This is a translation for scientific dissemination purposes. The original survey was in Italian.

Questions marked with * were addressed to all participants, while questions marked with • were subject to conditional logic and were addressed only to specific subgroups of participants selected on the basis of their previous answers.

SURVEY ON ATTITUDES TO COVID- 19 VACCINATION AMONG HEALTHCARE WORKERS IN THE ITALIAN TERRITORY.

1. INFORMATION, PERSONAL DATA MANAGEMENT AND INFORMED CONSENT

STUDY INFORMATION

Dear Sir/Madam,

You are hereby offered the opportunity to participate in the multicenter study entitled: **"SURVEY ON ATTITUDES TO COVID-19 VACCINATION AMONG HEALTHCARE WORKERS IN THE ITALIAN TERRITORY."**

This study is promoted by the Section of Hygiene of the University Department of Life Sciences and Public Health of the Catholic University of the Sacred Heart in Rome, in collaboration with the Istituti Clinici Scientifici Maugeri.

The aim of the study is to assess of opinions, attitudes, behaviors, and information sources used about COVID-19 vaccines among different categories of Italian healthcare workers.

The study does not involve any clinical or instrumental examination, only filling out a questionnaire if you agree to participate. There is no risk or cost to you. There is also no follow-up: once you have completed the questionnaire, you will not be contacted again by the researchers.

Your consent is totally free. This means that you can freely decide not to participate in the study and, therefore, not to accept and sign this consent and you can withdraw from completing the questionnaire at any time. Survey Monkey guarantees anonymity and does not store the IP address of the device from which the survey is conducted.

CONFIDENTIALITY GUARANTEES FOR THE PROTECTION OF PERSONAL DATA

The data collected will be processed in accordance with EU Regulation No. 2016/679 (GDPR), Legislative Decree No. 196/2003 "Code for the Protection of Personal Data" and subsequent amendments and all current legislation in the field of data processing and protection, in full respect of the rights and anonymity of the participants. The storage of the electronic file will take place in compliance with current regulations. Personal data will be used exclusively for the purpose of this study, analyzed in a totally anonymous form and possibly included in publications safeguarding anonymity.

DECLARATION OF CONSENT

Clicking the **"Yes"** button you state:

- that you have carefully read the explanations for the study in question;
- that you have been informed about the purpose and objectives of this study;
- that you have been informed about the absence of risks related to the study;
- that you have received sufficient assurances of the confidentiality of information obtained by responding to the survey;
- that you are aware that you can stop filling out the questionnaire at any time;
- that you have freely and voluntarily given your consent to participate in the study by completing the anonymous questionnaire;
- that you are aware that, in accordance with current regulations, your personal data will be used exclusively for scientific research purposes;
- that you are of legal age (be at least 18 years old);
- that you are aware that any problems or further information may be directed to:
    - Dr. Chiara Cadeddu; e-mail: chiara.cadeddu@unicatt.it
    - Dr. Eleonora Marziali; e-mail: eleonora.marziali01@icatt.it
      University Department of Life Sciences and Public Health, Catholic University of the Sacred Heart, Rome, Italy. Tel: 06 30154396

*** Q1. I have read and agree to the conditions regarding informed consent and data management**

- Yes
- No

2. SOCIO-DEMOGRAPHIC CHARACTERISTICS

The following questions are aimed at gathering information about your socio-demographic and employment data.

* Q2. Gender:
  - Male
  - Female
  - I prefer not to specify it

* Q3. Age (years):

_____

* Q4. Educational qualification obtained:
  - Elementary education
  - Middle school diploma
  - Upper secondary education diploma
  - Bachelor's Degree
  - Master's Degree
  - Postgraduate (Specialization or PhD)

* Q5. Region of permanent residence at the beginning of the pandemic (March 2020):
  - Abruzzo
  - Basilicata
  - Calabria
  - Campania
  - Emilia-Romagna
  - Friuli-Venezia Giulia
  - Lazio
  - Liguria
  - Lombardia
  - Marche
  - Molise
  - Piemonte
  - Provincia Autonoma di Bolzano
  - Provincia Autonoma di Trento
  - Puglia
  - Sardegna
  - Sicilia
  - Toscana

- Umbria
- Valle d'Aosta
- Veneto

* Q6. Civil status:
  - Unmarried
  - Cohabiting
  - Married
  - Divorced / Separated
  - Widowed
  - I prefer not to answer

* Q7. Work setting (more than one answer is possible):
  - Hospital
  - Teaching hospital
  - Territorial specialist outpatient clinic
  - Private activity (freelance activity)
  - General Practice
  - Public health district
  - Extended care / Hospice / Long-term care
  - Home care
  - Outpatient first aid
  - Research Organization
  - Other (specify): _____

* Q8. Category:
  - Physician
  - Dentist
  - Nurse
  - Pharmacist
  - Healthcare assistant
  - Other healthcare profession

- Q9 (IF "Physician") In what area does your main work activity fall?
  - Medical area (e.g. internal medicine, geriatrics etc.)
  - Surgical area (e.g. general surgery, orthopedics etc.)
  - Area of diagnostic and therapeutic clinical services (e.g., radiodiagnostics, intensive care etc.)
  - Area of organizational clinical services and public health (e. g. forensic medicine, occupational medicine etc.)

