

Appendix 1 Online survey questionnaire

Before you proceed, please confirm the following (tick appropriately):

- | | Yes | No |
|--|-----------------------|-----------------------|
| You are a BAME staff working at OUH | <input type="radio"/> | <input type="radio"/> |
| You have read the Participant Information Sheet | <input type="radio"/> | <input type="radio"/> |
| You understand that your participation is voluntary, and you are free to withdraw, before submitting your response, without giving any reasons | <input type="radio"/> | <input type="radio"/> |
| You speak and understand English language without the need of an interpreter | <input type="radio"/> | <input type="radio"/> |

Write your initials in the box if you consent to participate:

Part 1: Demographics

1. Age:

- 18 – 25 years
 26 – 35 years
 36 – 45 years
 46 – 55 years
 56 – 65 years
 66 – 75 years

2. What gender do you identify as?

- Male
 Female
 Prefer not to say
 Other: _____

3. Housing situation:

- Rented from council
 Rented from private landlord
 Homeowner
 Other _____

4. Household size:

- 1 person
 2 persons
 3 – 5 persons
 6 persons or more

5. What is your religion?

- Christian (Catholic protestant or any other Christian denominations)
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 No religion
 Other (please specify) _____
 I would prefer not to say

6. Marital status:

- Single
 Married or civil partnership
 Cohabiting
 Separated
 Widowed
 Prefer not to say

7. Employment status:
- Permanent staff
 - Agency staff
8. Do you have face-to-face contact with patients as part of your job at OUHFT?
- Yes
 - No
9. What is your ethnic group? (Choose one option that best describes your ethnic group or background)
- Arab
 - Asian/Asian British: Bangladeshi
 - Asian/Asian British: Chinese
 - Asian/Asian British: Indian
 - Asian/Asian British: Pakistani
 - Asian/Asian British: Filipino
 - Asian/Asian British: Any other Asian/Asian British background
 - Black/Black British: African
 - Black/Black British: Caribbean
 - Black/Black British: Any other Black/Black British background
 - Gypsy, Roma or Traveller
 - Mixed/Multiple ethnic groups: Asian and White
 - Mixed/Multiple ethnic groups: Black African and White
 - Mixed/Multiple ethnic groups: Black Caribbean and White
 - Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background
 - Non-British White ethnic background
 - Other. Please specify: _____
 - Prefer not to say
10. What is your first (native) language?
Please specify: _____
11. What is your highest educational attainment?
- Primary Education (Elementary)
 - Secondary Education (High School) or Equivalent
 - College Education (vocational or trade school)
 - Bachelor's degree
 - Master's degree
 - Doctoral degree
 - Prefer not to say
12. Describe your current working arrangement:
- Working on site
 - Working from home
 - Working on site and from home
13. What is your current role?
- Doctor
 - Nurse
 - Paramedic
 - Clinical Support Worker/Healthcare Assistant
 - Pharmacist
 - Radiographer
 - Dietician
 - Sonographer
 - Housekeeper/Domestic
 - Security
 - Porter
 - Orderly
 - Clinical Engineer
 - Administrator
 - Estates
 - Other/specify

14. w many hours a week are you contracted to work?

- up to 29 hours
- 30 or more hours

15. On average, how many additional paid hours do you work per week at OUH, over and above your contracted hours?

- 0 hours
- up to 5 hours
- 6 – 10 hours
- 11 or more hours

Part 2. Knowledge, experiences, and belief about COVID-19

1. Does the COVID-19 transmit through

- | | Agree | Disagree | Don't know |
|-------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Droplets | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Contact via contaminated objects | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Airborne | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Have you heard about COVID-19 vaccination?

- Yes
- No

If yes, what are the sources of your information?

