



JANUARY 2021

Demand Creation and Advocacy for COVID-19 Vaccine Acceptance and Uptake

RAPID AUDIENCE ASSESSMENT TOOL

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For technical support and questions or to contribute resources to this guide, please reach out to FHI 360's Social and Behavior Change Division





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RAPID AUDIENCE ASSESSMENT TOOL

COVID-19 Vaccine Introduction Rapid Audience Assessment Tool

Purpose of the Tool: The purpose of this tool is to support gathering of information and insights to inform the development of demand creation and advocacy strategies for the introduction of COVID-19 vaccines. The tool focuses on collecting audience insights related to knowledge, attitudes, beliefs, norms, information needs, communication channels, and intentions related to COVID-19 vaccines.

The tool includes tailored assessment guides for four priority audiences:

- Health care workers
- Key influencers (e.g., religious leaders, community leaders, elders, etc.)
- General population
- Media professionals

The tool supports the implementation of the Define and Understand step of the FHI 360 [*Demand Creation and Advocacy for COVID-19 Vaccine Acceptance and Uptake: An Interim Quick Start Guide*](#).

Intended Users: The tool is intended to be used by programs to support governments to design and implement demand creation and advocacy strategies and activities as part of COVID-19 vaccine introduction efforts.

How to Use this Tool: The audience assessments in this tool are designed to guide facilitated discussions with priority audiences. The assessments should be conducted one-on-one by an interviewer, either in-person or over the phone or in small groups as the situation allows.

Sampling: Programs may use convenience sampling to rapidly gather information and insights from the four priority audiences. Programs should consider gathering information from audiences across a variety of contexts (e.g., urban, rural, peri-urban) in multiple locations in the country. For the general population, programs should ensure representation of individuals from different socio-economic groups, education levels, ages, religions, as well as individuals with disabilities.

COVID-19 Considerations: Due to the ongoing COVID-19 pandemic, programs should take steps to protect the safety and wellbeing of their staff and participants while conducting the assessment. If programs or their partners choose to conduct interviews in-person, the following preventative measures should be taken:

- Adhere to all current guidance from the MOH, including any restrictions on group gatherings, movement, etc.
- Wear a face mask at all times (both interviewers and participants)
- Maintain at least 6 feet/2 meters of distance between interviewers and participants at all times
- Conduct interviews outside or in well ventilated spaces, if possible
- Wash hands or use hand sanitizer before and after interviews
- No hand shakes
- If the interviewer or the participant shows signs of illness (such as coughing, fever, etc.), the interview should be stopped immediately.

Ethical Considerations: While administering this tool, it is highly likely that questions about the COVID-19 vaccines will be raised by participants. Programs need to ensure appropriate fielding of these questions to ensure participants receive accurate and correct answers to their questions. All interviewers should be equipped with factual information about COVID-19 and the COVID-19 vaccine. Interviewers should direct participants to a national COVID-19 information source (e.g., website, call center) to ensure they have access to a reliable source of information for future questions and information needs.

AUDIENCE: HEALTH CARE WORKERS

Interviewer's Name: _____
Location (District): _____
Location (City/village/etc.): _____
Date: _____



Scripted Introduction:

Hi, my name is _____. I work for [organization/project], which is supporting COVID-19 vaccination efforts in [insert name of country]. We are conducting consultations with health care workers who will be involved in the rollout of the vaccine, as well as receive the vaccine themselves. I have several questions to better understand your experience and gain your insights to inform the way we create demand and promote the vaccine, as well as support health care workers to promote the COVID-19 vaccine with their patients.

Participation in this consultation is voluntary. We will not write down your name or any other personal information that may identify you. All information you provide will be kept confidential and not shared with your supervisor or employer. We will use the findings from this consultation only for the purposes stated above.

Please feel free to ask me to explain anything you do not understand at any time. If you feel uncomfortable answering any questions, you can refuse to answer those questions and can end the interview at any time.

Do you consent to participate in this consultation? *(If a participant does not provide verbal consent, immediately thank them for their time and conclude the interview)*

Interviewee's Demographic Information

Age

How old are you? _____

Sex

What is your sex?