- General Practice
- Other (specify): _____

- Q10 (IF "Nurse") In what area does your main work activity fall?
  - Medical area (including pediatric-neonatal and geriatric areas)
  - Surgical area (including operating room)
  - Critical care area
  - Primary care and public health
  - Mental health and psychiatry area
  - Other (specify): _____

- Q11 (IF "Other healthcare profession") In what area does your main work activity fall?
  - Obstetrics
  - Psychology
  - Biology
  - Chemistry – Physics
  - Rehabilitation area (e.g. physiotherapist, speech therapist etc.)
  - Technical-support area (e.g., dietician, orthopedic technician etc.)
  - Technical-diagnostic area (e.g., audiometric technician etc.)
  - Prevention Area (e.g., prevention technician, health care assistant)
  - Other (specify): _____

* Q12. What was the impact of the SARS-CoV-2 pandemic on your working activity?
  - Work commitments have increased
  - Work commitments have decreased
  - I found a new job in my home region
  - I found a new job in a region other than my home region
  - Work activity has not changed
  - I am currently on leave / layoff
  - I lost my job
  - Other (specify): _____

- Q13. (IF "I found a new job in a region other than my home region") In which region did you find work?
  - Abruzzo
  - Basilicata
  - Calabria
  - Campania
  - Emilia-Romagna
  - Friuli-Venezia Giulia

- Lazio
- Liguria
- Lombardia
- Marche
- Molise
- Piemonte
- Provincia Autonoma di Bolzano
- Provincia Autonoma di Trento
- Puglia
- Sardegna
- Sicilia
- Toscana
- Umbria
- Valle d’Aosta
- Veneto

3. HEALTH STATUS

The following questions are aimed at assessing the presence of any risk factors associated with more severe forms of COVID-19 and previous SARS-CoV-2 infections

* Q14. Have you ever received a confirmed SARS-CoV-2 diagnosis?
  - o Yes, without symptoms
  - o Yes, with mild-to-moderate symptoms
  - o Yes, with severe symptoms need for hospitalization
  - o No

* Q15. Do you suffer from one or more chronic conditions?
  - o Yes
  - o No

- Q16. (IF "Yes") Which of the following diseases do you suffer from? (more than one answer is possible)
  - o High blood pressure
  - o Cardiovascular disease
  - o Diabetes
  - o Chronic respiratory diseases (e.g., COPD)
  - o Asthma
  - o Oncological diseases
  - o Chronic kidney disease
  - o Chronic liver disease
  - o Diseases that result in immune system impairment
  - o Other (specify): _____

4. ATTITUDES

The following questions are aimed at assessing your attitudes about vaccines, in general, and COVID-19 vaccines, in particular.

Please express your opinion regarding the following statements:

* Q17. Vaccines are scientifically proven and are among the safest pharmaceutical products.
  - o Totally disagree
  - o Partially disagree
  - o Neither agree nor disagree
  - o Partially agree
  - o Totally agree

* Q18. Vaccines can cause serious side effects.
  - o Totally disagree
  - o Partially disagree
  - o Neither agree nor disagree
  - o Partially agree
  - o Totally agree

* Q19. Vaccines represent an indispensable tool for the protection of individual and public health.
  - o Totally disagree
  - o Partially disagree
  - o Neither agree nor disagree
  - o Partially agree
  - o Totally agree

* Q20. Vaccines have a negligible impact on the spread of infectious diseases.
  - o Totally disagree
  - o Partially disagree
  - o Neither agree nor disagree
  - o Partially agree
  - o Totally agree

* Q21. The risk of complications from COVID-19 disease is greater than the risk of serious adverse effects from COVID-19 vaccine.
  - o Totally disagree
  - o Partially disagree
  - o Neither agree nor disagree
  - o Partially agree
  - o Totally agree

* Q22. It is preferable to acquire immunity against SARS-CoV-2 by contracting the infection rather than by vaccination.

- Totally disagree
- Partially disagree
- Neither agree nor disagree
- Partially agree
- Totally agree

* Q23. There is insufficient evidence on the efficacy and safety of COVID-19 vaccines due to their rapid development.

