

Consumer

S2. Please indicate your age.

S3. Please indicate your gender.

1. Male
2. Female
3. Other
4. Prefer not to say

S4. Within the **past 3 years**, which, if any, of the following countries have you visited?

Rabies high-risk country	Continent
Algeria	Africa
Angola	Africa
Benin	Africa
Botswana	Africa
Burkina Faso	Africa
Burundi	Africa
Côte d'Ivoire	Africa
Cameroon	Africa
Central African Republic	Africa
Chad	Africa
Congo	Africa
Democratic Republic of the Congo	Africa
Djibouti	Africa
Egypt	Africa
Equatorial Guinea	Africa
Eritrea	Africa
Eswatini/Swaziland	Africa
Ethiopia	Africa
Gabon	Africa
Gambia	Africa
Ghana	Africa
Guinea	Africa
Guinea-Bissau	Africa
Kenya	Africa
Lesotho	Africa
Liberia	Africa

Libya	Africa
Madagascar	Africa
Malawi	Africa
Mali	Africa
Mauritania	Africa
Morocco	Africa
Mozambique	Africa
Namibia	Africa
Niger	Africa
Nigeria	Africa
Rwanda	Africa
Sao Tome and Principe	Africa
Senegal	Africa
Sierra Leone	Africa
Somalia	Africa
South Africa	Africa
South Sudan	Africa
Sudan	Africa
Togo	Africa
Tunisia	Africa
Uganda	Africa
Tanzania	Africa
Zambia	Africa
Zimbabwe	Africa
Afghanistan	Asia
Armenia	Asia
Azerbaijan	Asia
Bangladesh	Asia
Cambodia	Asia
China	Asia
Democratic People's Republic of Korea (North Korea)	Asia
India	Asia
Indonesia	Asia
Iran	Asia
Iraq	Asia
Israel	Asia
Jordan	Asia
Kazakhstan	Asia
Kyrgyzstan	Asia
Laos	Asia
Lebanon	Asia
Mongolia	Asia
Myanmar	Asia
Nepal	Asia

Pakistan	Asia
Philippines	Asia
Russian Federation	Asia
Saudi Arabia	Asia
Sri Lanka	Asia
Syria	Asia
Tajikistan	Asia
Thailand	Asia
Turkey	Asia
Uzbekistan	Asia
Viet Nam	Asia
Yemen	Asia
Moldova	Europe
Cuba	North America
Dominican Republic	North America
Guatemala	North America
Haiti	North America
Honduras	North America
Bolivia	South America
Guyana	South America
Suriname	South America

S5. In the **past 3 years**, how many trips in total have you made to each of the following countries?
(Please write in a number per row)

Insert list of rabies countries selected in S4

S6. How long was each of the trips you have taken to the following countries in the **past 3 years**?

Insert list of rabies countries selected in S4

- ____ weeks
- Less than 1 week **[CLOSE]**

S7. What was the **main purpose** of your trip(s) to the following countries? If you visited the country more than once in the past 3 years, please consider each trip separately.

(Please select one response per country only)

Insert list of rabies countries selected in S4

1. Visiting friends/ family
2. Work/ business trip (including military deployment)
3. Holiday/ travelling
4. Medical/ dental treatment
5. Religious pilgrimage
6. Volunteer work
7. School/ university/ college trip
8. Other (please specify)
9. Don't know/ I can't remember

S8. Please think about your trip(s) to the following countries and select all the statements which describe the things you did on that trip. If you visited the location more than once in the past 3 years, please consider each trip separately.

(Please select all that apply)

- Staying at the hotel resort/ going to the beach
- Visiting or spending time in rural areas/ the countryside **[RISK ACTIVITY]**
- Hiking or trekking in forests or jungles **[RISK ACTIVITY]**
- Camping or sleeping outdoors **[RISK ACTIVITY]**
- Cycling or mountain biking **[RISK ACTIVITY]**
- Humanitarian trip **[RISK ACTIVITY]**
- Cultural activities, e.g. visiting cities, museums, etc
- I spent time playing sports outside, e.g. football, golf, outdoor playgrounds **[RISK ACTIVITY]**
- Safari **[RISK ACTIVITY]**
- Cruise
- Business trip
- None of the above

Insert list of rabies countries selected in S4

If not high risk activity selected for any trip – CLOSE

S9. Which of the options below best describes your familiarity with each of the following illnesses?

1. Flu
2. Rabies
3. Yellow Fever
4. Meningitis
5. Tick-borne encephalitis (TBE)
6. Cholera
7. Typhoid
8. Hepatitis A
9. Hepatitis B

10. Human Papilloma Virus (HPV)
11. Shingles
12. Japanese encephalitis

1. I have never heard of it
2. I have heard of it but don't know anything about it
3. I know the name and just a few basic facts about the disease
4. I have some understanding of the disease
5. I have a good knowledge of the disease

S10. On a scale of 1 to 7, where 1 is completely disagree and 7 is completely agree, please indicate how much you agree with the following statements?

