



**QUESTIONNAIRE ON KNOWLEDGE, ATTITUDES AND PRACTICES OF HEALTH CARE PROFESSIONALS RELATED TO THE SARS-CoV-2 VACCINE**

**GENERAL SECTION**

1. **Age:** ..... years
2. **Gender:**   ▪ Male           ▪ Female
3. **Marital status (indicate with 'X'):**   ▪ Married    ▪ Unmarried   ▪ Other (please specify).....
4. **Education level (indicate with 'X'):**
  - High school
  - Technological Educational Institute (TEI)
  - Institute of Vocational Training (IEK)
  - Higher Education Institute/University (AEI)
  - Master /Doctoral
5. **Health care profession (indicate with 'X'):**
  - Doctor (please indicate specialization .....
  - Medical Laboratory worker
  - Nurse
  - Other (please specify).....
6. **Sector of employment (indicate with 'X'):**
  - Private hospital
  - Health centre (K.Y.)
  - Public hospital
  - Community-based primary health unit (To. M.Y)
7. **Health District (Υ.ΠΕ) of employment:** .....
8. **Regional Unit of employment:** .....
9. **Department of employment (indicate with 'X'):** (please do not respond if you work at a health centre or community-based primary health unit)
  - Clinical
  - Laboratory
  - Other (please specify).....
10. **Section of employment (indicate with 'X'):** (please do not respond if you work at a health centre or community-based primary health unit)
  - Pathology
  - Laboratory
  - Surgery
  - Other (please specify).....
11. **Years of practice:** .....

**PART A**

12. **Do you belong to a vulnerable/high risk group due to your medical history? (indicate with 'X'):**  
(cardiovascular disease, respiratory disease, diabetes, immunosuppression, cancer, pregnancy etc.)
  - YES
  - NO
13. **Do you live with older individuals or individuals belonging to a vulnerable/high risk group due to their medical history? (indicate with 'X'):**

(cardiovascular disease, respiratory disease, diabetes, immunosuppression, cancer, pregnancy etc.)

- YES
- NO

**14. Please circle the choice that best indicates your response.**

	Completel y agree	Agree	Neither agree nor disagree	Disagree	Completel y disagree
The HPV vaccine is recommended for all males up to 18 years of age in the country.	1	2	<b>3</b>	4	5
After the flu vaccination, certain foods are not permitted to be consumed for a period of 24 hours.	1	2	<b>3</b>	4	5
One of the contraindications of the flu vaccine is an allergy to eggs.	1	2	<b>3</b>	4	5

**15. Please circle the choice that best indicates your response.**

	Completel y agree	Agree	Neither agree nor disagree	Disagree	Completel y disagree
Vaccinations are an important tool for the protection of public health and in particular of health professionals and workers in the health sector	1	2	<b>3</b>	4	5
Natural immunity acquired via disease is always preferable to immunity acquired via vaccination.	1	2	<b>3</b>	4	5
Many vaccines often have serious side effects.	1	2	<b>3</b>	4	5

**16. Are you the parent/guardian of one or more children? (indicate with 'X'):**

- YES
- NO

If **YES**, do you adhere to the child vaccination program suggested by the National Vaccination Program in the country? (please circle the answer of your choice)

- YES, I vaccinate my children according to the National Vaccination Program
- I select and carry out some vaccinations
- I do not vaccinate my children

**17. Have you been vaccinated with the seasonal flu vaccine? (indicate with 'X'):**

- YES
- NO

**If not, please indicate why** (more than one response can be selected)

- I do not have time
- I use homeopathic remedies
- Fear regarding vaccine safety
- Apathetic
- I do not think I am at risk
- Other (please specify).....

**PART B**

**18. Do you know of a relative or friend who has had COVID-19? (indicate with 'X'):**

- YES
- NO

**19. Do you come into contact with COVID-19 patients while performing your job duties? (indicate with 'X'):**

- YES
- NO

**20. How do you evaluate your level of being informed about vaccines against the SARS-CoV-2 virus that causes COVID-19? (Please circle below the option which best represents your answer)**

**Πώς κρίνετε την ενημέρωσή σας για τα εμβόλια έναντι του ιού SARS-CoV-2 που προκαλεί τη νόσο COVID-19; (κυκλώστε την απάντηση που σας αντιπροσωπεύει)**

No information	Insufficient	Satisfactory	Excellent
1	2	3	4

**21. Which channels do you use to keep informed about the COVID-19 pandemic and the SARS-CoV-2 vaccine, and how often? (please circle the option that represents your answer)**

	Always	Often	Rarely	Never
Television	1	2	3	4
Social media channels (Facebook, Twitter, Instagram etc.)	1	2	3	4
Newspaper (in print or electronic versions)	1	2	3	4
General interest publications/journals (in print or electronic versions)	1	2	3	4
Medical articles in journals (in print or electronic versions)	1	2	3	4
Committee for infectious diseases at health facility	1	2	3	4
General interest websites	1	2	3	4
Website of the Hellenic National Public Health Organization (NPHO)	1	2	3	4
Website of the Hellenic Ministry of Health	1	2	3	4
Please specify other .....	1	2	3	4

**22. Please circle the response below that represents your answer.**

	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree
Some of the vaccines against SARS-CoV-2 which are approved and used in the country are based on mRNA technology	1	2	3	4	5
The dosage regimen of the vaccines against SARS-CoV-2 includes 3 doses	1	2	3	4	5
There is evidence that mRNA technology interferes with the DNA of cells	1	2	3	4	5

**23. Have you been or will you be vaccinated with any of the vaccines against the SARS-CoV-2 virus which causes COVID-19, which have received the necessary approvals from the European Medicines Agency and the National Medicines Agency? (indicate with 'X'):**

- YES
- NO

**If not, please indicate why (indicate with 'X')** (more than one response can be selected)

- I do not have time
- Apathetic
- Fear regarding vaccine safety
- I do not think I am at risk
- I need further information in order to make a decision

Other (please specify) .....

**24. Does the short period of time for development of the vaccines cause you any concerns about its safety?  
(circle the option below that represents your answer)**

<b>Completely agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Completely disagree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**25. Do you believe that vaccination against SARS-CoV-2 should be mandatory for healthcare professionals?  
(indicate with 'X'):**

- YES
- NO

**THANK YOU FOR YOUR TIME**