



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

2. 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