- ☐ 1= completely disagree
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7= completely agree

1. I trust vaccines to help prevent disease **[CONTINUE IF 5-7]**
2. **I try to avoid vaccines** because **I think they are not safe** **[CONTINUE IF 1-4]**
3. I believe vaccines reduce the risk of getting the disease **[CONTINUE IF 5-7]**
4. I don't know enough about vaccines to decide whether I believe in them or not

S11. How many children aged under 18 years old are currently living with you?

S12. In which region do you live?

E1. In your opinion, how would you classify the severity of each of the following diseases?
(Please select one answer per statement)

[PN: TOP, RESPONSES]

- ☐ Mild disease
- ☐ Somewhat severe disease
- ☐ Severe disease

- Very severe disease
- Life-threatening disease
- I don't know

[PN: LEFT, DISEASES]

1. Rabies
2. Tick-borne encephalitis (TBE)
3. Hepatitis A
4. Yellow Fever
5. Japanese Encephalitis
6. Typhoid
7. Tuberculosis
8. Cholera

E3. Based on your knowledge, which of the following, if any, lower your risk of being infected with rabies?

(Please select as many answers as you are aware of)

1. Avoiding contact with wild animals
2. Avoiding contact with domestic animals
3. Wash the wound when bitten/ scratched by an animal
4. Get rabies PEP (post-exposure rabies vaccine)
5. Covering up cuts or scratches if travelling into the countryside
6. Getting the pre-exposure rabies vaccine before travelling
7. Using antiseptic cream on animal bites/ scratched
8. Other, please specify **[PN: FIX]**
9. I don't know **[PN: FIX]**

B4. Which if any, of the following steps did you take to understand more about travel health requirements or recommendations for this destination?

(Please select as many answers as are relevant)

1. I talked to my family doctor **[PN: CODE AS SPOKE TO HCP]**
2. I talked to a pharmacist **[PN: CODE AS SPOKE TO HCP]**
3. I looked online
4. I went to a travel clinic **[PN: CODE AS SPOKE TO HCP]**
5. I talked to friends/ family members who have travelled to the same destination
6. I received information from the company I booked the trip with
7. I read a guidebook
8. I sought health advice about travelling to this location from somewhere or someone else , please specify **[PN: FIX]**
9. I did not seek health advice about travelling to this location **[PN: FIX]**

10. I don't remember [PN: FIX]

A4. Since you were 18, which, if any, of the following vaccinations have you received?
(Please select all that apply)

1. Rabies
2. Tick-borne encephalitis (TBE) [PN: DO NOT SHOW IN US]
3. Hepatitis A
4. Yellow Fever
5. Japanese Encephalitis
6. Typhoid
7. Tuberculosis
8. Cholera
9. None of the above [PN: FIX]

C9. Why did you decide to get the pre-exposure vaccination (PrEP) for rabies?
(Please select as many as are relevant)

1. My own research influenced me
2. I was going to a high-risk region
3. I was recommended to have the vaccination by a healthcare professional
4. I was recommended to have the vaccination by my friends or family
5. I was recommended to have the vaccination by my workplace
6. I was recommended to have the vaccination by a travel agent
7. I was recommended to have the vaccination in a travel clinic
8. I saw a government awareness campaign
9. I know someone who had a potential exposure to a rabid animal during a trip
10. I saw general information in the media
11. I have been bitten/ scratched by an animal in the past
12. I was going to be partaking in high-risk activities
13. I was going to be spending a lot of time around wild/stray animals
14. For my own peace of mind
15. Other, please specify [PN: FIX]
16. I don't remember [PN: FIX]
17. None of the above [PN: FIX]

C14. Why did you decide not to get the pre-exposure vaccination (PrEP) for rabies?

(Please select as many answers as are relevant)

1. I didn't have time for a follow up appointment

2. The vaccine is too expensive
3. My health insurance does not reimburse the rabies vaccination
4. I don't think my risk of rabies is sufficient to need it
5. The healthcare professional didn't suggest I had the vaccine
6. The healthcare professional said the vaccination wasn't necessary
7. My family or friends advised against it
8. I don't know whether the vaccination is effective
9. I didn't have enough information about the rabies vaccine to decide
10. I don't like needles
11. I don't trust vaccines
12. I could not get vaccinated due to health reasons
13. I am afraid of the adverse drug reactions / adverse events
14. There was an arduous dosing schedule
15. I don't think the rabies vaccination is available in my country
16. There was not enough time to complete the vaccination schedule before my trip started
17. I wanted to consult with family/friends before getting the vaccination
18. I wanted to do my own research before getting the vaccination
19. I needed time to think about it
20. I don't remember [PN: FIX]
21. Other specify [PN: FIX]

HCP

S2a. What is your primary medical specialty?
(Please select one answer only)

1. General practitioner/ Primary Care Physician
2. Paediatrician
3. Pharmacist
4. Nurse/ nurse practitioner
5. Physician Assistant [ONLY SHOW IN US]
6. Other (please specify)
7. None of the above [CLOSE]

S2b. How many years have you been practicing your primary medical specialty?
(Please write your answer in years)

<2 OR >40

S3. In which of the following settings do you work?