- Male
- Female
- Other
- No response / Refuse to answer

Marital Status

What is your current marital status?

- Single/Never married
- Married
- Divorced
- Widowed
- Separated

- No response / Refuse to answer

Place of Residence

How would you characterize the area you live in – urban, peri-urban, or rural?

- Urban
- Peri-urban
- Rural

Religion

What is your religion?

- Christian - Catholic
- Christian - Protestant
- Muslim – Shia
- Muslim - Sunni
- Jewish
- Not religious
- Other [Specify: _____]
- No response / Refuse to answer

Education

What is the highest level of education you attained?

- Never attended school
- Some primary school
- Completed primary school
- Some secondary school
- Completed secondary school
- Some post-secondary, no degree
- Associate Degree
- Bachelor's Degree (e.g. BA, BS)
- Post-graduate Degree (e.g. MD, JD, MBA, PhD)
- No response / Refuse to answer

Employment

What is your job status?

- Full-time salaried job
- Full-time self-employed, including farming
- Part-time work (work for cash)
- Part-time work (receive in-kind payment)
- Student with part-time job
- Student with no job
- Do not work/unemployed
- Other [Specify: _____]
- No response / Refuse to answer

Type of Health Care Worker

What is your occupation?

- Nurse
- Midwife
- Clinical Officer
- Doctor

- Community Health Worker
- Pharmacist
- Other [Specify: _____]
- No response / Refuse to answer

Health Care Setting

In what type of health facility do you work?

- Public hospital
- Private hospital
- Public health clinic
- Private health clinic
- Other [Specify: _____]
- No response / Refuse to answer

COVID-19 Vaccine Questions

Culture and Religion

- (1.) Are there any cultural or religious reasons why you would not get the COVID-19 vaccine?
 - (a.) If yes, please explain your answer.
- (2.) Are there any cultural or religious reasons why you think some of your patients would not get the COVID-19 vaccine?
 - (a.) If yes, please explain your answer.

Social Norms

- (1.) Do you think the majority of your colleagues will get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (2.) Do you think the majority of your friends and family will get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (3.) Do you think faith and community leaders will support people to get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (4.) What influence does your health facility's policies or management have on your promotion of the COVID-19 vaccine?

Knowledge

- (1.) What have you heard about the COVID-19 vaccine?
- (2.) What questions do you have about the COVID-19 vaccine?
- (3.) What have you heard about the plan for distributing the COVID-19 vaccine? When and where will the COVID-19 vaccine be available?

Information Needs

- (1.) What information do you need to effectively promote the COVID-19 vaccine to patients?
- (2.) What tools/job aids do you need to effectively promote the COVID-19 vaccine with patients?
- (3.) How would you like to receive information about the COVID-19 vaccine and distribution plan?
- (4.) Do you receive updates and information from the government or other sources regarding the national response to COVID-19, including information about the COVID-19 vaccine and plans for distributing the COVID-19 vaccine?

(a.) If yes, what sources do you receive information from? How frequently do you receive information and in what format?

Perceived Risk/Susceptibility

- (1.) How serious would it be for you if you were to contract COVID-19? Why?
- (2.) How likely are you to get COVID-19? Why do you believe this?
- (3.) How likely is someone in your household to get COVID-19? Why do you believe this?

Perceived Benefits

- (1.) How effective do you think the COVID-19 vaccine is at protecting people from COVID-19? Why do you believe this?
- (2.) What would motivate you to get the COVID-19 vaccine?

Safety

- (1.) How safe do you think the COVID-19 vaccine is? Why do you believe this?
- (2.) What safety concerns do you have about the COVID-19 vaccine?

Trust

- (1.) Do you trust the health system to be able to deliver the COVID-19 vaccine to all citizens?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (2.) Do you trust the government to ensure all citizens get the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (3.) Do you trust information you receive from the government about the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (4.) What concerns do you have about getting the COVID-19 vaccine?

