

COVID-19 Vaccinations: Your views and experiences

We are the independent champion for people using health and social care services in East Sussex.

Each and every time you use a health or care service, tell Healthwatch how that service worked for you. Your views help services to keep up good work and know more about your needs and preferences.

As the COVID-19 Vaccination programme is underway in East Sussex, we at Healthwatch are keen to hear:

Your views on the vaccine and vaccinations for COVID-19

- Are you happy to receive a vaccination?
- Do you have any concerns?
- Would you like to know more?

Personal experiences of the COVID-19 vaccination process

- How was it for you?
- How could it be improved for others?
- Do you feel safer?
- Will this influence how you behave?

Please take 10-15 minutes to tell us how you feel.

Your answers will help us understand public and patient opinion, which we will share with health and care providers and decision-makers to inform and improve the vaccination process.

The **closing date** for the survey is midnight on **31st March 2021**.

Any responses you provide will be anonymous unless you choose to provide us with your details. We will collate individual responses during the analysis, but this will not include identifiable personal information.

Healthwatch East Sussex is committed to protecting and respecting your privacy and security. We process any personal data in accordance with the General Data Protection Regulations [GDPR] and the 2018 Data Protection Act.

* 1. How old are you?

- | | |
|--|--|
| <input type="radio"/> Aged 16 or younger | <input type="radio"/> Aged 60 to 64 |
| <input type="radio"/> Aged 17 or 18 | <input type="radio"/> Aged 65 to 69 |
| <input type="radio"/> Aged 19 to 34 | <input type="radio"/> Aged 70 to 74 |
| <input type="radio"/> Aged 35 to 49 | <input type="radio"/> Aged 75 to 79 |
| <input type="radio"/> Aged 50 to 55 | <input type="radio"/> Aged 80 and over |
| <input type="radio"/> Aged 56 to 59 | |

* 2. Where do you live?

[Click here to find out which local authority area you live in](#)

- | | |
|---|---|
| <input type="radio"/> in Eastbourne Borough | <input type="radio"/> in Rother District |
| <input type="radio"/> in Hastings Borough | <input type="radio"/> in Wealden District |
| <input type="radio"/> in Lewes District | <input type="radio"/> Outside East Sussex |

3. Please identify if any of the following apply to you:

Please tick all that apply

- Resident in a care home
- A frontline health or social care worker [Key Worker]
- Critical Worker [Key public services, transport and utilities]
- Classified as 'Clinically extremely vulnerable'
- Have an underlying health condition (including anaphylaxis)
- Pregnant
- Breast feeding
- None of the above

* 4. Have you received a vaccination for COVID-19?

Yes

No

COVID-19 Vaccinations: Your views and experiences

Please tell us about your experience of receiving COVID-19 vaccinations

5. When did you receive your COVID-19 vaccination(s)?

Please tick only one box in each column

	First vaccination	Second vaccination
December 2020	<input type="checkbox"/>	<input type="checkbox"/>
January 2021	<input type="checkbox"/>	<input type="checkbox"/>
February 2021	<input type="checkbox"/>	<input type="checkbox"/>
March 2021	<input type="checkbox"/>	<input type="checkbox"/>
Not yet received	<input type="checkbox"/>	<input type="checkbox"/>

6. Where did you receive your COVID-19 vaccination(s)?

Please tick only one box in each column

	First vaccination	Second vaccination
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Mass vaccination site	<input type="checkbox"/>	<input type="checkbox"/>
GP Surgery (or GP led site)	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Care Home	<input type="checkbox"/>	<input type="checkbox"/>
My home	<input type="checkbox"/>	<input type="checkbox"/>
Mobile vaccination unit	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

Please specify the location where you were vaccinated (for both vaccinations where applicable):

7. Which COVID-19 vaccine(s) did you receive?

Please tick only one box in each column

	First vaccination	Second vaccination
Pfizer/BioNTech	<input type="checkbox"/>	<input type="checkbox"/>
Oxford/AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>
Moderna	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us if you have any concerns about the specific vaccine that you received?

8. How did you book your vaccination(s)?

- I was invited to receive a vaccination and was given a time, date and location to attend
- I received a letter from the NHS and booked a vaccination appointment myself
- I am a Key or Critical Worker and booked a vaccination appointment myself
- I am housebound and a vaccination was provided to me
- I am a Care Home resident and a vaccination was provided to me
- Other (please specify)

9. Did you receive more than one invitation to receive a vaccination(s)?

- No
- Yes - please tell us which booking option you chose and why you chose it:

10. Overall, how clear was the information you received when you were invited to receive your vaccination(s)?

	Excellent - clear and detailed	Good	Poor	Inadequate - unclear and lacking detail	No information on this was received
When and where you would or could receive it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to confirm your attendance/non-attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any information or documents you needed to take with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any clothing you should or should not wear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What the vaccination process would involve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who to contact with any questions or queries before your appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you could access support with travel to your appointment (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please tell us about any issues to do with the amount of time between your invitation and vaccination appointment:

