Other:

**G9.**

How would you describe your current general state of health? It is...

very good      good      moderate      bad      very bad

☐ ..... ☐ ..... ☐ ..... ☐ ..... ☐

**Thank you for your participation in the survey!**

**If you want to take part in the raffle, please click on the link below.**