Rumors and Misinformation

- (1.) Have you seen or heard anything that would stop you from getting the COVID-19 vaccine?
 - (a.) If yes, please explain what you have seen or heard and where?
- (2.) Have you seen or heard anything that would stop you from promoting the COVID-19 vaccine to your patients?
 - (a.) If yes, please explain what you have seen or heard and where?

Self-Efficacy

- (1.) How comfortable are you with talking to patients about the COVID-19 vaccine? Why?
- (2.) What training needs do you have to feel confident to promote the COVID-19 vaccine to patients?

Intentions

- (1.) Do you plan to get the COVID-19 vaccine immediately when it is available to you?
 - (a.) If yes, what is motivating you to get the COVID-19 vaccine immediately?
 - (b.) If no, (i) what are your reasons for not getting the COVID-19 vaccine immediately?
 - (ii) do you plan to get the COVID-19 vaccine at a later date? Why or why not?
- (2.) Do you plan to promote the COVID-19 vaccine to your patients?
 - (a.) If yes, why?
 - (b.) If no, why not?

Role of Health Care Workers

- (1.) What role do you think health care workers should play in the rollout and distribution of the COVID-19 vaccine?
- (2.) What role would you like to play in the rollout and distribution of the COVID-19 vaccine?
- (3.) Are there some patients who are more deserving of the COVID-19 vaccine than others?
 - (a.) If yes, who do you think is more deserving and why?
 - (b.) If no, why not?



NOTES: In this section, record any questions the participant asked about the COVID-19 vaccine. These questions will help us to better understand the information needs of this priority audience.

A large, empty rectangular box with a dashed border, intended for recording participant questions.

AUDIENCE: KEY INFLUENCERS

Interviewer's Name: _____
Location (District): _____
Location (City/village/etc.): _____
Date: _____



Scripted Introduction:

Hi, my name is _____. I work for [organization/project], which is supporting COVID-19 vaccination efforts in [insert name of country]. We are supporting the Ministry to develop a demand creation and advocacy strategy for the COVID-19 vaccine. To help design this strategy, we are conducting consultations with key influencers like yourself who influence behaviors and practices in their communities. I have several questions to better understanding your experience and gain your insights to inform the way we create demand and promote the COVID-19 vaccine.

Participation in this consultation is voluntary. We will not write down your name or any other personal information that may identify you. All information you provide will be kept confidential and not shared with your supervisor or employer. We will use the findings from this consultation only for the purposes stated above.

Please feel free to ask me to explain anything you do not understand at any time. If you feel uncomfortable answering any questions, you can refuse to answer those questions and can end the interview at any time.

Do you consent to participate in this consultation? (If a participant does not provide verbal consent, immediately thank them for their time and conclude the interview)

Interviewee's Demographic Information

Age

How old are you? _____

Sex

What is your sex?

- Male
- Female
- Other
- No response / Refuse to answer

Marital Status

What is your current marital status?

- Single/Never married
- Married
- Divorced
- Widowed
- Separated
- No response / Refuse to answer

Place of Residence

How would you characterize the area you live in – urban, peri-urban, or rural?

- Urban
- Peri-urban
- Rural

Religion

What is your religion?

- Christian - Catholic
- Christian - Protestant
- Muslim – Shia
- Muslim - Sunni
- Jewish
- Not religious
- Other [Specify: _____]
- No response / Refuse to answer

Education

What is the highest level of education you attained?

- Never attended school
- Attended primary school
- Completed primary school
- Some secondary school
- Completed secondary school
- Some post-secondary, no degree
- Associate Degree
- Bachelor's Degree (e.g. BA, BS)
- Post-graduate Degree (e.g. MD, JD, MBA, PhD)
- No response / Refuse to answer

Employment

What is your job status?

- Full-time salaried job
- Full-time self-employed, including farming
- Part-time work (work for cash)
- Part-time work (receive in-kind payment)
- Student with part-time job
- Student with no job
- Do not work/unemployed
- Other [Specify: _____]
- No response / Refuse to answer

Type of Key Influencer

What is your role in your community?

