## COVID-19 vaccination priority indicators (version 1.0)

The five priority indicators for vaccination of COVID-19 among adults are provided in the table below. When it is not possible to use the full COVID-19 vaccination survey, at least measure these priority indicators.

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| **Domain** | **Construct** | **Question and response options** | **Indicator** |
| **Thinking and feeling** | **Confidence in COVID-19 vaccine benefits** | How important do you think getting a COVID-19 vaccine is for your health? Would you say…   * Not at all important, * A little important, * Moderately important, *or* * Very important? | % of adults/health workers who say a COVID-19 vaccine is moderately or very important for their health |
| **Social processes** | **Family norms** | Do you think most of your close family and friends want you to get a COVID-19 vaccine?   * NO * YES | % of adults/health workers who say most of their close family and friends want them to get a COVID-19 vaccine |
| **Motivation** | **Intention to get vaccinated** | Do you want to get a COVID-19 vaccine? Would you say…   * You do not want to, * You are not sure * You do want to, *or* * You are already vaccinated? | % of adults/health workers who want to get a COVID-19 vaccine |
| **Practical issues** | **Know where to get vaccination** | Do you know where to go to get a COVID-19 vaccine for yourself?   * NO * YES | % of adults/health workers who know where to get a COVID-19 vaccine for themselves |
| **Practical issues** | **Affordability** | How easy is it to pay for COVID-19 vaccination? When you think about the cost, please consider any payments to the clinic, the cost of getting there, plus the cost of taking time away from work. Would you say…   * Not at all easy, * A little easy, * Moderately easy, *or* * Very easy? | % of adults/health workers who say COVID-19 vaccination is moderately or very easy to pay |

## COVID-19 vaccination survey for adults and health workers (version 1.0)

The BeSD COVID-19 Vaccination Survey is a globally standardized tool for assessing the drivers of COVID-19 vaccination. The survey is to be completed by adults and health workers.

The survey has 22 questions. When it is not possible to use the full COVID-19 vaccination survey, at least measure the priority indicators. To support use of the survey and analyses, also included are a recommended consent script and socio-demographic questions; programmes should adapt the consent and demographic questions as needed but should not change the rest of the survey.

The “Indicator” column shows **priority** indicators; optional indicators are shown with a \* (based on weaker performance in validation). The “Rationale” column contains important information for translating and locally adapting questions. Countries may also adapt the term “COVID-19” throughout the survey where a colloquial term is better understood, such as “coronavirus”. Table cell colours indicate the domain (demographics, thinking and feeling, motivation, social processes and practical issues).

Trained interviewers should read the survey questions and response options aloud to respondents. Interviewers should not read aloud instructions in [square brackets] and ALL CAPITALS. Interviewers should emphasize underlined words. Instructions on how to adapt the survey for self-administration, such as an online survey, are in the BeSD data for action guidebook, [section 3.5](https://euc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-us&rs=en-us&wopisrc=https%3A%2F%2Fworldhealthorg.sharepoint.com%2Fsites%2FIVBVaccinationDemandteam%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F6ad8d7e660bc4a578d32235cb8ac0816&wdenableroaming=1&mscc=1&hid=009d4968-474c-9fbd-4c57-9d85ee2a4791-20693&uiembed=1&uih=teams&uihit=files&hhdr=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fteams.microsoft.com%22%2C%22pmshare%22%3Atrue%2C%22surl%22%3A%22%22%2C%22curl%22%3A%22%22%2C%22vurl%22%3A%22%22%2C%22eurl%22%3A%22https%3A%2F%2Fteams.microsoft.com%2Ffiles%2Fapps%2Fcom.microsoft.teams.files%2Ffiles%2F2952272034%2Fopen%3Fagent%3Dpostmessage%26objectUrl%3Dhttps%253A%252F%252Fworldhealthorg.sharepoint.com%252Fsites%252FIVBVaccinationDemandteam%252FShared%2520Documents%252FGeneral%252FBeSD%252FFinal%2520Tools%252FBeSD%2520COVID-19%2520vaccination%2520survey.docx%26fileId%3D6ad8d7e6-60bc-4a57-8d32-235cb8ac0816%26fileType%3Ddocx%26ctx%3Dfiles%26scenarioId%3D20693%26locale%3Den-us%26theme%3Ddefault%26version%3D21120606800%26setting%3Dring.id%3Ageneral%26setting%3DcreatedTime%3A1645200989543%22%7D&wdorigin=TEAMS-ELECTRON.teams.files&wdhostclicktime=1645200989437&jsapi=1&jsapiver=v1&newsession=1&corrid=298a2844-6dc4-4fc2-9f6e-35a5e6ad8906&usid=298a2844-6dc4-4fc2-9f6e-35a5e6ad8906&sftc=1&sams=1&accloop=1&sdr=6&scnd=1&sat=1&hbcv=1&htv=1&hodflp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&rct=Unknown&ctp=LeastProtected#_2.4_Adapt_and).

