جامعة الإمام عبدالرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

COVID-19 Vaccines Acceptance Among Health Care Practitioners in the Kingdom of Saudi Arabia

السلام عليكم ورحمة الله وبركاته
Alsalam Alikom/Hello:

The government in the Kingdom of Saudi Arabia (KSA), specifically the Ministry of Health (MOH) is now preparing vaccination centers across the Kingdom. We are a group of researchers from Imam Abdulrahman Bin Faisal University (IAU) in Dammam conducting a study to measure awareness, attitude, preferences and acceptance of the vaccines for the Corona Virus Disease of 2019 (COVID-19) among healthcare workers. Your responses will improve our understanding of the acceptability and major concerns of health care practitioners toward the vaccines, and will help to improve the current efforts to vaccinate the residents of Saudi Arabia. Please consider answering this survey, which should take less than 7 minutes to complete.

Your participation in this survey is both anonymous and confidential and will not affect your eligibility for health care services or vaccination. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. For any inquiries about this research, please contact the principal investigator *Dr. Abdullah Almojaibel* (amojaibel@iau.edu.sa).

If you are a health care practitioner in Saudi Arabia and consent to participate in this survey. Please proceed to the next page to start the survey.

* Are you a health care practitioner working in Saudi Arabia ?

- ◯ YES.
- ◯ No.

* What is your gender?

- ◯ Male.
- ◯ Female.

* What is your age?

- ◯ 18 - 24
- ◯ 25 - 29
- ◯ 30 - 34
- ◯ 35 - 39
- ◯ 40 - 44
- ◯ 45 - 49
- ◯ 50 - 54
- ◯ 55 or older

* Where do you live in Saudi Arabia?

- ◯ Western Region.
- ◯ Central Region.
- ◯ Eastern Region.
- ◯ Southern Region.
- ◯ Northern Region.

* What is your nationality?

- ◯ Saudi.
- ◯ Non-Saudi.

* If Non Saudi, What is your nationality?

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- The Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia and Herzegovina

- Botswana
- Brazil
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Cabo Verde
- Cambodia
- Cameroon
- Canada
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo, Democratic Republic of the
- Congo, Republic of the
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Cyprus

- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- East Timor (Timor-Leste)
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- The Gambia
- Georgia
- Germany
- Ghana
- Greece
- Grenada
- Guatemala

- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, North
- Korea, South
- Kosovo
- Kuwait

- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia, Federated States of
- Moldova
- Monaco

- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar (Burma)
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Norway
- Oman
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal

- Qatar
- Romania
- Russia
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- Spain
- Sri Lanka
- Sudan

- Sudan, South
- Suriname
- Swaziland
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan

- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe

* What is your clinical profession?

- Physician.
- Nurse.
- Dentist.
- Pharmacist.
- Other Health Care Specialists (respiratory therapy, physiotherapy, clinical nutrition, etc.)
- Technician in allied medical sciences.

* What is your health care specialty?

- ◯ Respiratory therapy.
- ◯ Physiotherapy.
- ◯ Clinical nutrition.
- ◯ Clinical laboratory sciences.
- ◯ Radiological technology.
- ◯ Speech disorders.
- ◯ Dental technology.
- ◯ Audiology.
- ◯ Public health.
- ◯ Cardiac technology.
- ◯ Emergency medical care.
- ◯ Other

* How would you evaluate your current state of health?

- ◯ Excellent.
- ◯ Very good.
- ◯ Good.
- ◯ Fair.
- ◯ Bad.

* Do you have any of the following chronic diseases?
(*Hypertension, Diabetes, Asthma, Rheumatoid arthritis, Thyroid, Cancer* etc.)

- ◯ Yes
- ◯ No

* What do you think about COVID-19 ?

- ◯ A very serious and severe infection.
- ◯ An infection of some severity.
- ◯ It is similar to common respiratory disease.
- ◯ No idea.

* Have you been infected with COVID-19 ?