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(Please select all that apply)

1. Private practice
2. Primary care community practice/ General practice
3. Community hospital
4. Academic hospital
5. Travel centre/ travel clinic **[DO NOT SHOW IN SWEDEN]**
6. Vaccination centre
7. Retail pharmacy
8. Other (specify) **[CLOSE]**

ASK ALL WHO SELECTED MORE THAN 1 CODE IN S3

S4. In which, if any, of the settings you are working in do you have responsibility for advising or making decisions about vaccination requirements for your patients?

INCLUDE ALL CODES SELECTED IN S3 + ADD AN OPTION “None of them” IF NONE OF THEM SELECTED THANK AND CLOSE

AFTER S4, FOR RESPONDENTS WHO HAVE SELECTED 1 CODE ONLY SHOW: For the rest of the questionnaire, please answer all questions thinking about the **[INSERT CODE SELECTED]** you’re working in.

AFTER S4, FOR RESPONDENTS WHO HAVE SELECTED MORE THAN 1 CODE SHOW: For the rest of the questionnaire, please answer all questions thinking about the different settings you work in where you have responsibility for advising or making decisions about vaccination requirements for your patients.

ASK ALL WHO SELECTED ONLY 1 CODE IN S3

S5. Do you have responsibility for advising and making decisions about vaccination requirements for your patients in your current setting?

1. Yes
2. No **[CLOSE]**

S6. In which region do you work?

S7. Which, if any, of the below diseases do you personally discuss, recommend or prescribe vaccines for?

We know that in the current pandemic your vaccine offering might have been impacted. Therefore, for this question please think about all vaccines you would recommend or prescribe before the pandemic.

(Please select all that apply)

INSERT SETTING FROM S3 FOR SINGLE CODE OR S4 FOR MULTICODE IN S3

1. Flu
2. Rabies (pre-exposure)
3. Rabies (post-exposure)
4. Yellow fever
5. Meningitis (MenACWY)
6. Tick-borne encephalitis (TBE) **[DO NOT SHOW IN US]**
7. Cholera
8. Typhoid
9. Hepatitis A
10. Hepatitis B
11. Human Papilloma Virus (HPV)
12. Shingles
13. Japanese encephalitis
14. None of the above
15. Don't know

[IF CODE 6 AND 2 NOT SELECTED CLOSE]

S8. Thinking about before the pandemic, on average, how many patients per month did you personally discuss, recommend or prescribe the following vaccines to?

Please refer to the peak season for Flu and TBE vaccinations.

INSERT SETTING FROM S3 FOR SINGLE CODE OR S4 FOR MULTICODE IN S3

S9. On a scale of 1 to 7, where 1 is completely disagree and 7 is completely agree, please indicate how much you agree with the following statements?

- ☐ 1= completely disagree
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7= completely agree

1. I trust vaccines to help prevent infectious diseases [CONTINUE IF 5-7]
2. **I try to avoid vaccines** for my patients because **I think they are not safe** and can have side effects [CONTINUE IF 1-5]
3. I believe vaccines reduce the risk of catching the infection [CONTINUE IF 5-7]

S10. In the scenario where more than one product is available to vaccinate against a particular disease, which of the below best describes your role in the decision making process?

1. I do not have much control over which specific vaccine brand is prescribed in my practice
2. I would have some input into which specific vaccine brand is prescribed in my practice
3. I would be the main decision maker on which specific vaccine brand/ product is prescribed in my practice

C4. In a typical year, with how many of these [INSERT C3] patients do you discuss rabies vaccination with?

1. PrEP (Pre-exposure) vaccination only (although you may also inform them of the need for follow-up injections if bitten)
2. PEP (Post-exposure prophylaxis) vaccination only (which includes wound treatment, administration of RIG and rabies vaccination) in the event of a scratch or bite of potentially rabies-infected animal (dogs, bats, racoons, monkeys) (i.e. not recommend the PrEP (Pre-exposure prophylaxis) vaccination)
3. Both rabies PrEP (Pre-exposure Prophylaxis) vaccination and rabies PEP (Post-exposure prophylaxis)
4. Propose neither / do not discuss the rabies vaccination