**Experiences of 16 to 17 year olds in accessing COVID-19 Vaccinations**

Young Healthwatch East Sussex are your local watchdog for health and care services used by children and young people.

We have created this survey for young people aged 16-17 who would like to tell us more about their experience with the COVID-19 Vaccinations here in East Sussex.

Young Healthwatch East Sussex want to hear about:

* Your motivation for getting vaccinated
* The information you received and found about getting the vaccines
* Your appointment, including how easy it was to access, how friendly staff were and how you felt while getting vaccinated
* The wider impacts of the COVID-19 pandemic on your education, mental health and physical health

Qr code

Description automatically generated**Completing our survey**

Our survey can be accessed online via this link or QR code:  
<https://www.surveymonkey.co.uk/r/COVID19Vax1618>

The closing date for the survey is midnight on **10th January**

Your answers will help us understand public and patient opinion, which we will share with health and care providers and decision-makers.

We will then report on our website what changes have been made by services in response to the feedback you provide.  
 **Support in completing the survey**If you would like assistance in completing this survey, require it in a different format or wish to complete it with a member of our staff over the phone, please contact us via

[enquiries@healthwatcheastsussex.co.uk](mailto:enquiries@healthwatcheastsussex.co.uk) or call 0333 101 4007

You can return this survey to us free at: Freepost RTTT-BYBX-KCEY, Healthwatch East Sussex, Greencoat House, 32 St Leonards Road, Eastbourne, East Sussex, BN21 3UT.  
 **Your information**   
Any responses you provide will be anonymous. 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.

**Preparing for your vaccination**

1. How knowledgeable do you think you were about the COVID-19 vaccination process?

|  |  |
| --- | --- |
| I knew lots about the vaccination process |  |
| I knew a bit about the vaccination process |  |
| I knew very little about the vaccination process |  |
| I knew nothing about the vaccination process |  |

1. Where did you find trusted information about the vaccine, such as side-effects and dosage?

*Please tick all that apply.*

|  |  |
| --- | --- |
| The NHS website |  |
| My school |  |
| My college |  |
| My workplace |  |
| My family |  |
| My youth centre |  |
| My community centre |  |
| Other websites |  |
| I can’t find trusted information |  |
| Other (please explain): | |

1. Was it clear to you what COVID-19 vaccinations are offered to your age group?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |
|  |  |  |

1. How did you find out that you’re eligible for a COVID-19 vaccination?

|  |
| --- |
|  |

1. How did you book your COVID-19 vaccination(s)?

|  |  |
| --- | --- |
| I contacted my GP surgery |  |
| I used the NHS website |  |
| I booked with my local pharmacy online |  |
| I attended a walk-in clinic with no appointment |  |
| I was invited to receive my vaccination as a keyworker |  |
| I was invited to receive my vaccination as a clinically vulnerable individual |  |
| Other (please explain): | |

1. How did you find booking your vaccinations?

|  |  |
| --- | --- |
| Very Easy |  |
| Easy |  |
| Difficult |  |
| Very Difficult |  |
| Other (please specify): | |

1. If you’ve had your second vaccination, did you go to the same location as the first vaccine?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Don’t know |  |
| Other (please explain): | |

1. Did you get the vaccine on your own, or were you accompanied by someone?

|  |  |
| --- | --- |
| My friend(s) came with me |  |
| My parent/guardian/carer went with me |  |
| My partner/boyfriend/girlfriend went with me |  |
| I went alone |  |

1. If your parents/guardian/carers attended your appointment, how did that make you feel?

﻿*Please tick all that apply*

|  |  |
| --- | --- |
| Safer |  |
| Relaxed |  |
| Calmer |  |
| Distressed |  |
| Embarrassed |  |
| Awkward |  |
| No difference |  |
| Not applicable |  |
| Other (please explain): | |

**Getting your COVID-19 vaccination**

This section is about your experience with COVID-19 vaccination appointment(s).

To leave more feedback about your appointment, please leave a review of the service on our Feedback Centre here. <https://healthwatcheastsussex.co.uk/services/>

1. In a sentence, describe your motivation/main reasons for getting the COVID-19 vaccine.

|  |
| --- |
|  |

1. How long did you have to wait at the service before you were seen by a member of staff to get your vaccination?

|  |  |
| --- | --- |
| I was seen immediately |  |
| Less than one minute |  |
| Under five minutes |  |
| Under ten minutes |  |
| Over ten minutes |  |

1. How clear was the layout of the site at your COVID-19 vaccination appointment?

|  |  |  |  |
| --- | --- | --- | --- |
| Extremely clear | Very clear | Not so clear | Not at all clear |
|  |  |  |  |

Please explain your answer:

|  |
| --- |
|  |

1. Were you given a chance to ask questions about the COVID-19 vaccination before the vaccine was given to you?

|  |  |  |
| --- | --- | --- |
| Yes | No | Don’t Know |
|  |  |  |

1. How comfortable did you feel during your COVID-19 vaccination appointment?

|  |  |
| --- | --- |
| Very comfortable |  |
| Comfortable |  |
| Uncomfortable |  |
| Very uncomfortable |  |
| Other (please explain): | |

1. How anxious/worried/distressed did you feel during your vaccination appointment?

|  |  |
| --- | --- |
| Very anxious |  |
| Fairly anxious |  |
| A little bit anxious |  |
| Not anxious |  |
| Other (please explain): | |

