

Supplementary Material. Questionnaire.

A. SOCIO-DEMOGRAPHIC AND ANAMNESTIC CHARACTERISTICS

This section is designed to gather information about your socio-demographic and anamnestic characteristics

A1. How old were you on your last birthday? _____

A2. What is your gender? ☐ Male ☐ Female

A3. What is your marital status? ☐ Married ☐ Cohabiting ☐ Other (*please specify*) _____

A4. What is your highest educational level? ☐ None ☐ Primary school ☐ High school ☐ Baccalaureate
☐ Graduate ☐ Other (*please specify*) _____

A5. What is your occupation? _____

A6. Do you have any chronic medical condition? ☐ No ☐ Yes (*please specify*) _____

A7. Have you ever had a test that showed you had been infected by SARS-CoV-2? ☐ No (*go to A8*)

☐ Yes, how many times _____

☐ Before the vaccination: ____ times ☐ After the first dose of vaccine: ____ times

☐ After the second dose of vaccine: ____ times ☐ After the third dose of vaccine: ____ times

A8. Has any family member/colleague/friend been infected by SARS-CoV-2? ☐ No ☐ Yes

A9. Have you been vaccinated against influenza last year? ☐ No ☐ Yes

B. ATTITUDES

This section is designed to explore your attitudes towards SARS-CoV-2 infection and its vaccine

B1. On a scale from 1 to 10, how serious do you consider the SARS-CoV-2 infection? (*1 indicates that you do not consider it serious at all, 10 if you consider it a very serious disease*)

Not serious 1 2 3 4 5 6 7 8 9 10 **Very serious**

B2. On a scale from 1 to 10, how much do you perceive yourself at risk of getting the SARS-CoV-2 infection? (*1 indicates that you do not consider yourself at risk at all, 10 if you consider yourself very much at risk*)

Not at risk 1 2 3 4 5 6 7 8 9 10 **Very much at risk**

B3. On a scale from 1 to 10, how useful do you consider the second booster dose of the COVID-19 vaccine? (*1 indicates that you do not consider it useful at all, 10 if you consider it very useful*)

Not useful 1 2 3 4 5 6 7 8 9 10 **Very useful**

B4. On a scale from 1 to 10, how protective for you do you consider the second booster dose of the COVID-19 vaccine? (*1 indicates that you do not consider it protective at all, 10 if you consider it very much protective*)

Not protective 1 2 3 4 5 6 7 8 9 10 **Very much protective**

B5. On a scale from 1 to 10, how much trust do you have in the information you receive on the second booster dose of the COVID-19 vaccine? (*1 indicates that you have no trust, 10 if you have full trust*)

No trust 1 2 3 4 5 6 7 8 9 10 **Full trust**

B6. Why did you decide to receive the second booster dose of the COVID-19 vaccine? (*more than one answer is allowed*)

☐ To protect myself from getting COVID-19

☐ Fear of acquiring COVID-19

☐ To protect my family members from getting COVID-19

☐ To protect others from getting COVID-19

☐ COVID-19 is a severe disease

☐ COVID-19 is a very contagious disease

☐ The second booster dose is safe

☐ Recommended by a physician

☐ The second booster dose is effective

☐ Feel to be at risk of getting a severe form of SARS-CoV-2 infection

C. INFORMATION

The section is designed to explore your sources of information about the second booster dose of the COVID-19 vaccine

C1. Which sources did you use to receive information about the second booster dose of the COVID-19 vaccine? (*more than one source is allowed*) ☐ None

☐ Physicians ☐ Internet ☐ Institutional organizations ☐ Social media (Facebook, Twitter, Instagram, YouTube, etc.)

☐ Mass media ☐ Friends and Family ☐ Scientific journals ☐ Other (*please specify*) _____

C2. Do you feel you need additional information on the second booster dose of the COVID-19 vaccine? ☐ No ☐ Yes