

Supplementary Material 1. Acceptance and perception on the Covid-19 vaccination (immunization) in the general population of Malaysia

Section A: Socialdemographics

Q1	Date of birth (dd/mm/yyyy)	--/ --/ ----
Q2	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Q3	Race	<input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others : _____
Q4	Highest education level	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary education (up to standard 6) <input type="checkbox"/> Secondary education (up to form 5) <input type="checkbox"/> Form 6/certificate/diploma/A-level/Pre-university course <input type="checkbox"/> Tertiary education (degree, master, PhD, DrPH) <input type="checkbox"/> Others, please specify: _____
Q5	Monthly Household Income	<input type="checkbox"/> < MYR 1,000 <input type="checkbox"/> MYR 1,000–MYR 1,999 <input type="checkbox"/> MYR 2,000–MYR 2,999 <input type="checkbox"/> MYR 3,000–MYR 3,999 <input type="checkbox"/> MYR 4,000–MYR 4,999 <input type="checkbox"/> > MYR 5,000
Q6	Do you live with elderly (60 years old and above) and/or children and/or pregnant women? If "YES" state tick all options that apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Elderly <input type="checkbox"/> Children <input type="checkbox"/> Pregnant women
Q7	Are you a healthcare provider? If "YES", kindly specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q8	Have you been infected by the COVID-19? If "YES", were you admitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Q9	Have any of your family members/friends been infected by COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Vaccine (immunization) hesitancy

The following questions aim to understand your view regarding vaccines (immunization) in general. Kindly select the option that best reflects your views.

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Q10	My religion / philosophy/culture recommends against vaccination (immunization).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11	Some groups or influential people are against vaccination (immunization) for different reasons. In general, do you agree or disagree with these groups of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12	It is important for me to get the recommended vaccines (immunization) for myself and my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13	Have you ever declined vaccination for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable				

Section C: Perception of risk and severity on COVID-19 pandemic

The questions below are meant to evaluate your risk perception on the COVID-19 pandemic. Kindly score your perceived level of risk.

		Very low	Low	Medium	High	Very high
Q14	In your opinion, how likely it is for a Malaysia resident to get infected by COVID-19 during this pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q15	What level of risk do you think YOU have of catching COVID-19 during this pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16	If you were infected with COVID-19, how seriously do you think it would affect your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: COVID-19 vaccine (immunization) acceptability

This section aims to understand your acceptance towards the COVID-19 Vaccine should it become available today. Please choose the answer(s) that best reflect your thoughts.

Q17	If a COVID-19 vaccine (immunization) was made available to Malaysia general public for free, would you get vaccinated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Q17a	If you have answered "YES", kindly answer the following. If the vaccination needs to be taken in stages, what is the maximum acceptable dose for you?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> It doesn't matter		
Q17b	If you have answered "NO" / "UNSURE", kindly choose ALL that applies	<input type="checkbox"/> I am afraid of the side effects <input type="checkbox"/> I am afraid of pain <input type="checkbox"/> I am concerned that the vaccine (immunization) has not been tested adequately. <input type="checkbox"/> I am concerned regarding the effectiveness of the vaccine (immunization). <input type="checkbox"/> COVID-19 will only cause a mild illness. <input type="checkbox"/> I am concerned that taking the COVID-19 vaccine (immunization) will cause me to get the disease. <input type="checkbox"/> I think my chances of being infected are low. <input type="checkbox"/> Others, please specify : _____		

Section E: Willingness to pay for COVID-19 vaccine (immunization)

This section aims to understand your willingness to pay for the COVID-19 vaccine under the circumstances of sufficient and limited supply. Kindly input any amount between MYR 0 and MYR1599.

Q18	If today, the COVID-19 vaccine was sufficient for the whole Malaysian population, how much would you be willing to pay for it?	MTR	<input type="text"/>
Q19	If today, you were told that there was limited supply of vaccine, how much would you be willing to pay to get it?	MYR	<input type="text"/>

Section F: Attitude towards COVID-19 vaccine (immunization)

This section aims to understand your attitude towards the COVID-19 Vaccine, should it become available today. Kindly select the nearest option that reflects your feelings on this.

		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Q20	I can readily accept the mild side effects of the COVID-19 vaccine (immunization) such as minor allergic reactions (e.g. Itchiness, rash), pain, fever and headache.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21	The COVID-19 vaccine will stop the virus transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22	Only high-risk groups such as children, pregnant women, elderly and those with underlying medical conditions needs to be vaccinated with the COVID-19 vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23	I am confident in taking the COVID-19 vaccine (immunization) if it is advocated by the Malaysian government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q24	The country of origin of the COVID-19 vaccine (immunization) will influence my decision to take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q25	The COVID-19 vaccine (immunization) needs to be certified "halal" before I will take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q26	The cost of the vaccine (immunization) will affect my decision to take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>