**COVID-19 Booster Vaccination Survey**

The COVID-19 booster vaccination programme is underway across Sussex and we are keen to hear your views about access to and experience of receiving the booster vaccination. We are also keen to hear from you if you feel there are barriers or concerns around getting the booster vaccination.

Please take 10-15 minutes to tell us how you feel **and you'll have a chance to win one of two £25 Amazon vouchers (details in the last question).**

Your answers will help us understand any barriers that we can be aware of and where possible overcome, which we will share with health and care providers and decision-makers to inform and improve the vaccination process.

If you need this survey in an alternative format or other language, or if you have any queries, please contact the Public Involvement Team at Sussex NHS Commissioners on the following:

 **Email**: sxccg.involvement@nhs.net

**Call**: 01903 708 411

 **Post**: FREEPOST - RTUZ-ECYG-ERRK

Attn: Public Involvement Team

NHS Brighton & Hove Clinical Commissioning Group

Hove Town Hall, Norton Road, Brighton, BN3 4AH

**Deaf British Sign Language (**BSL) users can contact us between 9am – 5pm Monday- Friday through the Video Relay Service (VRS) ‘**SignLive**’.

Simply download the SignLive app at <https://signlive.co.uk/login/>, register your details, and search for **NHS Brighton and Hove** in the Community Directory. If the call goes to answerphone please leave a message, with your name and SignLive ID code and we will call you back as soon as possible.

**Thank you for taking part in our survey**

**Your data and privacy**

All responses are handled anonymously and confidentially. We are committed to protecting your privacy, in accordance with the Data Protection Act 2018 and will not use any information we may hold about you for any purpose other than that for which it was collected. Under no circumstances is your data used for anything other than the purpose for which it has been collected.

1. **Have you received a COVID-19 vaccination?**

 Yes, first dose (go to question 3)

 Yes, both doses

 Yes, first and second doses and booster (go to question 7)

 No (go to question 2)

1. **If you answered no, why have you not had your COVID-19 vaccination?**

|  |
| --- |
| **Go to the ‘About You’ questions and information about how to enter the prize draw** |

1. **Are you eligible to have a COVID-19 booster vaccine?**

Those who are eligible for a booster jab include everyone aged 50 and over, frontline health and social care workers, unpaid carers and those aged between 16 and 49 with an underlying health condition putting them at greater risk from COVID -19.

You must also be at least six months from the date of your second vaccination to book a booster.

Yes I am eligible – I have had two doses and am at 6 months (please go to question 4)

 Yes, I am eligible but I am not at six months yet

 No I am not eligible (please go to question 7)

I don’t know \* (please go to question 4)

\*To find out if you are eligible please email us at sxccg.vaccineenquiries@nhs.net or call us on our vaccine enquiry phone line: 0800 433 4545.

1. **Once you are eligible, will you go ahead and get the booster vaccine?**

 Yes, I will when I am eligible (go to question 5)

 No, I won’t (go to question 6)

 I don’t know (go to question 7)

1. **You said you will be getting the booster. Please could you tell us why that is?**

 **(Go to question 8)**

1. **If you are eligible and have chosen not to have your booster, please could you tell us why that is?**

|  |
| --- |
|  |

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

|  |
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|  |

1. **What, if anything, could have been improved to help you find out information on getting your vaccine and/or booster vaccine?**

|  |
| --- |
|  |

1. **Is there anything else you want to tell us about your vaccination?**

|  |
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| **About You: Equalities Monitoring Form**We want to make sure that we seek the views of a wide range of people in the city. We will only use the information on this form to help us understand who we are reaching, and where we need to do additional work to obtain the views of particular individuals, groups and communities. The answers you provide are anonymous and confidential. Information collected using this form is combined together so it is not possible to link any responses back to an individual. |
| **1. What age are you?** | …………………..years□ Prefer not to say |
| **2. What gender are you?** | * Male □ Female □Transgender
* Other - please state ………………
* Prefer not to say
 |
| **3. Do you identify as the sex you were assigned at birth?****For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.** | * Yes
* No
* Prefer not to say
 |
| **4. How would you describe your ethnic origin?** |
| **White*** English/Welsh/Scottish/ Northern Irish/British
* Irish
* Gypsy or Irish Traveller
* Any other White background (please give details)

…………………………………**Asian or Asian British*** Bangladeshi
* Indian
* Pakistani
* Chinese
* Any other Asian background (please give details)

………………………………… | **Black or Black British*** African
* Caribbean
* Any other Black background (please give details)

…………………………………**Mixed*** Asian & White
* Black African & White
* Black Caribbean & White
* Any other mixed background (please give details)

………………………………… | **Other Ethnic Group*** Arab
* Any other ethnic group (please give details)

…………………………………* Prefer not to say
 |
| **5. Which of the following best describes your sexual orientation?** |
| * Heterosexual/Straight
* Lesbian/Gay woman
* Gay man
* Bisexual

□ Other (please state) ……………………………………………* Prefer not to say
 |
| **6. What is your religion or belief?** |
| * I have no particular religion
* Buddhist
* Christian
* Hindu
* Jain
* Jewish
* Muslim
 | * Pagan
* Sikh
* Agnostic
* Atheist
* Other religion (please state)

………………………………….. | * Other philosophical belief (please state)

…………………………………* Prefer not to say
 |
| **7a. Are your day-to-day activities limited because of a health problem or****disability which has lasted, or is expected to last, at least 12 months?** | * Yes a little
* Yes a lot
* No (do not answer 7b)
* Prefer not to say (do not answer 7b)
 |
| **7b. If ‘yes’, please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark ‘Other’ and write an answer in (examples are given in the guidance).** |
| * Physical Impairment
* Sensory Impairment
* Learning Disability/Difficulty
* Long-standing illness
 |  | * Mental Health condition
* Autistic Spectrum
* Other Developmental Condition
* Other (please state …………………………
 |
| **8a. Are you a carer?**A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. | * Yes
* No (do not answer 8b)
* Prefer not to say (do not answer 8b)
 |
| **8b. If yes, do you care for a………?** | * Parent □ Partner/spouse
* Child with special needs □ Friend
* Other family member
* Other (please give details)………………….
 |
| **9. Armed Forces Service:*** Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, eg: Territorial Army)?
* Have you ever served in the UK Armed Forces?
* Are you a member of a current or former serviceman or woman’s immediate family/household?
 | * Yes □ No □ Prefer not to say
* Yes □ No □ Prefer not to say
* Yes □ No □ Prefer not to say
 |

**Thank you for taking part in our survey**

****If you would like to be entered into our **prize draw** for a chance to win a **£25 shopping voucher** please leave your name, phone number and email address below.

**Name:** ………………………………………………………………………………..

**Email address:** ……………………………………………………………………...

**Phone number:**………………………………………………………………………

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