- ◯ Yes.
- ◯ No.

* Have any of your family members, relatives, friends, or coworkers been infected with COVID-19 ?

- ◯ Yes.
- ◯ No.

* Are you worried that you will be infected with COVID-19 ?

- ◯ Very worried.
- ◯ Worried.
- ◯ A little worried.
- ◯ Not worried at all.

* What is your opinion about the impact of the COVID-19 vaccines on the pandemic ?

- ◯ An immediate effect, the virus will be eliminated immediately.
- ◯ Relief of the pandemic, but the virus will not be eliminated entirely.
- ◯ No effect.
- ◯ I do not know.

* Have you received the COVID-19 vaccine ?

- ◯ Yes.
- ◯ I registered to receive the vaccine.
- ◯ No.

* Would you like to be vaccinated ?

- ◯ Yes, I would like to.
- ◯ Yes, I would reluctantly will.
- ◯ I would be hesitant.
- ◯ No, I would refuse.

* Why do you agree to receive the COVID-19 vaccine ? (Select all that apply).

- [ ] Protect self and others from getting sick.
- [ ] Believe in vaccines/ trust in science.
- [ ] Help stopping the spread of the virus.
- [ ] Get back to normal life.
- [ ] Be able to travel.
- [ ] To fulfill my job requirement.
- [ ] Other reasons.

* Which of the two available vaccines would you prefer to have ?

- ◯ I prefer Pfizer vaccine.
- ◯ I prefer AstraZeneca vaccine.
- ◯ I have no preference between the two vaccines.

* Why do you prefer the Pfizer vaccine ?

- ◯ It is more effective.
- ◯ It has fewer side effects.
- ◯ It is the only vaccine available at vaccination centers near to me.
- ◯ The waiting time between the vaccination shots is shorter.

* Why do you prefer the AstraZeneca vaccine ?

- ◯ It is more effective.
- ◯ It has fewer side effects.
- ◯ It is the only vaccine available at vaccination centers near to me.
- ◯ The waiting time between the vaccination shots is long.

* Why do you not want to get the COVID-19 vaccine ? (Select all that apply).

- ☐ Safety, the vaccine was rushed.
- ☐ Need more information about the vaccine and its efficacy.
- ☐ Lack of trust, it is a new vaccine.
- ☐ I have other comorbidities.
- ☐ Side effects of the vaccine.
- ☐ COVID-19 is mutating, it will continue to mutate like Flu.
- ☐ The rumors around the vaccine (it has a chip to control me/it will change my DNA).
- ☐ COVID-19 vaccines will cause infertility.
- ☐ I was infected with COVID-19, so I do not need the vaccination.
- ☐ I do not take the vaccine, because people around me did not take it.
- ☐ Other reasons.

* Please indicate how much you agree or disagree with the following statements :

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The COVID-19 vaccine is important for my health.	◯	◯	◯	◯	◯
I am in a good health, I do not need to be vaccinated against COVID-19.	◯	◯	◯	◯	◯
The COVID-19 pandemic has been alleviated, and there is no need to be vaccinated against COVID-19.	◯	◯	◯	◯	◯
I think COVID-19 vaccines will be very effective in preventing COVID-19.	◯	◯	◯	◯	◯
COVID-19 vaccines can protect people (family, friends, colleagues) around me from infection.	◯	◯	◯	◯	◯
I doubt the safety of COVID-19 vaccines.	◯	◯	◯	◯	◯
I am worried about the possible side effects of COVID-19 vaccines.	◯	◯	◯	◯	◯
If the COVID-19 vaccine is recommended by the government, I believe vaccination is beneficial.	◯	◯	◯	◯	◯
The recommendation for the COVID-19 vaccine by doctors, the community and other professionals has a great influence on me.	◯	◯	◯	◯	◯
If the country provides the COVID-19 vaccine for free, I am willing to be vaccinated.	◯	◯	◯	◯	◯