

Supplementary file 1

Interview guide

Part I: General Characteristics

1. Sex female male
2. How old are you? Year I do not know/I do not remember No answer
3. How much did you study? (The highest grade you passed)
Illiterate reading & writing elementary school high school or Diploma University
I do not know/ I do not remember No answer
4. What is the most important source of your income or financial support?
Full-time or permanent employment Part-time or temporary employment Family support
Governmental and nongovernmental organizations No income Other
I do not know/ I do not remember No answer
5. Do you have a history of underlying or chronic diseases?
Diabetes Hypertension Cardiovascular diseases Chronic respiratory diseases such as asthma Other
diseases..... I do not know I do not remember No answer
6. Have you ever had the novel coronavirus infection or COVID-19?
Yes No Not sure No answer
Have any members of your family (father, mother, spouse, sister, brother, child) ever had the novel
coronavirus infection or COVID-19? Yes No Not sure No answer
7. Have you ever had a history of substance abuse, addiction, or psychotropic drug use in the last month? (Use
of this substance without permission or prescription) Yes No
I do not know/I do not remember No answer
8. Have you ever been to a city vaccination center to get the COVID-19 vaccine? Yes, only the first dose the
first and second doses I did not go to get the vaccine
9. How likely are you to go to vaccination centers to get your vaccine soon? Very much (I will go) Maybe I
will go I do not know Maybe I will not go Very little (I will not go at all)
10. Have your monthly income and job been disrupted by the COVID-19 epidemic? Yes No No answer
11. Did social distance and quarantine at home affect the feelings and moods of you and your family members
during the COVID-19 epidemic? Yes No

Part II: beliefs and health behaviors about vaccination

12. If you have not yet been vaccinated, and do not currently plan to be vaccinated, what are your reasons for
doing so?
13. Do you know a more effective way to prevent diseases like COVID-19?
14. What steps do you take to prevent COVID-19 disease and protect yourself and your children from it?
15. How likely do you think you will be to get COVID-19 in the future?
16. Have you recently had a specific experience that discouraged you from getting the COVID-19 vaccine?
Explain this.
17. Have you ever seen a severe reaction to the vaccine in your family or those around you?
18. What are the COVID-19 vaccine's risks and side effects for you and your children?
19. Do you know people among your family members or friends who refuse to be vaccinated for religious or
cultural reasons?
20. What other restrictions prevent you from getting vaccinated?
21. If you decide to get vaccinated, which type of vaccines do you prefer (domestically produced vaccines or
vaccines produced abroad)? Explain your reasons.