- Religious leader
- Community leader
- Elder
- Chief
- Political leader
- Other [Specify: _____]

- No response / Refuse to answer

COVID-19 Vaccine Questions

Culture and Religion

- (1.) Are there any cultural or religious reasons why you would not get the COVID-19 vaccine?
 - (a.) If yes, please explain your answer.
- (2.) Are there any cultural or religious reasons why members of your community would not get the COVID-19 vaccine?
 - (a.) If yes, please explain your answer.

Social Norms

- (1.) Do you think the majority of other [insert type of key influencer] like you will get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (2.) Do you think the majority of your friends and family will get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (3.) Do you think the majority of people in your community will get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?

Knowledge

- (1.) What have you heard about the COVID-19 vaccine?
- (2.) What questions do you have about the COVID-19 vaccine?
- (3.) What have you heard about the plan for distributing the COVID-19 vaccine? When and where will the COVID-19 vaccine be available?
- (4.) What do you know about who will be prioritized to get the COVID-19 vaccine? How do you feel about this prioritization?

Information Needs

- (1.) What information do you need to promote the COVID-19 vaccine to members of your community?
- (2.) What tools/job aids do you need to promote the COVID-19 vaccine with members of your community?
- (3.) How would you like to receive information about the COVID-19 vaccine and distribution plan?
- (4.) Do you receive updates and information from the government or other sources regarding the national response to COVID-19, including information about the COVID-19 vaccine and plans for distributing the COVID-19 vaccine?
 - (a.) If yes, what sources do you receive information from? How frequently do you receive information and in what format?

Perceived Risk/Susceptibility

- (1.) How serious would it be for you if you were to contract COVID-19? Why?
- (2.) How likely are you or someone in your household to get COVID-19? Why do you believe this?

Perceived Benefit

- (1.) How effective do you think the COVID-19 vaccine is at protecting people from COVID-19? Why do you believe this?
- (2.) What would motivate you to get the COVID-19 vaccine?

Safety

- (1.) How safe do you think the COVID-19 vaccine is? Why do you believe this?
- (2.) What safety concerns do you have about the COVID-19 vaccine?

Trust

- (1.) Do you trust the health system to be able to deliver the COVID-19 vaccine to all citizens?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (2.) Do you trust the government to ensure all citizens get the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (3.) Do you trust information you receive from the government about the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (4.) What concerns do you have about getting the COVID-19 vaccine?

Rumors and Misinformation

- (1.) Have you seen or heard anything that would stop you from getting the COVID-19 vaccine?
 - (a.) If yes, please explain what you have seen or heard and where?
- (2.) Have you seen or heard anything that would stop you from promoting the COVID-19 vaccine to members of your community?
 - (a.) If yes, please explain what you have seen or heard and where?
- (3.) Have you heard of any influential individuals or groups that are promoting people to not get vaccinated?
 - (a.) If yes, can you please share information about these individuals/groups.

Self-Efficacy

- (1.) How comfortable are you with talking to members of your community about the COVID-19 vaccine?

Intentions

- (1.) Do you plan to get the COVID-19 vaccine immediately when it is available to you?
 - (a.) If yes, what is motivating you to get the COVID-19 vaccine immediately?
 - (b.) If no, (i) what are your reasons for not getting the COVID-19 vaccine immediately?
 - (ii) do you plan to get the COVID-19 vaccine at a later date? Why or why not?
- (2.) Do you plan to promote the COVID-19 vaccine to members of your community?
 - (a.) If yes, why?
 - (b.) If no, why not?

Role of Key Influencers

- (1.) What role do you think [*insert type of key influencer*] play in the rollout and distribution of the COVID-19 vaccine?
- (2.) What role would you like to play in the rollout and distribution of the COVID-19 vaccine?



NOTES: In this section, record any questions the participant asked about the COVID-19 vaccine. These questions will help us to better understand the information needs of this priority audience.

AUDIENCE: GENERAL POPULATION

Interviewer's Name: _____
Location (District): _____
Location (City/village/etc.): _____
Date: _____



Scripted Introduction:

Hi, my name is _____. I work for [organization/project], which is supporting COVID-19 vaccination efforts in [insert name of country]. We are supporting the Ministry to develop a demand creation and advocacy strategy for the COVID-19 vaccine. To help design this strategy, we are conducting consultations with people like you. I have several questions to better understanding your experience and gain your insights to inform the way we create demand and promote the COVID-19 vaccine.