Please tick only one box in each column

	First vaccination	Second vaccination
Too short - not enough notice	<input type="checkbox"/>	<input type="checkbox"/>
Short notice - but okay	<input type="checkbox"/>	<input type="checkbox"/>
About the right length of time	<input type="checkbox"/>	<input type="checkbox"/>
Too long	<input type="checkbox"/>	<input type="checkbox"/>
I was able to book an appointment at a time/date that suited me	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

Please identify any issues arising from the amount of time between your invitation and vaccination appointment

12. Approximately how far did you travel from your usual place of residence to receive your vaccination(s)?

Please tick only one box in each column

	First vaccination	Second vaccination
0 to 3 miles	<input type="checkbox"/>	<input type="checkbox"/>
4 to 6 miles	<input type="checkbox"/>	<input type="checkbox"/>
7 to 9 miles	<input type="checkbox"/>	<input type="checkbox"/>
10 or more miles	<input type="checkbox"/>	<input type="checkbox"/>
No travel required - received in Hospital, Care Home or own home	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

13. Did you experience any problems in attending your vaccination appointment(s)?

Please tick all that apply

	First vaccination	Second vaccination
Difficulty in getting family or friends to provide a lift	<input type="checkbox"/>	<input type="checkbox"/>
Cost of travel	<input type="checkbox"/>	<input type="checkbox"/>
Car parking	<input type="checkbox"/>	<input type="checkbox"/>
Lack of suitable public transport options	<input type="checkbox"/>	<input type="checkbox"/>
Time taken to travel to/from the appointment	<input type="checkbox"/>	<input type="checkbox"/>
Challenges in getting time off work	<input type="checkbox"/>	<input type="checkbox"/>
Impact on my caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

14. Please tell us which of the following you observed or experienced at your vaccination(s):

Please tick all that apply

	First vaccination	Second vaccination
Signs directing patients to the appropriate site/space on arrival	<input type="checkbox"/>	<input type="checkbox"/>
Suitable waiting areas	<input type="checkbox"/>	<input type="checkbox"/>

	First vaccination	Second vaccination
Marshals and staff directing patients and offering guidance	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol gel and/or handwashing facilities available at site entrances	<input type="checkbox"/>	<input type="checkbox"/>
Social distancing in queues or waiting areas	<input type="checkbox"/>	<input type="checkbox"/>
Staff or vaccinators adhering to social distancing regulations	<input type="checkbox"/>	<input type="checkbox"/>
Staff or vaccinators wearing PPE	<input type="checkbox"/>	<input type="checkbox"/>
Private spaces in which to complete consent/capability discussion, clinical assessments and vaccine delivery	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to ask vaccinators and staff any questions or queries you had	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

15. Please tell us which of the following you received before your vaccination(s):

Please tick all that apply

	First vaccination	Second vaccination
Information on the vaccine you would receive, including any side effects	<input type="checkbox"/>	<input type="checkbox"/>
Check for any existing medical conditions or medication	<input type="checkbox"/>	<input type="checkbox"/>
Check for any allergies	<input type="checkbox"/>	<input type="checkbox"/>
Check for any reactions to the first vaccination [if applicable]	<input type="checkbox"/>	<input type="checkbox"/>
Asked for consent to receive the COVID-19 vaccination	<input type="checkbox"/>	<input type="checkbox"/>
Asked for details of emergency contacts	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you feel you were given enough time to read and understand the information provided to you before consenting to your vaccination?

- Yes - I feel I had enough time
- Yes - but I would have liked more time
- No - I feel I did not have enough time
- Not sure

17. How safe and secure did you feel at vaccination site(s) or when receiving your vaccination?

Please tick only one box in each column

	First vaccination	Second vaccination
Very safe	<input type="checkbox"/>	<input type="checkbox"/>
Safe	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Very unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

If you felt Unsafe or Very unsafe, please tell us why?