1. Were the facilities clean and organised during your vaccination appointment?

|  |  |
| --- | --- |
| Very tidy and clean |  |
| Fairly tidy and clean |  |
| Untidy and unclean |  |
| Very untidy and unclean |  |
| Unsure |  |
| Other (please explain): | |

1. How were the staff during your COVID-19 vaccination appointment?

﻿*Please tick all that apply*

|  |  |
| --- | --- |
| Kind |  |
| Supportive |  |
| Approachable |  |
| Patient |  |
| Calm |  |
| Insensitive |  |
| Unprofessional |  |
| Rushed |  |
| Other (please explain): | |

1. Do you feel you were given appropriate aftercare advice, such as information about possible side-effects?

|  |  |
| --- | --- |
| Yes – lots |  |
| Yes – some |  |
| No |  |
| Unsure or other (please explain): | |

**The impact(s) of the COVID-19 pandemic on you**

1. Do you feel that the COVID-19 pandemic has affected your physical health?

|  |  |
| --- | --- |
| Yes – positively |  |
| Yes – negatively |  |
| No – the pandemic has had no impact on my physical health |  |
| Other (please explain): | |

1. Do you feel that the COVID-19 pandemic has affected your mental health?

|  |  |
| --- | --- |
| Yes – positively |  |
| Yes – negatively |  |
| No – the pandemic has had no impact on my mental health |  |
| Other (please explain): | |

1. Please tell us about any negative impacts that the COVID-19 Pandemic had on your health (mental or physical).

|  |
| --- |
|  |

1. Please tell us about any positive impacts that the COVID-19 Pandemic had on your health (mental or physical).

|  |
| --- |
|  |

1. During the pandemic, did you know where to go if you needed help or support?

|  |  |
| --- | --- |
| Yes |  |
| To an extent |  |
| Unsure |  |
| No |  |
| Other (please explain): | |

1. Did you feel supported by your school, college or workplace during the pandemic?

|  |  |
| --- | --- |
| Yes |  |
| To an extent |  |
| Unsure |  |
| No |  |
| Other (please explain): | |

1. To what extent has being vaccinated allowed you to return to ‘normal’ activities and everyday-life?

|  |
| --- |
|  |

**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.

If you are completing this on behalf of someone else, please complete it using their details (where known), leaving any questions where you do not know the answer blank.

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

1. What is your age?

|  |  |  |  |
| --- | --- | --- | --- |
| 0 to 12 years |  | 50 to 64 years |  |
| 13 to 15 years |  | 65 to 79 years |  |
| 16 to 17 years |  | 80+ years |  |
| 18 to 24 years |  | Prefer not to say |  | |
| 25 to 49 years |  | Not known |  | |

1. To which gender identity do you most identify?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Man | Woman | Non-binary | Intersex | Prefer not to answer | Other (please specify): |
|  |  |  |  |  |  |

1. Is your gender identity the same as the sex you were assigned at birth?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to answer |
|  |  |  |

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

*Please tick one box only*

|  |  |  |  |
| --- | --- | --- | --- |
| Asexual |  | Lesbian/Gay woman |  |
| Bisexual |  | Pansexual |  |
| Gay man |  | I’d prefer not to say |  |
| Heterosexual/Straight |  | Prefer to self-describe: | |

1. How would you describe your religion or beliefs?

*Please tick one box only*

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Muslim |  |
| Christian (all denominations) |  | Sikh |  |
| Hindu |  | No religion |  |
| Jewish |  | I’d prefer not to say |  |
| Other (please specify): |  | | |

1. Please state your marital and civil partnership status

|  |  |  |  |
| --- | --- | --- | --- |
| Single |  | Separated |  |
| Co-habiting |  | Divorced or dissolved civil partnership |  |
| In a civil partnership |  | Widowed |  |
| Married |  | Prefer not to say |  |

1. How would you describe your ethnic background?

*Please tick one box only*

|  |  |
| --- | --- |
| 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 |  |

1. Please state your pregnancy and maternity status

|  |  |
| --- | --- |
| Currently pregnant |  |
| Currently breastfeeding |  |
| Given birth in the last 26 weeks |  |
| Prefer not to say |  |
| Not applicable |  |

1. Do you have a disability

|  |  |
| --- | --- |
| Physical or mobility impairment |  |
| Sensory impairment |  |
| Learning disability |  |
| Learning difficulty |  |
| Mental health condition |  |
| Long term condition |  |
| No |  |
| Prefer not to say |  |
| Other (please specify): | |

1. Do you have any of the following long-term conditions?

|  |  |
| --- | --- |
| Asthma, COPD or respiratory conditions |  |
| Blindness or severe visual impairment |  |
| Cancer |  |
| Cardiovascular condition (including stroke) |  |
| Chronic kidney disease |  |
| Deafness or severe hearing impairment |  |
| Dementia |  |
| Diabetes |  |
| Epilepsy |  |
| Hypertension |  |
| Learning disability |  |
| Mental health condition |  |
| Musculoskeletal condition |  |
| No |  |
| Prefer not to say |  |
| Other (please specify): | |

1. Are you a carer?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |
|  |  |  |

## Thank you for completing our survey – you can tell us more here:

If you have used a GP or any other health and care service, please tell us about your experience by leaving a review on our [Feedback Centre](https://healthwatcheastsussex.co.uk/services/).

If you need support in accessing health and care services, please contact our Information & Signposting service via:

[enquiries@healthwatcheastsussex.co.uk](mailto:enquiries@healthwatcheastsussex.co.uk) or 0333 101 4007

All reports are be published via the Healthwatch East Sussex [website](https://healthwatcheastsussex.co.uk/).

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