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| --- | --- | --- | --- | --- |
| **Construct** | **Question and response options** | **Indicator** | **Rationale** | **Name in dataset** |
| **Date** | DAY /MONTH /YEAR OF INTERVIEW:  \_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ | None | This is an administrative question for the interviewer to complete at the time of interview. This question must not be adapted to ensure comparability and tracking. | COV.date   * COV.day * COV.month * COV.year |
| **Participant** | PARITICIPANT ID:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | None | This is an administrative question for the interviewer to record a unique identity for individual participants at the time of interview. To ensure comparability and tracking, this question must not be adapted. | COV.participant |
| **Location** | GPS COORDINATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CLUSTER NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOUSEHOLD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DISTRICT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | None | This is an administrative question for the interviewer to complete at the time of interview. This question can be adapted to suit the survey methodology. | COV.location   * COV.lon * COV.lat * COV.clusternum * COV.hhnum * COV.districtname |
| **Area** | IS THE AREA:   * RURAL * URBAN | None | This is an administrative question for the interviewer to complete at the time of interview. | COV.area |
| **Consent** | Hello, I am [INTERVIEWER NAME] with [INSTITUTION OR ORGANIZATION NAME]. We are interviewing people to help improve vaccination services in [COUNTRY NAME].  I will be asking you questions about COVID-19.  I know you are busy, so this will take only a few minutes. Your participation is completely voluntary and anonymous. If you do not want to answer a question or wish to stop the interview, just let me know.  Would you be willing to take the survey?   * YES * NO   IF “YES” TO S0: Thank you very much. Do you have any questions for me before we begin?  PROCEED TO SURVEY SCREENER AFTER ADDRESSING ANY QUESTIONS.  IF “NO” TO S0: Thank you very much. END INTERVIEW. | None | This question serves as an example of text to be included to capture respondent’s informed consent to their participation in the study. | COV.consent |
| **Age** | How old are you? \_\_\_\_\_\_\_\_\_ YEARS | % of adults/health workers who are 18-34 years old  % of adults/health workers who are above 55 or more years old | This question collects age in number of completed years: this will allow stratified analysis by age of respondents. This question can also serve to screen in or screen out participants for inclusion based on the study sampling methodology. | COV.age |
| **Gender** | This may seem obvious, but I have to ask the question. What is your gender? Would you say…   * Woman, * Man, * Non-binary, *or would you* * Prefer not to say? | % of adults/health workers who are women  % of adults/health workers who are men | This question collects gender identity of respondents to allow stratified analysis. The third response option can be included in contexts where specific third-gender categories are culturally recognized; this response option can be adapted as appropriate based on in-country considerations or consultation. | COV.gender |
| **Occupation** | Which of the following best describes your work during the COVID-19 pandemic? Would you say…   * Health worker, * Essential services worker, * Educator, * Other worker, *or* * None of the above? | % of adults who are health workers  % of adults who are essential service workers | This question enables sorting of respondents for the right survey as needed. Inclusion of this question will allow analysis of intentions to be stratified by whether someone is in a priority occupational group or not.  This question can also serve to screen in or screen out participants for inclusion based on the study sampling methodology.  “Essential services worker” refers to other non-health frontline workers (e.g. police, transport service workers, grocery store staff).  The categories may be locally adapted to ensure they are appropriate to the specific context and allow disaggregated data as needed. Some countries may choose to delineate between front-line and non-front-line health workers. | COV.occup |
