

Identifying Concerns about the COVID-19 Vaccine

Healthwatch Worcestershire finds out what people think about health and care services. We use this information to tell those who run the services how they can be improved.

We really want to hear from people who are concerned about taking the COVID-19 vaccine.

We would like to understand what those concerns are and where you look for information about the vaccine.

We will use your answers to provide anonymous feedback to healthcare leaders who are responsible for running the vaccination programme in Worcestershire.

The information you provide is confidential, except that anonymised quotes may be used. Personal identifying information will not appear in any publications resulting from this survey.

Thank you for taking a few minutes to fill this in.

1. I agree that I understand the purpose of this survey and consent to the use of the data as indicated above.

☐ I agree

2. If you are unsure about having the COVID-19 vaccine, what concerns do you have?

3. Are there any practical difficulties that may stop you from receiving the vaccine?

Please tick all that apply

- ☐ Distance - vaccination clinic is too far away from where I live
- ☐ Access - there are no viable transport options to reach the vaccination site
- ☐ Appointment times - I cannot attend appointments during working hours
- ☐ Online booking - I would prefer to book appointment by phone
- ☐ Location - I would prefer an appointment at my GP surgery
- ☐ Language barriers - during booking and/or when receiving the vaccine

Any other reason that might stop you (please specify)

4. How would you find out more about the COVID-19 vaccine?

Please tick all that apply.

- ☐ Official website (e.g.NHS, Government, Local Council)
- ☐ TV/Radio
- ☐ Local Newspaper
- ☐ Online news websites
- ☐ Letter or leaflet
- ☐ Community organisations/religious organisation
- ☐ Other (please specify) _____
- ☐ Friends/relatives
- ☐ Facebook
- ☐ You Tube
- ☐ Other Social Media
- please specify _____

About You

5. Please tell us which **age** category you are in

- ☐ Under 18
 ☐ 18-29
 ☐ 30-39
 ☐ 40-49
 ☐ 50-54
 ☐ 55-59
 ☐ 60-64
- ☐ 65-70
 ☐ 70-74
 ☐ 75-79
 ☐ 80+

6. Please tell us which **gender** you identify with

- ☐ Male
 ☐ Female
 ☐ Trans Male
 ☐ Trans Female
 ☐ Non-binary
- ☐ I prefer not to say
 I prefer to self-describe as: _____

7. Please select your **ethnic background**:

	Mixed ethnic groups	Asian / Asian British	Black / Black British
<input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - European <input type="checkbox"/> White other: _____ <input type="checkbox"/> Gypsy / Roma Traveller	<input type="checkbox"/> White and Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed: _____	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian: _____	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black: _____ <input type="checkbox"/> Arab/any other group: _____

What is your first **language**? _____

8. Please tell us about your religion or beliefs

- ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim
☐ Sikh ☐ No religion ☐ Prefer not to say ☐ Other: _____

9. Where do you live?

- ☐ Worcester City ☐ Wychavon ☐ Wyre Forest ☐ Bromsgrove
☐ Redditch ☐ Malvern Hills

10. Do you have a disability? ☐ Yes ☐ No

11. If yes, please select from the following:

- ☐ Learning disability ☐ Autism Spectrum Condition ☐ Visual impairment
☐ Mental Health ☐ Hearing impairment ☐ Physical disability
☐ Long term condition e.g. Diabetes Other (please specify): _____

12. Which of the following reflects your housing situation?

- ☐ Owner Occupier ☐ Private Tenant ☐ Social Tenant
☐ Sharing or Lodging ☐ Supported Accommodation ☐ Temporary Accommodation
☐ Leaving institution ☐ Leaving care ☐ Rough Sleeping
☐ Other (please state): _____

13. Do you consider yourself to be an unpaid carer? ☐ Yes ☐ No

14. Are you currently pregnant or have you been in the last year? ☐ Yes ☐ No

13. What is your sexual orientation?

- ☐ Bi ☐ Gay man ☐ Gay woman / lesbian ☐ Heterosexual / Straight
☐ Prefer not to say I prefer to self-describe as: _____

16. Do you work in the NHS ☐ Yes ☐ No

17. Do you work in the Care Sector? ☐ Yes ☐ No

Thank you for taking part

Freepost return address -

Freepost RTEE-GKAT-SRLR, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore,
Worcestershire, WR10 1PT