

## PARTICIPANT QUESTIONNAIRE

Participant ID \_\_\_\_\_ - \_\_\_\_\_ Date of interview (dd/mmm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: You do not have to answer any questions you do not feel comfortable answering. Please tick the “Prefer not to answer” box for any questions that you do not feel comfortable answering.**

### SECTION 1: Tell us about yourself

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1. What is your age? |\_|\_|

2. When did you enter prison? |\_|\_| - |\_|\_| - |\_|\_|\_|\_|  
DD MM YYYY

3. What was your assigned sex at birth? (*Check one*)

- Male
- Female
- Prefer to self-describe (please specify): \_\_\_\_\_
- Prefer not to answer

4. What is your sex now? (*Check one*)

- Male
- Female
- Prefer to self-describe (please specify): \_\_\_\_\_
- Prefer not to answer

5. How do you currently self-identify? (*Check all that apply*)

- Man
- Woman
- Non-binary, gender, queer, agender or a similar identity
- Two-spirit
- Prefer to self-describe (please specify): \_\_\_\_\_
- Prefer not to answer

6. How would you describe your ethnicity or race? (*Check all that apply*)

- Arab
- Black
- Chinese
- Filipino
- Indigenous → *skip to question 6 a)*
- Japanese
- Prefer to self-describe (please specify): \_\_\_\_\_
- Prefer not to answer
- Korean
- Latin American
- South Asian
- Southeast Asian
- West Asian
- White

**If you answered Indigenous to question 6:**

**a) Which of the following groups do you belong to? (Check all that apply)**

- First nations
- Inuit
- Métis
- Non-status first nations
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**b) Prior to your incarceration, did you live on a reserve or a settlement? (Check one)**

- Yes
- No
- Prefer not to answer

**7. What is the highest level of education you have completed? (Check one)**

- Less than high school graduation
- High school graduation
- Trade certificate or vocational school graduation
- CEGEP or college diploma
- University Bachelor's degree
- University Graduate degree (Masters or Doctorate)
- Other (Please Specify): \_\_\_\_\_
- Prefer not to answer

**SECTION 2: Tell us how you feel about vaccines**

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**We're interested to know how you feel about vaccines. Please answer the following questions and help us learn more.**

**8. Vaccines are designed to protect people from infectious diseases and keep them healthy. Think about your attitude towards vaccines.**

	<b>Strongly Agree</b>	<b>Mostly Agree</b>	<b>Uncertain</b>	<b>Mostly Disagree</b>	<b>Strongly Disagree</b>
Vaccines are important for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall I think vaccines are safe (in other words, they will not cause me harm).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall I think vaccines are effective (in other words, I think they work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting vaccinated is a good way to protect myself from disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting vaccinated is important for the health of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am concerned about serious side effects of vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need vaccines for diseases that are not common anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines offered to me in the community (by my healthcare providers outside of prison) are beneficial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information I receive about vaccines in the community (by my healthcare providers outside of prison) is reliable and trustworthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally I do what my doctor or health care providers recommends about vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Have you ever declined a vaccine that was offered to you by a healthcare provider? (Check one)**

- Yes
- No
- Prefer not to answer

**10. Where do you typically hear about vaccines? (Check one)**

- Media (Television, Radio, Newspapers)
- Social media (Facebook, Instagram, Twitter, etc.)
- Healthcare professionals (Doctor, Nurse, etc.)
- Family
- Friends
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**SECTION 3: Tell us how you feel about COVID-19 and the COVID-19 vaccines**

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**We're interested in your opinions about COVID-19. Please answer the following questions and help us learn more.**

**11.**

	<b>Strongly Agree</b>	<b>Mostly Agree</b>	<b>Uncertain</b>	<b>Mostly Disagree</b>	<b>Strongly Disagree</b>
I believe the COVID-19 pandemic is a real threat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe I am at risk of becoming hospitalized or dying from COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am personally worried about getting COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe the risk of COVID-19 is small in prisons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1, as supplied by the authors. Appendix to: Romanchuk K, Linthwaite B, Cox J, et al. Determinants of SARS-CoV-2 vaccine willingness among people incarcerated in 3 Canadian federal prisons: a cross-sectional study. *CMAJ Open* 2022. DOI:10.9778/cmajo.20210248. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at [cmajgroup@cmaj.ca](mailto:cmajgroup@cmaj.ca).

We're interested in your opinions about the COVID-19 vaccines. Please answer the following questions to help us learn more.

12.