| **Health worker** | [FOR HEALTH WORKERS ONLY]  What is your current role? Would you say…   * Doctor, * Nurse, * Paramedic/first responder, * Community health worker, * Traditional healer, *or* * Other health worker? | Varies by country | This question enables categorization of health workers into common roles or functions within the health system. If included, this question enables more detailed analysis of health worker role and stratification of results.  The response options offered should be adapted in-country at national or even subnational level to reflect the most appropriate role categorizations based on the types of health workers most likely to be at risk of COVID-19 infection/most exposed to COVID-19. | COV.hwrole |
| **COVID-19 risk** | Do you have a chronic condition? This could include, for example, obesity, diabetes, lung disease, or another long-term condition.   * NO * YES * NOT SURE | % of adults/health workers who have a chronic condition (answered “yes”) | This question assesses whether the respondent has any underlying condition, comorbidities or health conditions that make the respondent a higher priority for vaccination. Inclusion of this question allows stratification of results by comorbidities.  This question can also serve to screen in or screen out participants for inclusion based on the study sampling methodology. | COV.condi |
| **COVID-19 diagnosis** | To your knowledge, have you ever had COVID-19?   * NO * YES   IF “YES”:  Was it…   * Mild, *or* * Severe?   Was it…   * Confirmed by a test, *or* * Not confirmed by a test? | % of adults/health workers who have had COVID-19  (answered “yes”)  % of adults/health workers who have had COVID-19 confirmed by test | Previously having COVID-19 can be perceived as a reason to not vaccinate, and countries may want to stratify data on intentions to be vaccinated according to this. This question can also serve to screen in or screen out participants for inclusion based on the study sampling methodology.  When a COVID-19 vaccine becomes available in-country, researchers may choose to include a question to assess whether the respondent has received a COVID-19 vaccine. If several are available in the country, a question that asks which vaccine the respondent received may also be added. | COV.diagn |
| **Perceived risk – self** | How concerned are you about getting COVID-19? Would you say…   * Not at all concerned, * A little concerned, * Moderately concerned, *or* * Very concerned? | % of adults/health workers who are moderately or very concerned about getting COVID-19\* | This question assesses the degree to which the respondent perceives a risk of getting COVID-19 themselves. “Concern” is similar to worry or thinking about a problem; it is not directly about fear or anxiety or emotion. | COV.risks |
| **COVID-19 vaccine uptake** | Have you received a COVID-19 vaccine? Would you say…   * No * Yes, you received one dose, * Yes, you received two doses, *or* * Yes, you received three or more doses? * NOT SURE | % of adults/health workers who received a COVID-19 vaccine (answered “yes”) | This question assesses whether the respondent has ever received any dose of a COVID-19 vaccine. A “not sure” response option is included here as it is likely some adults may not easily be able to recall such information. | COV.vaccs |
| **Intention to get vaccinated** | Do you want to get a COVID-19 vaccine? Would you say…   * You do not want to, * You are not sure, * You do want to, *or* * You are already vaccinated? | **Priority**  % of adults/health workers who want to get a COVID-19 vaccine | This question assesses intention to receive a COVID-19 vaccine, if advised to do so by a medical professional.  Countries can choose to add an open-text follow up question for those who answer “no”: What is the main reason you would not get a COVID-19 vaccine if it were available to you?  [OPEN TEXT RESPONSE] | COV.inten |
| **Confidence in COVID-19 vaccine benefits** | How important do you think getting a COVID-19 vaccine is for your health? Would you say…   * Not at all important, * A little important, * Moderately important, *or* * Very important? | **Priority**  % of adults/health workers who say a COVID-19 vaccine is moderately or very important for their health | This question assesses positive attitude toward COVID-19 vaccination. The main idea is that vaccination is good, important and valuable. A related idea is that vaccination is effective, prevents disease, saves lives and protects those vaccinated. | COV.confb |
