Questionnaire: Awareness and attitude regarding COVID-19 vaccination among medical students in India

Section A:

1. State:
2. Medical college: Government/ Private/ Society
3. In which year of MBBS course are you currently studying? 1st/2nd/3rd/4th/internship
4. Gender: Female/ Male/ Other

Select the best response which matches with the following statements:

Section B:

1. MBBS students are currently eligible for COVID-19 vaccination: Agree/ Disagree/ Not sure
2. How many COVID-19 vaccines are currently available for use in India: none/ 1/ 2/ 3 -5 / More than 5/ Don’t know
3. What is your main source of information regarding COVID-19 vaccine? (multiple options allowed): newspaper/ Internet/ social media/ friends or seniors/ family members/ neighbours or other community members/ teachers at medical college / official circulars / others (specify)
4. I will take the COVID-19 vaccine only if it is made mandatory for me by govt. authorities or college and not on my own: Agree/ Disagree
5. I will be willing to take part in a COVID-19 vaccine trial in future: Agree/ Disagree/ Not sure
6. I will be willing to motivate my fellow students to take the COVID-19 vaccine: Agree/ Disagree/ Not sure
7. I am willing to take the COVID-19 vaccine when offered: Agree (didn’t receive the vaccine yet) / Agree (already received the vaccine)/ Disagree/ Not sure
8. Which of the following best describes the reason for your hesitation or unwillingness to take the vaccine? (multiple options allowed): Concerned about efficacy of vaccine / Concerned about safety vaccine/ Not needed as I already had COVID-19/ Not needed as COVID-19 pandemic is getting over now/ Not needed as many people are now immune to the virus/ Not needed for young individuals like me / Any other \_\_\_\_\_\_

Section C:

1. Getting the appropriate vaccines are important for me to stay healthy as a future physician:

Agree/ Disagree / Not sure

1. Keeping up to date about the upcoming vaccines is important for my role as a future physician: Agree/ Disagree / Not sure
2. COVID-19 vaccine can reduce the spread of the disease in the community: Agree/ Disagree / Don’t know
3. COVID-19 vaccine can help reduce severe COVID-19 disease: Agree/ Disagree / Don’t know
4. COVID-19 vaccine should be made mandatory for the health care workers: Agree/ Disagree / Not sure
5. COVID-19 vaccine should be made mandatory for those travelling abroad: Agree/ Disagree / Not sure
6. COVID-19 vaccine should be made mandatory for domestic inter-state travellers: Agree/ Disagree / Not sure

Section D

1. I am likely to get COVID-19 in course of my duties as a medical student: Agree/ Disagree/ Not sure
2. COVID-19 vaccination is important to me in order to resume my clinical posting and face-to-face classes: Agree/ Disagree / Not sure
3. COVID-19 vaccination is important to me to get my personal life back on track: Agree/ Disagree/ Not sure
4. I am concerned that the present COVID-19 vaccines may not be effective enough: Agree/ Disagree / Not sure
5. I am concerned about the serious adverse events from the currently available COVID-19 vaccines: Agree/ Disagree / Not sure
6. I am concerned that present COVID-19 vaccines have not have been tested rigorously prior to launch: Agree/ Disagree / Not sure
7. I trust the information I am receiving about the COVID-19 vaccine from the government or public health experts: Agree/ Disagree / Not sure
8. I consider it important to choose between the different available COVID-19 vaccines for myself: Agree/ Disagree / Not sure
9. I consider it important to choose between the different available COVID-19 vaccines for my patients in future: Agree/ Disagree / Not sure
10. If provided an option, which of the following vaccines would you choose for yourself: COVAXIN/ COVISHIELD/ No preference for either of them/ Don’t have enough information to choose
11. Have you received any vaccine(s) after joining as a medical student: Yes/ No
12. If yes, which vaccine(s) have you received? Hepatitis A/ Hepatitis B/ Hepatitis C/ Tetanus/ Anti-rabies vaccine/ HPV/ Varicella or Chicken pox/ Influenza/ Meningococcal/ Pneumococcal/ Yellow fever/ Haemophilus influenzae b/ Cholera/ Typhoid/ BCG/ other\_\_\_\_\_\_\_\_\_\_\_
13. Thank you for your participation. Do you have any additional comments regarding COVID-19 vaccination which you would like to share?
 Please mention below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_