3. List your top 3 trusted sources of information about COVID-19 vaccination (i.e. TV, social media, etc.)

4. How satisfied are you with the amount of health information available about COVID-19 vaccination?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

5. What concerns do you have, if any, about receiving COVID-19 vaccines? Please select all that apply.

- There is a lack of sufficient information
- I'm worried that the COVID-19 vaccine is not safe.
- I'm worried that the COVID-19 vaccine is not effective
- I'm worried of the side effects of COVID-19 vaccine
- I'm worried that the vaccination centre will be difficult to travel to
- I don't trust the distribution process of COVID-19 vaccine
- I'm concerned that I won't have time to get the COVID-19 vaccine
- I don't have any concerns, I am against vaccines in general
- I don't have any concerns about getting the COVID-19 vaccine
- Other (please specify)

6. How likely are you to stay at least 6 feet (2 metres) away from others in public places?

- Not at all likely
- Somewhat likely
- Extremely likely

7. How likely are you to use face covering/mask in public places?

- Not at all likely
- Somewhat likely
- Extremely likely

8. Did you have Covid-19?

- Yes, a positive test result
- No, a negative test result
- May have had it but have not been tested
- Not had it but have not been tested
- Other: _____

If yes, describe the level of care you received

- Self-managed
- Received medical care but not hospitalised
- Hospitalised

9. Are there any members of your family who have had COVID-19?

- Yes
- No

If yes, how many (please specify) _____

10. I would describe myself as:

- Eager to get a COVID-19 vaccine
- Willing to get the COVID-19 vaccine
- Not bothered about getting the COVID-19 vaccine
- Unwilling to get the COVID-19 vaccine
- Anti-vaccination for COVID-19
- Don't know

11. Taking a COVID-19 vaccination is:

- Really important
- Important
- Neither important nor unimportant
- Unimportant
- Really Unimportant
- Don't know

12. Have you received or will you be receiving COVID-19 vaccination?

- Yes, because in vulnerable group (proceed to Part 3)
- Yes, because in keyworker group (proceed to Part 3)
- Yes, for other reason (proceed to Part 3)
- No (proceed to Part 4)

Part 3: For staff who answered YES to question 12:

1. Do you suffer from one of these medical illnesses? (Select all that apply)

- Diabetes mellitus
- Hypertension
- Hypercholesterolemia
- Respiratory disorder
- Renal disorder
- Heart disease
- No, I am fit and well
- Other: _____

2. Which vaccine did you have?

- AstraZeneca - Oxford
- Pfizer - BioNTech
- Moderna
- Jansen - Johnson & Johnson
- Novavax
- Gamaleya/Sputnik V
- Sinopharm-Beijing
- Coronavac/Sinovac
- Covaxin/Bharat Biotech
- CanSino
- Sinopharm-Wuhan
- QazVac
- HayatVax/Sinopharm
- Other (specify): _____

3. How many doses have you received?

- One dose
- Two doses
- Three doses (including booster)

4. When did you receive your **first dose** of COVID-19 vaccine?

Month _____ Year _____

5. When did you receive your **second dose** of COVID-19 vaccine?

Month _____ Year _____

6. When did you receive your **third dose (booster)** of COVID-19 vaccine?

Month _____ Year _____

7. Where did you receive the COVID-19 vaccine?

- Workplace
- GP Surgery
- Occupational Health Clinic
- Other _____

8. What are your reasons for receiving COVID-19 vaccine? (Select all that apply.)

- Protect my health
- Protect health of family/friends
- Protect health of co-workers
- Protect health of community
- To get back to work
- To resume social activities
- To resume travel
- Because others encouraged me to get vaccinated
- Not sure
- Other (please specify) _____

9. Did you feel safe in receiving COVID-19 vaccine?

- Yes
 - No
- Why? _____

10. Did you experience any side effects?

- Yes
 - No
- If yes, (please specify) _____

Part 4: For staff who answered NO to question 12:

1. What are your reasons for not taking COVID-19 vaccine? (Select all that apply.)

- Blood-injection-injury fears/phobia.
- I don't feel safe in taking COVID-19 vaccine.
- I and/or family member had very bad experience with vaccination before.
- The vaccination centre is too far from my house.
- I don't know where to go to get vaccinated.
- I have had a severe anaphylaxis reaction to vaccines in the past.
- I don't have transportation.
- The vaccination hours were difficult for me due to work commitment.
- The waiting time is too long.
- It is difficult to book an appointment.
- I am too busy to get vaccinated.
- It was difficult to arrange for childcare.
- I don't have time off work.
- Other: _____

2. What would make you take the COVID-19 vaccine? (Select all that apply.)

- Protect my health
- Protect health of family/friends
- Protect health of co-workers
- Protect health of community
- To get back to work
- To resume social activities
- To resume travel
- Because others encouraged me to get vaccinated
- Other
- Not sure