| **Confidence in COVID-19 vaccine safety** | How safe do you think a COVID-19 vaccine is for you?   * Not at all safe, * A little safe, * Moderately safe, *or* * Very safe? | % of adults/health workers who say a COVID-19 vaccine is moderately or very safe | This question assesses negative attitude toward COVID-19 vaccination for themselves. The main idea is the belief that the vaccine is safe and is not dangerous or harmful. | COV.confs |
| **COVID-19 vaccine –see friends and family** | Do you think that getting a COVID-19 vaccine will allow you to see your family and friends again?   * NO * YES | % of adults/health workers who say getting a COVID-19 vaccine will allow them to safely see their family and friends again\* | This question assesses whether freedom to see family and friends could be a motivator to get a COVID-19 vaccine. | COV.seefr |
| **Confidence in health workers** | How much do you trust the health workers who would give you a COVID-19 vaccine? Would you say…   * Not at all, * A little, * Moderately, *or* * Very much? | % of adults/health workers who trust the health workers who give COVID-19 vaccines moderately or very\* | This question assesses confidence in the people responsible for recommending and administering vaccines.  “Trust” refers to belief that the health worker who gives vaccines will be competent, reliable and give good health care.  “Health worker” will need local adaptation to indicate the medical professionals responsible for recommending and administering adult vaccination (i.e. general practitioner, health provider or primary health care physician and assisting nurses or vaccinators). | COV.confh |
| **Peer norms** | Do you think most adults you know will get a COVID-19 vaccine, if it is recommended to them?   * NO * YES | % of adults/health workers who say most adults they know will get a COVID-19 vaccine (answered “yes”) | This question assesses social norms – beliefs about what other people are doing.  “Most adults you know” includes friends, people at work, and people in the neighbourhood who they may not have close social ties to. It does not include people they have never met. | COV.normp |
| **Workplace norms** | Do you think most of the people you work with will get a COVID-19 vaccine?   * NO * YES * NOT CURRENTLY WORKING | % of adults/health workerswho say most of the people they work with will get a COVID-19 vaccine\* | This question assesses social norms – beliefs about what other people are doing.  “Most people you work with” includes all colleagues and people at their place of work who could be eligible for a COVID-19 vaccine.  This question has been shown to be highly correlated with COVID-19 vaccine uptake. If you use this question, note that it does not collect data on the workplace norms of those who are unemployed at the time of data collection (those who select “I am not currently working”). | COV.normw |
| **Family norms** | Do you think most of your close family and friends want you to get a COVID-19 vaccine?   * NO * YES | **Priority**  % of adults/health workers who say most of their close family and friends want them to get a COVID-19 vaccine | This question assesses social norms – beliefs about what close social contacts want the respondent to do.  “Close family and friends” include people with opinions the respondent would listen to or feel some degree of pressure to heed. | COV.normf |
| **Religious leader norms** | Do you think your religious leaders want you to get a COVID-19 vaccine?   * NO * YES | % of adults/health workers who say their religious leaders want them to get a COVID-19 vaccine (answered “yes” or “not sure”)\* | This question assesses social norms – beliefs about what opinion leaders want the respondent to do.  “Religious leader” includes priests, clerics, imams, rabbis and others in similar roles. | COV.normr |
| **Community leader norms** | Do you think other community leaders want you to get a COVID-19 vaccine?   * NO * YES | % of adults/health workers who say their community leaders want them to get a COVID-19 vaccine (answered “yes” or “not sure”) | This question assesses injunctive social norms—beliefs about what opinion leaders want the respondent to do.  “Community” may refer to a neighbourhood or region or a social group defined by a characteristic such as race or national origin.  “Community leader” includes people who represent a neighbourhood, region or subgroup of people. | COV.normc |