18. Did the location or building where you received the vaccination(s) meet your access or other requirements?

- Yes
- Not applicable
- No - please tell us why not:

19. Which of the following did you receive as part of your vaccination process:

Please tick all that apply

	First vaccination	Second vaccination
Written confirmation that you have received a COVID-19 vaccination	<input type="checkbox"/>	<input type="checkbox"/>
Written details of the vaccine you have received (including batch number)	<input type="checkbox"/>	<input type="checkbox"/>

First vaccination

Second vaccination

Information on any side effects of the vaccines

Written details of who to contact if you have any adverse reaction or issues from your vaccination

The time, date and location of your second vaccination (if applicable)

Clear guidance on the need to continue to wash hands, wear face coverings and socially distance after your vaccination [HANDS - FACE - SPACE]

None of the above

Please identify if there is anything you would have liked to have received:

20. Have you got any outstanding concerns after receiving your COVID-19 vaccination(s)?

- No
- Yes - please tell us what these are:

21. What were your main reasons for accepting the COVID-19 vaccination?

Please tick all that apply

- Protecting myself
- Protecting my family, friends and loved ones
- Protecting the vulnerable in society
- Medical/healthcare professional e.g. GP, nurse, pharmacist, recommends it
- Family member/friend recommends it
- It will enable me to get back to work
- Playing my part in combating the COVID-19 virus
- I want to visit my older family members at home or in a care home and I need the vaccine to make sure it is safe for them
- Getting back to normal as soon as possible - an end to lockdowns and social distancing
- To do the things I want to do, such as go outside, go on holiday or resume activities
- It is the responsible thing to do
- Don't know/not sure
- Nothing - I am not willing to have a vaccination
- Other (please specify)

22. Overall, based on your experience, how likely would you be to encourage family and friends to accept a COVID-19 vaccination?

- Very likely Likely Unlikely Very unlikely Don't Know

23. Are there any ways to improve the vaccination experience for other patients?

24. Is there anything else you'd like to ask us or tell us about COVID-19 vaccinations?

25. We would like to have a brief conversation (5-10 minutes) over the phone with some people to discuss their experiences and views further.

If you are willing to take part at a time that suits you, please provide your name, email or phone number below. These details will only be retained and used for this purpose.

Please be aware that we may not be able to contact all those people that volunteer for this.

Name

Email Address

Phone Number

COVID-19 Vaccinations: Your views and experiences

Please tell us how you feel about receiving the COVID-19 vaccination

26. How likely is it you will accept a vaccination for COVID-19?

- I will definitely accept a vaccination
- Undecided, but likely to accept a vaccination
- Undecided, but unlikely to accept a vaccination
- I will definitely not accept a vaccination if invited
- I have been offered and declined a vaccination

COVID-19 Vaccinations: Your views and experiences

Please tell us how you feel about receiving the COVID-19 vaccination

27. What are your main reasons for receiving a COVID-19 vaccination?

Please tick all that apply

- Protecting myself
- Protecting my family, friends and loved ones
- Protecting the vulnerable in society
- Medical/healthcare professional e.g. GP, nurse, pharmacist, recommends it
- Family member/friend recommends it
- It will enable me to get back to work
- Playing my part in combating the COVID-19 virus
- I want to visit my older family members at home or in a care home and I need the vaccine to make sure it is safe for them
- Getting back to normal as soon as possible - an end to lockdowns and social distancing
- To do the things I want to do, such as go outside or go on holiday
- It is the responsible thing to do
- Don't know/not sure
- Other (please specify)

28. If your preference is leaning towards being vaccinated, do any of the following factors still apply to you?

Please tick all that apply

- I am concerned about the safety of the vaccines
- I am worried about the robustness of the evidence from the clinical trials
- I would prefer to wait and see if any issues with the vaccines arise
- I have concerns about the effect of the vaccine on my long-term health
- I am worried about the impact of the vaccine as I have an underlying medical condition
- I am pregnant and am concerned about the possible effects
- I am breastfeeding and am concerned about the possible effects
- I want to maintain my right to choose whether to receive it

29. If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is offered to you?

Please tick all that apply

- Nothing would stop me from getting a COVID-19 vaccination
- Concerns about safety at the vaccination sites
- Depends which vaccine is offered
- If there are reports of problems with people vaccinated before me
- The distance to the vaccination site
- Taking time off work to have the vaccine appointment
- Having to book the vaccine appointment online
- I am a carer and need to consider the impact on those I care for
- I have a carer and would need them to be able to take me or come with me
- Don't Know/Not sure
- Another reason might prevent me from having the vaccine (please specify)

30. Where have you mainly looked or heard about the COVID-19 vaccines or vaccination programme?

Please tick all that apply

- Government briefings or website (e.g. Gov.uk)
- NHS England website (e.g. NHS.uk)
- Healthwatch website (e.g. Healthwatch East Sussex, Healthwatch England)
- Health service websites [GP Surgery, Pharmacy, Hospitals, Dentists etc.]
- Medical Professionals [Doctor, Nurse, Dentist, Pharmacist etc.]
- Local Council
- Television or radio programmes
- Internet search e.g. Google search
- Social Media [Facebook, YouTube, Twitter, Tik Tok, Instagram etc.]
- Newspapers and magazines
- Word-of-mouth with family and friends
- Workplace/Colleagues
- Other (please specify)

31. How easy have you found it to find, understand and keep yourself up-to-date with the information on COVID-19 vaccines and vaccinations?

