

The following questions are about vaccination against COVID-19

1. **Have you been vaccinated against COVID-19?**

Answer **‘Yes’** if you have received at least one dose of the COVID-19 vaccine.

**Note:** Certain types of vaccines require more than one dose to protect against COVID-19. You would have been informed at the time of vaccination if you needed a second dose.

* Yes
* No

1. **How many doses of the COVID-19 vaccine have you received so far?**

**Note:** Certain types of vaccines require more than one dose to protect against COVID-19.

You would have been informed at the time of vaccination if you needed a second dose.

* One dose
* Two doses
* More than two doses

**3a). When did you receive your first dose of the COVID-19 vaccine?**

 (Drop down)

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

**3b). When did you receive your second dose of the COVID-19 vaccine?**

(Drop down)

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

**4. Which vaccine did you receive?**

Was it:

* Pfizer and BioNTech mRNA vaccine
* Moderna mRNA vaccine
* AstraZeneca Oxford vaccine
* Other
* Specify the vaccine (30 characters)
* Don't know