| **Health worker recommendation** | Has a health worker recommended you get a COVID-19 vaccine?   * NO * YES | % of adults/health workers who say a health worker has recommended they get a COVID-19 vaccine | This question assesses whether a health worker or health-care provider has advised the respondent to get COVID-19 vaccination.  “Recommended” includes raising the topic during a clinic visit, saying the person is due and offering advice to get vaccinated.  The term “health worker” must be adapted to reflect local language (e.g. health care provider, general practitioner, vaccinator) | COV.rechcw |
| **Received recall** | Have you ever been contacted about being due for a COVID-19 vaccine?   * NO * YES | % of adults/health workers who have been contacted about being due for a COVID-19 vaccine (answered “yes”) | This question assesses mechanisms in place to reach and remind adults due for vaccination. If these systems/mechanisms are not in place in-country, we recommend that this question not be included. | COV.recal |
| **Gender equity – travel autonomy** | If it was time for you to get a COVID-19 vaccine, would you need permission to go and get it?   * NO * YES | % of adults/health workers who do not need permission to go and get a COVID-19 vaccine\* | This question assesses freedom of the respondent to leave the home to get a COVID-19 vaccine.  Data can be stratified by gender to assess women’s travel autonomy. | COV.trave |
| **Know where to get vaccination** | Do you know where to go to get a COVID-19 vaccine for yourself?   * NO * YES | **Priority**  % of adults/health workers who know where to get a COVID-19 vaccine for themselves | This question assesses whether the respondent knows where to go for vaccination. The question is about knowing that the facility or vaccine provider exists and where it is located. The question is not about ability to access or use the services.  If COVID-19 vaccines are not yet available in your country, adapt the question to:  Do you know where to go to get yourself vaccinated?   * NO * YES | COV.where |
| **On-site vaccination** | Is a COVID-19 vaccine available for you to get at your place of work? Would you say…   * NO * YES * NOT CURRENTLY WORKING | % of adults/health workers who have access to a COVID-19 vaccine at their place of work (answered “yes”)\* | This question assesses availability or existence of vaccination services at work (on site) for health workers only. This question can also be applied to adults in countries where it is not uncommon to offer adult vaccines in workplaces. A “not sure” response option is included here as some may not be aware of the presence of any on-site vaccination in their place of work.  If COVID-19 vaccines are not yet available in your country, adapt the question to:  Have any vaccines ever been available for you to get at your place of work?   * NO * YES | COV.onsit |
| **Ease of access** | How easy is it to get a COVID-19 vaccine for yourself? Would you say…   * Not at all easy, * A little easy, * Moderately easy, or * Very easy? | % of adults/health workers who say getting COVID-19 vaccination is moderately or very easy | This question assesses the degree to which vaccination is easy to get for themselves. The question looks at ease of access in general and leads into the next question.  “Easy” refers to achievable, possible without great effort, not hard and not difficult.  “Vaccination services” refers to access to vaccination.  If COVID-19 vaccines are not yet available in your country, adapt the question to:  How easy is it to get vaccination services for yourself?   * Not at all easy * A little easy * Moderately easy * Very easy | COV.acces |
| **Affordability** | How easy it to pay for COVID-19 vaccination? When you think about the cost, please consider any payments to the clinic, the cost of getting there and the cost of taking time away from work. Would you say…   * Not at all easy, * A little easy, * Moderately easy, *or* * Very easy? | **Priority**  % of adults/health workers who say COVID-19 vaccination is moderately or very easy to pay for. | This question assesses the perceived cost of vaccination. Cost is the monetary value associated with vaccination.  “Easy to pay” refers to the total costs associated with vaccinating being something the respondent can pay for, costing an amount the respondent can pay for and being within the respondent’s means. | COV.affor |