Participation in this consultation is voluntary. We will not write down your name or any other personal information that may identify you. All information you provide will be kept confidential and not shared with your employer or family. We will use the findings from this consultation only for the purposes stated above.

Please feel free to ask me to explain anything you do not understand at any time. If you feel uncomfortable answering any questions, you can refuse to answer those questions and can end the interview at any time.

Do you consent to participate in this consultation? (If the participant does not provide verbal consent, immediately thank them for their time and conclude the interview)

Interviewee's Demographic Information

Age

How old are you? _____

Sex

What is your sex?

- Male
- Female
- Other
- No response / Refuse to answer

Marital Status

What is your current marital status?

- Single/Never married
- Married
- Divorced
- Widowed
- Separated
- No response / Refuse to answer

Children

Do you have any children under the age of 18 years?

- Yes (If yes, ask the supplemental questions regarding children at the end of the assessment)
- No

Place of Residence

How would you characterize the area you live in – urban, peri-urban, or rural?

- Urban
- Peri-urban
- Rural

Religion

What is your religion?

- Christian - Catholic
- Christian - Protestant
- Muslim – Shia
- Muslim - Sunni
- Jewish
- Not religious
- Other [Specify: _____]
- No response / Refuse to answer

Education

What is the highest level of education you attained?

- Never attended school
- Attended primary school
- Completed primary school
- Some secondary school
- Completed secondary school
- Some post-secondary, no degree
- Associate Degree
- Bachelor's Degree (e.g. BA, BS)
- Post-graduate Degree (e.g. MD, JD, MBA, PhD)
- No response / Refuse to answer

Employment

What is your job status?

- Full-time salaried job
- Full-time self-employed, including farming
- Part-time work (work for cash)
- Part-time work (receive in-kind payment)
- Student with part-time job
- Student with no job
- Do not work/unemployed
- Other [Specify: _____]
- No response / Refuse to answer

COVID-19 Vaccine Questions

Culture and Religion

- (1.) Are there any cultural or religious reasons why you would not get the COVID-19 vaccine?
 - (a.) If yes, please explain your answer.

Social Norms

- (1.) Do you think the majority of your friends and family will get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (2.) Do you think most people in your community will get the COVID-19 vaccine when it is available?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (3.) Do you think religious and community leaders in your community support people getting the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?

Access

- (1.) What challenges do you anticipate having in accessing the COVID-19 vaccine when it is available?

Knowledge

- (1.) What have you heard about the COVID-19 vaccine?
- (2.) What questions do you have about the COVID-19 vaccine?
- (3.) What have you heard about the plan for distributing the COVID-19 vaccine? When and where will the COVID-19 vaccine be available?
- (4.) What do you know about who will be prioritized to get the COVID-19 vaccine? How do you feel about this prioritization?

Perceived Risk/Susceptibility

- (1.) How serious would it be for you if you were to contract COVID-19? Why?
- (2.) How likely are you or someone in your household to get COVID-19? Why do you believe this?

Perceived Benefit

- (1.) How effective do you think the COVID-19 vaccine is at protecting people from COVID-19? Why do you believe this?
- (2.) What would motivate you to get the COVID-19 vaccine?

Safety

- (1.) How safe do you think the COVID-19 vaccine is? Why do you believe this?
- (2.) What safety concerns do you have about the COVID-19 vaccine?

Trust

- (1.) Do you trust the health system to be able to deliver the COVID-19 vaccine to all citizens?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (2.) Do you trust the government to ensure all citizens get the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (3.) Do you trust information you receive from the government about the COVID-19 vaccine?
 - (a.) If yes, why?

(b.) If no, why not?

(4.) What concerns do you have about getting the COVID-19 vaccine?

Rumors and Misinformation

(1.) Have you seen or heard anything that would stop you from getting the COVID-19 vaccine?