	Strongly Agree	Mostly Agree	Uncertain	Mostly Disagree	Strongly Disagree
There is a need for COVID-19 vaccines during this pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in prison should be prioritized for COVID-19 vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall I think the COVID-19 vaccines available in Canada are safe (in other words, they will not cause me harm).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall I think the COVID-19 vaccines available in Canada are effective (in other words, I think they work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting vaccinated against COVID-19 is a good way to protect myself from this disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about serious side effects of the COVID-19 vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting vaccinated is important for the health of others in the community (outside of prison).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting vaccinated is important for the health of others in prison.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should get vaccinated to prevent the spread of COVID-19 in prison.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When COVID-19 vaccines are offered by Correctional Service Canada, they will be beneficial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information I have received or will receive about COVID-19 vaccines from Correctional Service Canada health care workers is reliable and trustworthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If a safe and effective COVID-19 vaccine becomes available in prison, how likely are you to get vaccinated? (Check one)

- Very likely that I will get vaccinated
- Somewhat likely that I will get vaccinated
- Uncertain if I will get vaccinated
- Somewhat unlikely that I will get vaccinated
- Very unlikely that I will get vaccinated

**14. If you decide to get the COVID-19 vaccine, what would be the top 3 reasons you would get vaccinated? (*rank your top 3 reasons*)**

	To protect myself from COVID-19
	To protect others from COVID-19
	To prevent the spread of COVID-19 in prison
	To prevent the spread of COVID-19 in the community (outside of prison)
	To end the pandemic and return to normal life
	Because it is recommended by experts and health care providers
	It is free and easily available to me
	Other (please specify): _____
	Not sure

**15. If you decide not to get the COVID-19 vaccine, what would be the top 3 reasons you would not get vaccinated? (*rank your top 3 reasons*)**

	I'm concerned because it is a new vaccine
	I'm concerned because the vaccine has been developed too quickly
	I'm concerned about the safety of the vaccine (in other words, I am concerned that it will cause me harm)
	I'm concerned about the risks and side effects of the vaccine
	I'd prefer to wait until more people are vaccinated to ensure the vaccine is safe
	I'm concerned that the vaccine will not be effective (in other words, I am concerned that it won't work)
	I already had or I think I have had COVID-19 and I don't think the vaccine is necessary
	I don't think it is necessary to get vaccinated in general
	I don't trust vaccines in general
	I don't believe in vaccination
	I don't like needles
	I can't get vaccinated due to medical reasons (e.g., allergies)
	I have questions and need more information about the vaccine
	I have not yet decided
	Other (please specify): _____
	Not sure

**16. Would you be more willing to get vaccinated if you could talk about the COVID-19 vaccines with any of the following people...? (Check all that apply)**

- A physician
- A nurse
- A peer in prison
- Your family
- Your friends
- Other people who have already been vaccinated
- Other: \_\_\_\_\_

#### SECTION 4: Tell us about your time in prison

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**We'd like to learn more about your time in prison. Please answer the following questions to help us learn more.**

**17. During your incarceration, have you been isolated for at least 14 days for a reason related to COVID-19? (Check one)**

- Yes → *continue to question 17 a)*
- No → *skip to question 18*
- Prefer not to answer

**If you answered YES to question 17:**

**a) When were you isolated? (Check one)**

- At prison entry
- At another time during my incarceration (not at prison entry)
- Both at prison entry and at another time during my incarceration
- Prefer not to answer

**18. Since March 2020, have you shared your cell with another inmate? (Check one)**

- Yes → *continue to question 18 a)*
- No → *skip to question 19*
- Prefer not to answer

**If you answered YES to question 18:**

**a) Approximately how many different inmates in total have you shared your cell with?**

□□□

**19. Since March 2020, how have you usually eaten your meals? (Check one)**

- Alone
- With your cell mate(s)
- With other inmates from your sector
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

## SECTION 5: Tell us about your experience with COVID-19 screening

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We'd like to learn more about whether you have been tested for COVID-19. Please answer the following questions to help us learn more.