| **Reasons for low ease of access** | What makes it hard for you to get a COVID-19 vaccine? Would you say…  [READ ALOUD ALL RESPONSE OPTIONS PAUSING AFTER EACH TO ALLOW RESPONDENT TO ANSWER ‘YES’ OR ‘NO’ AFTER EACH RESPONSE OPTION. RESPONDENTS MAY SELECT MULTIPLE RESPONSE OPTIONS.]   * Nothing, it’s not hard, [IF NOTHING, SKIP REST OF RESPONSES] * COVID-19 vaccination is not yet available for me, * Making an appointment is hard, * The vaccination site is hard to get to, * The opening times are inconvenient, * The waiting time takes too long, * I am unable to leave work duties, * Sometimes people are turned away without vaccination, *or* * Is there something else? [RECORD ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | % of adults/health workers who say COVID-19 vaccination is not yet available for them  % of adults/health workers who say making an appointment is hard  % of adults who say they can’t go on their own  % of adults/health workers who say the vaccination site is hard to get to  % of adults/health workers who say vaccination opening times are inconvenient  % of adults/health workers who say the waiting time takes too long  % of health workers who say they are unable to leave work duties  % of adults/health workers who say sometimes people are turned away without vaccination | This question assesses the reasons why vaccination is difficult to get. Respondents can choose multiple response options here. There is no skip logic for this question, it must be asked of all respondents.  Response options explained:  “Nothing, it’s not hard” is an exclusive response option (it cannot be selected alongside other response options) available for those who do not think it is difficult to get COVID-19 vaccines.  “COVID-19 vaccination is not yet available for me” is to capture people who are not yet eligible for a COVID-19 vaccine according to their country guidelines.  “hard to get to” refers to geographical distance and logistics of getting to the place where COVID-19 vaccines are offered being difficult or inconvenient.  “Inconvenient” refers to opening hours that do not suit the respondent.  “Takes too long” refers to the waiting times at the place of vaccination.  “Unable to leave work duties” refers to the health worker being unable to make time for vaccination alongside their work responsibilities.  “Turns people away” refers to sending people, who came specifically for vaccination, home without vaccination.  If COVID-19 vaccines are not yet available in your country, adapt the question to:  What makes it hard for you to get vaccines?  REMOVE THE RESPONSE OPTION: COVID-19 vaccination is not yet available for me | COV.lowac |
| **Service satisfaction** | How satisfied are you with COVID-19 vaccination services? Would you say…   * Not at all satisfied, * A little satisfied, * Moderately satisfied, *or* * Very satisfied? | % of adults/health workers who are very or moderately satisfied with COVID-19 vaccination services (answered “yes”) | This question assesses satisfaction with vaccination services received during the last visit.  “Satisfied” refers to how good the services and experience were for the respondent, and how pleased or happy they felt about the visit and the interactions that took place.  “Vaccination services” refers to work done by vaccination clinic staff who greet the patient, handle paperwork and payment, and administer the vaccine.  “Not at all” is bad and not acceptable.  “Not very” is okay, adequate and not bad.  “Somewhat” is positive but not the best possible.  “Very” is great, fantastic and outstanding. | COV.satis |
| **Service quality** | What is not satisfactory about the COVID-19 vaccination services? Would you say…  [READ ALOUD ALL RESPONSE OPTIONS PAUSING AFTER EACH TO ALLOW RESPONDENT TO ANSWER ‘YES’ OR ‘NO’ AFTER EACH RESPONSE OPTION. RESPONDENTS MAY SELECT MULTIPLE RESPONSE OPTIONS.]   * Nothing, you are satisfied [IF NOTHING, SKIP REST OF RESPONSES] * Vaccine is not available, * The vaccination site does not open on time, * Waiting times are long, * The vaccination site is not clean, * Staff are poorly trained, * Staff are not respectful, * Staff do not spend enough time with people, *or* * Is there something else? [RECORD ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | % of adults/health workers who say vaccine is not available  % of adults/health workers who say the vaccination site does not open one time  % of adults/health workers who say waiting times are long  % of adults/health workers who say the vaccination site is not clean  % of adults/health workers who say staff are poorly trained  % of adults/health workers who say staff are not respectful  % of adults/health workers who say staff do not spend enough time with people | This question assesses reasons why the respondent is not satisfied with the vaccination services. Respondents can choose multiple response options here. There is no skip logic for this question, it must be asked of all respondents.  “Nothing, I am satisfied” is an exclusive response option (it cannot be selected alongside other response options) available for respondents who are satisfised with the vaccination services.  “Vaccine is not available” refers to the lack of COVID-19 vaccine stock at the vaccination site / clinic.  “Site does not open on time” means that the service operating hours were not functioning as scheduled or advertised.  “Waiting times are long” is the perception that the service was poorly organized for time, or that staff were unable to prioritize efficient, quick service.  “the vaccination site is not clean” refers to any complaint about the place where vaccines are given, including location and building structure. This also includes lack of cleanliness and poor maintenance. This could include vaccine vials, needles, fridges for storing vaccines as well as furniture in the clinic, reception and waiting rooms, or even appearance of personnel, such as appropriate attire, clean appearance and uniform.  “Staff are poorly trained” is the perception that the service received is not as promised or that the quality of service is not reliable or consistent. The respondent may perceive that staff did not fulfil their role very well, that the staff were not well trained or prepared for their responsibilities, or that the staff lacked confidence or skill to deliver the service expected.  “Staff are not respectful” refers to inability to inspire confidence, put respondents at ease and communicate competence. It includes staff being discourteous, impolite and unable to reassure respondents. Staff can show respect in verbal and non-verbal ways.  “Staff do not spend enough time with people” is the perceived lack of empathy a respondent may experience from vaccination clinic staff, and perception of a rushed service or lack of time dedicated to reassuring respondents and answering their questions. | COV.quali |

In addition to the BeSD survey questions in the table above, countries may choose to add the questions about provision of COVID-19 vaccines, including the two below. These questions are just for health workers and should only be included in data collection if they will provide valuable descriptive data for the immunization programme.

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| --- | --- | --- | --- |
| **Construct** | **Question and response options** | **Indicator** | **Rationale** |
| **Willingness to recommend vaccine to others** | Would you recommend a COVID-19 vaccine to eligible individuals? Would you say…   * No, you do not want to, * Yes, you do want to, *or are you* * Not sure? | % of health workers who would recommend a COVID-19 vaccine to eligible individuals (answered “yes”) | This question assesses health workers’ willingness to recommend or promote a COVID-19 vaccine to persons who are eligible candidates for COVID-19 vaccines.  If COVID-19 vaccines are not yet available in your country, adapt the question to:  Would you recommend a COVID-19 vaccine to eligible individuals when it becomes available?  NO  YES NOT SURE |
| **Ability to answer patient questions** | How confident are you that you could answer patient questions about getting a COVID-19 vaccine? Would you say…   * Not at all confident, * A little confident, * Moderately confident, *or* * Very confident? | % of health workers who are moderately or very confident they could answer patient questions about getting a COVID-19 vaccine | This question measures positive attitude of health workers’ capacity to support patients with their information needs about a COVID-19 vaccine once it becomes available.  If COVID-19 vaccines are not yet available in your country, adapt the question to:  How confident are you that you could answer patient questions about getting a COVID-19 vaccine, once it is available?  Not at all confident  A little confident  Moderately confident  Very confident |

## Visual survey response scale

For survey respondents with lower-literacy, consider using a visual response scale. It is designed for questions with four response options (such as “not at all”, “a little”, “moderately”, “very”). Interviewers should read the question aloud and point to the visual scale as they read the response options.

