

## ATTITUDES AND PERCEPTIONS ABOUT THE COVID-19 VACCINE IN PATIENTS WITH COPD/ASTHMA

1.	<b>Full name (initials):</b>			
2.	<b>Residence:</b>			
3.	<b>Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
4.	<b>Age:</b>			
5.	<b>Smoking:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ex-smoker <input type="checkbox"/>
6.	<b>Education:</b>			
7.	<b>Marital status:</b>			
8.	<b>General health status:</b>	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>	Bad <input type="checkbox"/>
9.	<b>Chronic Conditions:</b>			
10.	<b>Medication:</b>			
11.	<b>Do you belong to a vulnerable population?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
12.	<b>Do people who live with you belong to a vulnerable population?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
13.	<b>COVID vaccination:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
14.	<b>When?</b>			
15.	<b>Number of doses:</b>			
16.	<b>Side effects?</b>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
17.	<b>Have you ever been infected by COVID-19:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
18.	<b>When?</b>			
19.	<b>How would you describe your disease?</b>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
20.	<b>If the COVID-19 vaccine had to be given regularly every year, will you do it?"</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I'm not sure <input type="checkbox"/>

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**21. Why would you get a booster shot of the vaccine?**

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|-----------------------|-----------------------------|----------------------------|
| A) My own initiative  | B) My doctor recommended it | C) Fear of serious illness |
| D) Free supply        | E) Due to profession        | F) Media campaigns         |
| G) Other reasons..... |                             |                            |
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**22. Why wouldn't you get a repeat dose of the vaccine?**

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|--|---|---|
| A) Insufficient Information                  | B) Fear of side effects   | C) Reported side effects in family/social environment   |
| D) It's part of a conspiracy                 | E) Doubt of efficacy (does not protect 100%)  | F) Not sufficiently tested                              |
| G) I have had other vaccines that protect me | H) Due to pregnancy   | I) I have been infected by COVID-19, so I don't need it |
| K) I prefer to get sick                      | L) I believe that I will not get sick or that even if I get sick it will not be serious | M) I follow my family's point of view                   |
| N) Commercial reasons promote the vaccine    | O) I don't believe in vaccination in general  | P) Other reasons:.....                                  |
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**23. What does affect your opinion on whether to take the booster shot?**

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|---|----------------------------------|--|
| A) Religion                                       | B) The political leadership      | C) The opinion of scientists                     |
| D) Media and the Internet                         | E) The anti-vaccination movement | F) Worried about getting infected with COVID-19? |
| G) Would you – Have you had the Flu vaccine/shot? |                                  |  |
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