- Totally disagree
- Partially disagree
- Neither agree nor disagree
- Partially agree
- Totally agree

* Q24. COVID-19 vaccines approved in Italy to date are overlapping in terms of efficacy and safety.

- Totally disagree
- Partially disagree
- Neither agree nor disagree
- Partially agree
- Totally agree

* Q25. The COVID-19 vaccine is effective in preventing COVID-19.

- Totally disagree
- Partially disagree
- Neither agree nor disagree
- Partially agree
- Totally agree

* Q26. It is appropriate to provide for work restrictions for those who, although not presenting medical-health impediments, refuse to be vaccinated against COVID-19.

- Totally disagree
- Partially disagree
- Neither agree nor disagree
- Partially agree
- Totally agree

* Q27. The COVID-19 vaccine should be made mandatory for healthcare workers.

- Totally disagree

- Partially disagree
- Neither agree nor disagree
- Partially agree
- Totally agree

5. BEHAVIORS

The following questions are aimed at assessing your behaviors related to COVID-19 vaccination.

* Q28. Did you vaccinate against seasonal influenza in the last vaccination campaign (2020-2021)?
  - o Yes
  - o No, but I have been vaccinated against seasonal flu previously.
  - o No, and I have never previously been vaccinated against seasonal flu.

* Q29. Have you already undergone, or will you undergo, the COVID-19 vaccine?
  - o Yes
  - o No, but I plan to do it as soon as I can
  - o No
  - o I don't know

- Q30. (IF "Yes" OR "No, but I plan to do it as soon as I can") What was your motivation? (more than one answer is possible)
  - o For social responsibility to the most fragile individuals and the population that will not receive the vaccine in the short term
  - o To protect my family
  - o I work at high risk of SARS-CoV-2 infection
  - o I am at high risk of developing a severe form of COVID-19 disease
  - o I believe in the effectiveness of the COVID-19 vaccine as a means of prevention against the spread of epidemics/pandemics
  - o Other (specify): _____

- Q31. (IF "No" OR "I don't know") What was your motivation? (more than one answer is possible)
  - o I don't think COVID-19 is a serious condition
  - o I do not believe that I am at risk of developing a severe form of COVID-19
  - o I want to wait for further evidence of efficacy and safety on the COVID-19 vaccine
  - o I fear the possible side effects of the COVID-19 vaccine
  - o I have a medical condition that contraindicates the administration of the COVID-19 vaccine
  - o Other (specify): _____

* Q32. How much, on a scale from 1 (NOT AT ALL) to 10 (VERY MUCH), did the fear of contracting COVID-19 influence your choice to undergo (or not to undergo) the COVID-19 vaccine?

1 (not at all)	2	3	4	5	6	7	8	9	10 (very much)

* Q33. Are you recommending COVID-19 vaccine to your patients?

- Yes, to everyone
- Yes, but only to the most fragile patients
- I will wait for more data about efficacy and safety
- It depends on the type of vaccine
- No, I don't recommend it
- I don't know
- Not applicable

* Q34. Are you recommending COVID-19 vaccine to your family members?
  - Yes, to everyone
  - Yes, but only to the most fragile family members
  - I will wait for there to be more data regarding efficacy and safety
  - It depends on the type of vaccine
  - No, I don't recommend it
  - I don't know

* Q35. If given a choice, would you recommend a COVID-19 vaccine developed in...
  - Europe
  - US
  - China
  - Russia
  - It is indifferent

6. KNOWLEDGE

The questions in this section are aimed at assessing the determinants of your knowledge of COVID-19 vaccines.

* Q36. What sources do you consult to expand your knowledge on the topic of COVID- 19 vaccines? (more than one answer is possible)

- o Colleagues
- o Television and/or radio
- o Print and/or online newspapers
- o Institutional websites (e.g., World Health Organization, Ministry of Health, health companies)
- o Other websites
- o Social networks (e.g. Facebook, lnstagram, Twitter)
- o Biomedical databases and/or scientific articles and/or newsletters of scientific societies
- o Webinar and/or CME courses
- o Other (specify): _____-
- o None of the above options

* Q37. How much, on a scale from 1 (NOT AT ALL) to 10 (VERY), do you think your knowledge about COVID-19 vaccines is?

1 (not at all)	2	3	4	5	6	7	8	9	10 (very much)

* Q38. On which topic would you like more information? (more than one answer is possible)

- o Typologies of COVID-19 vaccines.
- o Efficacy of COVID-19 vaccines.
- o Side effects and safety profile of COVID-19 vaccines.
- o I don't think I need to improve my knowledge
- o Other (specify): _____-

* Q39. Through which channels would you like to gain more expertise on COVID-19 vaccine? (more than one answer is possible)

- o Webinar
- o CME Events
- o Institutional Websites
- o Podcast
- o Other (specify): _____-