(a.) If yes, please explain what you have seen or heard and where?

Self-Efficacy

(1.) How confident are you in your ability to access the COVID-19 vaccine when it is available?

Intentions

(1.) Do you plan to get the COVID-19 vaccine immediately when it is available to you?

(a.) If yes, what is motivating you to get the COVID-19 vaccine immediately?

(b.) If no, (i) what are your reasons for not getting the COVID-19 vaccine immediately?

(ii) do you plan to get the COVID-19 vaccine at a later date? Why or why not?

Information Sources

(1.) Where have you been getting information about COVID-19?

(2.) Which people, information sources, and channels do you trust the most to receive information about the COVID-19 vaccine?

(3.) What channel is the easiest for you to get information from?



NOTES: In this section, record any questions the participant asked about the COVID-19 vaccine. These questions will help us to better understand the information needs of this priority audience.

Supplemental Questions for Parents

(Ask these questions to individuals who answered “Yes” to having a child/ren under the age of 18 years)



Scripted Introduction:

While the COVID-19 vaccine has not yet been approved for children, we would like to ask you some questions to better understand parent’s thoughts about vaccinating their children, if or when the COVID-19 vaccine is approved for children.

- (1.) What safety concerns do you have about your child/ren getting the COVID-19 vaccine once it’s approved? Why?
- (2.) What would motivate you to get your child/ren vaccinated once it’s approved? Why?
- (3.) Have you seen or heard anything that would stop you from getting your child/ren vaccinated once it’s approved?
 - (a.) If yes, please explain what you have seen or heard and where.
- (4.) Do you think other parents in your community will get their children vaccinated against COVID-19 once it’s approved?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (5.) Do you plan to have your child/ren get the COVID-19 vaccine immediately when it is available and approved?
 - (a.) If yes, what is motivating you to get your child/ren vaccinated immediately?
 - (b.) If no, (i) what are your reasons for not getting your child/ren vaccinated immediately?
 - (ii) do you plan to get them vaccinated at a later date? Why or why not?



NOTES: In this section, record any questions the participant asked about the COVID-19 vaccine. These questions will help us to better understand the information needs of this priority audience.

AUDIENCE: MEDIA

Interviewer's Name: _____
Location (District): _____
Location (City/village/etc.): _____
Date: _____



Scripted Introduction:

Hi, my name is _____. I work for [organization/project], which is supporting COVID-19 vaccination efforts in [insert name of country]. We are supporting the Ministry to develop a demand creation and advocacy strategy for the COVID-19 vaccine. To help design this strategy, we are conducting consultations with media professionals who will be reporting on the vaccine. I have several questions to better understanding your experience and gain your insights to inform the way we create demand and promote the vaccine, as well as support media professionals to report on the COVID-19 vaccine.

Participation in this consultation is voluntary. We will not write down your name or any other personal information that may identify you. All information you provide will be kept confidential and not shared with your supervisor or employer. We will use the findings from this consultation only for the purposes stated above.

Please feel free to ask me to explain anything you do not understand at any time. If you feel uncomfortable answering any questions, you can refuse to answer those questions and can end the interview at any time.

Do you consent to participate in this consultation? (If the participant does not provide verbal consent, immediately thank them for their time and conclude the interview)

Interviewee's Demographic Information

Age

How old are you? _____

Sex

What is your sex?

- Male
- Female
- Other
- No response / Refuse to answer

Marital Status

What is your current marital status?

- Single/Never married
- Married
- Divorced
- Widowed
- Separated
- No response / Refuse to answer

Place of Residence

How would you characterize your place of residence – urban, peri-urban, or rural?

- Urban
- Peri-urban
- Rural

Religion

What is your religion?

- Christian - Catholic
- Christian - Protestant
- Muslim – Shia
- Muslim - Sunni
- Jewish
- Not religious
- Other [Specify: _____]
- No response / Refuse to answer

Education

What is the highest level of education you attained?