	Very easy	Easy	Difficult	Very difficult
Finding information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining what is and what is not official [NHS or government] advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping up-to-date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. If you care for someone who is vulnerable, or have a relative/friend in a care setting, would you encourage them to receive a COVID-19 vaccination?

- Yes
- No
- Don't Know
- Not applicable

33. What additional information, if any, would help you decide whether to receive a COVID-19 vaccination?

34. Is there anything else you'd like to ask us or tell us about COVID-19 vaccinations?

35. We would like to have a brief conversation (5-10 minutes) over the phone with some people to discuss their experiences and views further.

If you are willing to take part at a time that suits you, please provide your name, email or phone number below. These details will only be retained and used for this purpose.

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Email Address

Phone Number

COVID-19 Vaccinations: Your views and experiences

Please tell us how you feel about receiving the COVID-19 vaccination

36. If your preference is leaning towards not being vaccinated, please tell us your reasons?

Please tick all that apply

- I've already been diagnosed with COVID-19 so cannot see the value of the vaccination
- I don't think a COVID-19 vaccination would benefit me as the symptoms of the virus are mild
- I am against vaccines in general
- I am concerned about the safety of the vaccines
- I don't think that the vaccine will be effective
- I am worried about the robustness of the evidence from the clinical trials
- I would prefer to wait and see if any issues with the vaccines arise
- I have concerns about the effect of the vaccine on my long-term health
- I am worried about the impact of the vaccine as I have an underlying medical condition
- My faith/religion/belief systems say it is wrong for me to have the COVID-19 vaccine
- My family / friends / community are against receiving it
- I am concerned about the ingredients used in it
- I am pregnant and am concerned about the possible effects
- I am breastfeeding and am concerned about the possible effects
- I want to maintain my right to choose whether to receive it
- I have been advised not to have it by a medical professional
- I cannot have it due to interactions with medication, health condition or pregnancy
- Other (please specify)

37. Where have you mainly looked or heard about the COVID-19 vaccines or vaccination programme?

Please tick all that apply

- Government briefings or website (e.g. Gov.uk)
- NHS England website (e.g. NHS.uk)
- Healthwatch website (e.g. Healthwatch East Sussex, Healthwatch England)
- Health service websites [GP Surgery, Pharmacy, Hospitals, Dentists etc.]
- Medical Professionals [Doctor, Nurse, Dentist, Pharmacist etc.]
- Local Council
- Television or radio programmes
- Internet search e.g. Google search
- Social Media [Facebook, YouTube, Twitter, Tik Tok, Instagram etc.]
- Newspapers and magazines
- Word-of-mouth with family and friends
- Workplace/Colleagues
- Other (please specify)

38. How easy have you found it to find, understand and keep yourself up-to-date with the information on COVID-19 vaccines and vaccinations?

	Very easy	Easy	Difficult	Very difficult
Finding information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining what is and what is not official [NHS or government] advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping up-to-date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. If you care for someone who is vulnerable, or have a relative/friend in a care setting, would you encourage them to receive a COVID-19 vaccination?

- Yes
- No
- Don't Know
- Not applicable

40. What additional information, if any, would help you decide whether to receive a COVID-19 vaccination?

41. Is there anything else you'd like to ask us or tell us about COVID-19 vaccinations?

42. We would like to have a brief conversation (5-10 minutes) over the phone with some people to discuss their experiences and views further.

If you are willing to take part at a time that suits you, please provide your name, email or phone number below. These details will only be retained and used for this purpose.

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Email Address

Phone Number

COVID-19 Vaccinations: Your views and experiences

About You

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics.

However, if you do not wish to answer these questions you do not have to.

43. To which gender identity do you most identify?

- Male
- Female
- Non-binary
- Other
- Prefer not to answer

44. Is your gender different to the sex that was assigned to you at birth?

- Yes
- No
- Prefer not to answer

45. How would you describe your ethnic background?

- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- 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
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Any other White background
- Another ethnic background
- I'd prefer not to say

46. How would you describe your religion or beliefs?

- Buddhist
- Christian (all denominations)
- Hindu
- Jewish
- Other (please specify)
- Muslim
- Sikh
- No religion
- Prefer not to say

47. Please tell us which sexual orientation you identify with:

- Asexual
- Lesbian
- Bisexual
- Pansexual
- Gay
- Prefer not to say
- Heterosexual / Straight
- Other (please specify)

48. Do you consider yourself disabled, as set out in the Equality Act 2010?

- Yes
- No
- Prefer not to say

49. Do you consider yourself to be a carer, have a disability or a long-term health condition?

Please tick all that apply

- Yes, I consider myself to be a carer
- Yes, I consider myself to have a disability
- Yes, I consider myself to have a long-term condition
- None of the above
- I'd prefer not to say