



Republic of Botswana

Ministry of Health and Wellness

## COVID-19 QUESTIONNAIRE ACCEPTANCE AND RISK PERCEPTIONS TOWARDS THE COVID-19 VACCINE IN BOTSWANA

### SECTION A – DEMOGRAPHIC INFORMATION

#### A1. Nationality

- Motswana  
 Other: \_\_\_\_\_

A2. How old are you at your last birthday? \_\_\_\_\_

#### A3. Sex

- Male  
 Female  
 Other

#### A4. Marital Status

- Single  
 Married  
 Divorced  
 Widowed

#### A5. Residence

- Rural  
 Semi-Urban  
 Urban

#### A6. Occupation

- Employed (Government, Private, Business/Self)  
 Unemployed  
 Student  
 Others

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**A7. Educational Level**

- Primary
- Junior Secondary
- BGCSE/ IGCSE
- Under Graduate
- Post Graduate

**A8. Religion**

- Christian
- Hindu
- Islam
- Buddhism
- Other \_\_\_\_\_

**SECTION B – COGNITIVE FACTORS**

**B1. Are you suffering from any of the following? (tick more than 1 if applicable)**

- Hypertension
- Diabetes Mellitus
- Cancer
- Asthma
- Cardiovascular disease
- Chronic respiratory
- Other \_\_\_\_\_
- None

**B2. Are you aware of the covid-19 vaccine?**

- Yes
- No

**B3. Would the vaccine alone protect you against COVID-19 disease?**

- Yes
- No

**B4. The vaccine is recommended for those 18 years and above only in Botswana**

- True
- False

**B5. The COVID-19 vaccine transforms people into crocodiles?**

- True
- False

**B6. The vaccine may cause pain or swelling at injection site or systemic symptoms like fever and or headache**

- True
- False

**B7. I will still continue to wear my mask wash my hands or sanitizing and keep a safe distance after receiving the COVID-19 Vaccine?**

- Yes
- No

**B8. Which is the best source of information dissemination?**

- Radio
- Television
- Newspaper
- Social media
- Internet
- Other \_\_\_\_\_

**B9. Which are your trusted source(s) of information on COVID-19.**

**(You may select more than one option)**

- Social media
- Government
- WHO
- Internet
- Other (specify)

**SECTION C – EXPERIENTIAL FACTORS**

**C1. Are you willing to receive the COVID-19 vaccine when is rolled out nationally?**

Yes

No

**C2. Do you believe that it should be compulsory for people to receive the COVID-19 vaccine?**

Yes

No

**C3. Do you believe the COVID-19 vaccine is safe for use?**

Yes

No

**C4. If you will be told that the vaccine may cause swelling or pain at injection site or fever and headache would you still take the vaccine.**

Yes

No

**C5. Have you ever received any vaccine in the past?**

Yes

No

**C6. Have you ever refused any vaccine in the past?**

Yes

No

**SECTION D – SOCIO-CULTURAL FACTORS/NGWAO, SETSO LE TUMELO**

**D1. Would your religious or cultural beliefs hinder you from taking the vaccine?**

Yes

No

**D2. Do you trust other traditional or religious methods of prevention over vaccine?**

Yes

No