

# MBBS Research

This is a research done for the partial fulfillment of a MBBS degree by Mohamed Gamal. It is expected to take more than 5 minutes. You can withdraw your participation at any time.

\*مطلوب

1. I consent to participation in this research \*

حدد دائرة واحدة فقط.

Yes

## Questionnaire

2. I am a .....

حدد دائرة واحدة فقط.

Male

Female

3. I am in the ..... year of medical school

حدد دائرة واحدة فقط.

1st

2nd

3rd

4. Do you have any chronic diseases?

حدد دائرة واحدة فقط.

Yes

No

5. I have been previously infected by COVID-19

حدد دائرة واحدة فقط.

Yes

No

6. If yes, what effect has being infected had on your view on vaccines?

حدد دائرة واحدة فقط.

It made me ore likely to get the vaccine

It made me less likely to get the vaccine

It had no effect on my views on vaccines

7. Have you received a COVID-19 vaccine?

حدد دائرة واحدة فقط.

Yes

No

8. Have any of your family members been vaccinated?

حدد دائرة واحدة فقط.

Yes

No

9. If yes, which vaccine did you receive?

حدد دائرة واحدة فقط.

AstraZeneca

Pfizer

Johnson & Johnson

Other (Please Specify)

10. Have you experienced any side effects from the vaccine?

حدد دائرة واحدة فقط.

Yes

No

11. Would you recommend someone else get vaccinated?

حدد دائرة واحدة فقط.

Yes

No

12. What are your concerns regarding COVID-19 vaccines (More than one may apply)?

حدد كل الإجابات الملائمة.

Side Effects

Tracking Devices

Government spying software