- Never attended school
- Attended primary school
- Completed primary school
- Some secondary school
- Completed secondary school
- Some post-secondary, no degree
- Associate Degree
- Bachelor's Degree (e.g. BA, BS)
- Post-graduate Degree (e.g. MD, JD, MBA, PhD)
- No response / Refuse to answer

Employment

What is your job status?

- Full-time salaried job
- Full-time self-employed, including farming
- Part-time work (work for cash)
- Part-time work (receive in-kind payment)
- Student with part-time job
- Student with no job
- Do not work/unemployed
- Other [Specify: _____]
- No response / Refuse to answer

Type of Media

What type of media do you work in/for?

- Radio
- Television
- Print (e.g. magazine, newspaper, journal)
- On-line only
- Other [Specify: _____]
- No response / Refuse to answer

COVID-19 Vaccine Questions

Culture and Religion

- (1.) Are there any cultural or religious reasons why you think people will not get the COVID-19 vaccine?
 - (a.) If yes, please explain your answer.

Knowledge

- (1.) What have you heard about the COVID-19 vaccine?
- (2.) What questions do you have about the COVID-19 vaccine?
- (3.) What questions have you heard your listeners/readers/audience ask about the COVID-19 vaccine?
- (4.) What have you heard about the plan for distributing the COVID-19 vaccine? How are your listeners/readers/audience responding to these plans?
- (5.) What have you heard about who will be prioritized to get the COVID-19 vaccine? How are your listeners/readers/audience responding to this prioritization?

Information Needs

- (1.) What information do you need to accurately report on the COVID-19 vaccine and distribution plan?
- (2.) How would you like to receive information about the COVID-19 vaccine and distribution plan?
- (3.) How will you fact checking stories related to the COVID-19 vaccine to ensure accuracy?
- (4.) Do you receive updates and information from the government or other sources regarding the national response to COVID-19, including information about the COVID-19 vaccine and plans for distributing the COVID-19 vaccine?
 - (a.) If yes, what sources do you receive information from? How frequently do you receive information and in what format?

Perceived Benefits

- (1.) How effective do you think the COVID-19 vaccine is at protecting people from getting sick with COVID-19? Why?
- (2.) What do you think would motivate your listeners/readers/audience to get the COVID-19 vaccine?

Trust

- (1.) Do you trust information you receive from the government about COVID-19?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (2.) Do your listeners/readers/audience trust information they receive from the government about COVID-19?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (3.) Do you trust information you receive from the government about the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (4.) Do your listeners/readers/audience trust information they receive from the government about the COVID-19 vaccine?
 - (a.) If yes, why?
 - (b.) If no, why not?
- (5.) What concerns have you heard your listeners/readers/audience mention about getting the COVID-19 vaccine?

COVID-19 Reporting

- (1.) What are others in media saying about COVID-19? Please explain your answer.
- (2.) What are others in media saying about the COVID-19 vaccine? Please explain your answer.

- (3.) What stories about COVID-19 are getting the most attention? Why?
- (4.) What stories about the COVID-19 vaccine are getting the most attention? Why?

Rumors and Misinformation

- (1.) Have you seen or heard anything negative about the COVID-19 vaccine reporting in the media?
 - (a.) If yes, please explain what you have seen or heard and where?
- (2.) Are there any publications/media outlets/etc. that are promoting people to not get vaccinated?
 - (a.) If yes, can you please share information about who they are and what they are saying.
- (3.) What are the best channels to use to address and mitigate rumors and misinformation? Why?

Intentions

- (1.) Do you plan to get the COVID-19 vaccine immediately when it is available to you?
 - (a.) If yes, what is motivating you to get the COVID-19 vaccine immediately?
 - (b.) If no, (i) what are your reasons for not getting the COVID-19 vaccine immediately?
 - (ii) do you plan to get the COVID-19 vaccine at a later date? Why or why not?

Role of Media

- (1.) What role do you think media plays in the rollout and distribution of the COVID-19 vaccine?
- (2.) What role would you like to play in the rollout and distribution of the COVID-19 vaccine?



NOTES: In this section, record any questions the participant asked about the COVID-19 vaccine. These questions will help us to better understand the information needs of this priority audience.

Empty box for recording notes.