**20. Have you ever been tested for COVID-19? (Check one)**

- Yes → continue to question 20 a)
- No → skip to question 20 h)
- Prefer not to answer → skip to SECTION 6

**If you answered YES to question 20:**

**a) How many times have you been tested?** |\_|\_|

**b) What was the date of your last test for COVID-19? (Enter an approximate date if you don't remember the actual date)**

|\_|\_| - |\_|\_| - |\_|\_|\_|\_|  
DD MM YYYY

**c) Why were you tested for COVID-19? (Check all that apply)**

- I had symptoms of COVID-19
- I may have been exposed to someone with COVID-19
- I recently travelled outside of Canada
- I called 8-1-1 and they advised me to get tested
- I used an online symptom assessment tool and was advised to get tested
- I visited my family doctor and he or she recommended I be tested
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**d) Where were you tested for COVID-19? (Check all that apply)**

- In detention
- At a community clinic (outside of a hospital)
- At a hospital
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**e) Have you ever tested positive for COVID-19? (Check one)**

- Yes → continue to question 20 f)
- No → skip to SECTION 6
- I am waiting to receive the results → skip to SECTION 6
- Don't know → skip to SECTION 6
- Prefer not to answer → skip to SECTION 6

**f) When did you test positive for COVID-19? (Enter an approximate date if you don't remember the actual date)**

\_\_|\_\_| - \_\_|\_\_| - \_\_|\_\_|\_\_|\_\_|  
DD MM YYYY

**g) Were you hospitalized due to COVID-19? (Check one)**

- Yes
- No
- Prefer not to answer

**If you answered NO to question 20:**

**h) What was your primary reason for not getting tested? (Check one)**

- I did not think I was infected or that I had COVID-19
- I thought I might be infected, but I did not know how to get tested
- I thought I might be infected, but testing was not recommended to me
- I thought I might be infected, but I didn't attempt to get tested
- I thought I might be infected, but I refused the test
- I was worried about the discomfort of the test
- Prefer not to answer

## SECTION 6: Tell us about your health

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**We are curious to learn more about your health. Please answer the following questions to help us learn more.**

**21. Do you have a family physician/primary care provider in the community (outside of prison)? (Check one)**

- Yes
- No
- Don't know
- Prefer not to answer

**22. Has any doctor ever diagnosed you with any of the following conditions? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> HIV                       |
| <input type="checkbox"/> Cancer                        | <input type="checkbox"/> Hypertension              |
| <input type="checkbox"/> Chronic blood disorder        | <input type="checkbox"/> Immunocompromised - Other |
| <input type="checkbox"/> Chronic heart disease         | <input type="checkbox"/> Liver disease             |
| <input type="checkbox"/> Chronic kidney disease        | <b>OR</b>  |
| <input type="checkbox"/> Chronic lung disease          | <input type="checkbox"/> None of the above         |
| <input type="checkbox"/> Chronic neurological disorder | <input type="checkbox"/> Prefer not to answer      |
| <input type="checkbox"/> Diabetes                      |  |

**23. What is your current weight? \_\_|\_\_|\_\_| lbs **or** \_\_|\_\_|\_\_| kg**

**24. What is your current height? \_\_| ft. \_\_|\_\_| in **or** \_\_|. \_\_|\_\_| m**



**25. Which of the following best describes your cigarette smoking use outside of prison? (Check one)**

- I smoke more than ½ pack daily
- I smoke less than ½ pack daily
- I used to smoke, but I no longer do
- I have never smoked
- Prefer not to answer

**26. Which of the following best describes your vaping use outside of prison? (Check one)**

- I vape daily
- I vape a few times per week
- I used to vape, but I no longer do
- I have never vaped
- Prefer not to answer

**27. Did you get the seasonal flu shot between September 2019 and March 2020? (Check one)**

- Yes
- No
- Don't know
- Prefer not to answer

**We'd also like to understand your life before you were in prison. Please answer the following questions regarding the year before your incarceration.**

**28. In the year prior to your incarceration, what was your main source of income? (Check one)**

- None
- Social assistance/welfare
- Employment insurance
- Disability insurance
- Pension
- Student loan or bursary
- Self-employed
- Employed
- Illegal source
- Other (Please Specify): \_\_\_\_\_
- Prefer not to answer

**29. In the year prior to your incarceration, what was your total annual income from all paid work and all other sources before taxes and other deductions? (Check one)**

- \$0 or no income
- \$1 - \$29,999
- \$30,000 - \$59,999
- \$60,000 - \$89,999
- \$90,000 - \$119,999
- \$120,000 or more
- Don't know
- Prefer not to answer

**30. In the year prior to your incarceration, where were you living for the majority of the time? (Check one)**

- Apartment, condo, or house
- Hotel
- Group home
- Transition/halfway/safe house
- No fixed address
- Temporary COVID-19 shelter or hotel
- Other housing (please specify): \_\_\_\_\_
- Prefer not to answer

**31. What were the first three characters of your last postal code?**

- |\_|\_|\_|
- Don't Know
- Prefer not to answer

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**Thank you for your participation**