3. How safe do you think the COVID-19 vaccine is?

- Not at all safe
- A little safe
- Moderately safe
- Very safe
- I don't know

4. Where would you prefer to get the COVID-19 vaccine?

- Workplace
- GP Surgery
- Occupational Health Clinic
- Other _____

5. Are you currently covered by any form of health insurance or health plan?

- Yes
- No
- Not Sure

Part 5: Public Opinion

1. Do any of the following beliefs regarding Coronavirus reflect your own opinion? (Select all that apply)

- The virus is a hoax
- The virus is manmade
- The spread of the virus is a deliberate attempt to reduce the size of the global population
- The spread of the virus is a deliberate attempt by governments to gain political control
- The spread of the virus is a deliberate attempt by a group of powerful people to make money
- The spread of the virus is a deliberate attempt by one nation to destabilise another
- The spread of the virus is a deliberate attempt by global companies to take control
- COVID-19 is a bioweapon developed by China to destroy the West
- The virus is a biological weapon manufactured by the United States
- The United Nations (UN) and World Health Organisation (WHO) have manufactured the virus to take global control
- Jews have created the virus to collapse the economy for financial gain
- The elite have created the virus in order to establish a one-world government
- Bill Gates has created the virus in order to reduce the world population
- Big Pharma created COVID-19 to profit from the vaccines
- COVID-19 is being used by the government to implement a police state
- COVID-19 is caused by 5 G and is a form of radiation poisoning transmitted through radio waves
- The virus is a smokescreen for a global conspiracy that swapped the real world with a simulation
- COVID-19 was created to force everyone to get vaccinated
- The vaccine will be used to carry out mass sterilisation
- The World Health Organisation (WHO) already has a vaccine and are withholding it
- Antibody testing is a plot to harvest our DNA.
- None of the above

2. Do any of the following opinions regarding general vaccination reflect your own opinion? (Select all that apply)

- Vaccine safety data are often fabricated (made up).
- Vaccine effectiveness data are often fabricated (made up).
- Immunising children is harmful and this fact is covered up
- Pharmaceutical companies cover up the dangers of vaccines.
- People are deceived about the effectiveness of vaccines
- People are deceived about vaccine safety
- The government is trying to cover up the link between vaccines and autism.
- None of the above

Appendix 2 Semi-structured interview schedule

Guide questions	Probing questions
1. Where do you get your information on COVID-19?	<ul style="list-style-type: none">• Which sources of information do you trust most and why?• Which sources of information do you trust least and why?• To what extent do the opinions of your favourite celebrities impact your views?
2. What are your feelings about COVID-19 contact tracing?	<ul style="list-style-type: none">• How comfortable would you feel with being called by a contact tracer?• Do you have any privacy concerns?• What kind of information do you think would be helpful to you, your family and your community related to contact tracing?
3. How did COVID-19 affect you?	<ul style="list-style-type: none">• In what ways COVID-19 affected you, your family and community?
4. What are some of the things that people in your community go through when they have tested positive for COVID-19?	<ul style="list-style-type: none">• To what extent does missed work impacted people in your community?• How do people in your community tend to treat people who have been tested positive for COVID-19?• To what extent have you seen judgemental reactions?• What kind of information do you think would be helpful to you, your family and community related to COVID-19 positive tests?
5. How would you want to be approached for COVID-19 testing?	<ul style="list-style-type: none">• Under what circumstances would you seek testing for yourself?• What kinds of concerns if any, do you have related to getting tested?• What would make you feel most safe to get tested for COVID-19?• What kind of information do you think would be helpful to you, your family and your community related to testing for COVID-19?
6. What is your opinion about COVID-19 vaccines?	<ul style="list-style-type: none">• What kinds of concerns, if any, do you have about COVID-19 vaccines?• What information about COVID-19 vaccines would be helpful to you?• What would make you most comfortable getting a COVID-19 vaccine?• What kind of information do you think would be helpful to you, your family and community related to COVID-19 vaccines?
7. Where do you think would be most effective places to put educational materials on COVID-19 in your community?	<ul style="list-style-type: none">• Which of the following venues do you feel would have the most impact in your community: radio, television, online news, online advertisements, billboards, bus signs?
8. What are your personal views on COVID-19 vaccination being made mandatory?	<ul style="list-style-type: none">• Do you support mandatory COVID-19 vaccination especially among healthcare workers? Yes, or No and Why?
