TRANSLATED QUESTIONNAIRE

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Killed (inactivated) vaccines. Contain the pathogen which has been killed using heat, chemicals, or radiation. Live (attenuated) vaccines. Contain a weakened form of the pathogen that does not cause severe disease. Protein vaccines. Contain purified protein of the pathogen obtained from modified cells that can produce it. mRNA vaccines. Contain mRNA particles that provide instruction for the cell on how to make a piece of pathogen's protein. Vector vaccines. Contain viruses that genomes contain a gene instructing the cells how to make a piece of pathogen's protein. Virus-like particles vaccine. Contain purifies that mimic the pathogen structures but remain non-infectious. 4. Please evaluate your level of fear related to COVID-19 vaccination using a 1-10 scale, where 1 – no fear, 5 – medium level of fear, 10 – a very high level of fear. 1 2 3 4 5 6 7 8 9 10 5. What are your primary reasons behind a fear related to COVID-19 vaccination? (multiple answer question) I have no fears The onset of serious allergic reaction following the vaccine administration (e.g., anaphylaxis) The onset of serious allergic reaction following the vaccine administration Potential unknown long-term adverse effects of the vaccine Potential adverse effect on fertility Potential diverse effect on fertility Potential unknown long-term adverse effects of the vaccine Potential adverse effect on fertility Potential diverse effect on fertility Potential induction of autoimmune reactions following the vaccine administration Other, please specify 6. Please evaluate your level of trust in the COVID-19 vaccines authorized for use in Poland using a 1-10 scale, where 0 – I have not heard about this vaccine type, 1 – no trust, 5- medium level of trust, 10 – high level of trust. Vaccine 0 1 2 3 4 5 6 7 8 9 10 Protein vaccine Sputnik V Vector vaccine I	Vaccine	type									0	1	2	3	4	5	. (6	7	8	9	10
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Inactivated vaccine Covaxin
Vector vaccine Cansino (Ad5-nCoV)

8. What are your primary reasons behind the willingness to receive a COVID-19 vaccine?

(multiple answer question)

Protecting myself from infection

Protecting relatives from infection

Putting an end to the pandemic

Other, please specify:...

- 9. Are you a COVID-19 convalescent individual? Yes No
- 10. Did you experience the death of your relative due to COVID-19? Yes No
- 11. What are your primary sources of information on COVID-19 vaccines?

(multiple answer question)

I do not seek information on COVID-19 vaccines

TV

Radio

Press

Expert materials

Scientific literature

Information from relatives/friends

12. Your age (in years):...

13. Your place of living:

Rural

Urban ≥250,000 residents

Urban 50,000-200,000 residents

Urban 50,000-100,000 residents

Urban < 50,000 residents

- 14. Your gender: Female Male
- 15. Your education level:

Primary

Secondary

Vocational

Tertiary

16. **If tertiary, what is your field of discipline?** (For assistance, see the Polish classification of scientific fields; https://pl.wikipedia.org/wiki/Klasyfikacja_dziedzin_i_dyscyplin_naukowych_w_Polsce)

Modicine and health

Medicine and health

Exact and natural science

Agricultural

Technology

humanities

Social

Theology

Art