

Supplementary Material

SURVEY:

Acceptance and Perception of COVID-19 Vaccination in Genitourinary Cancer Patients

1. What is your highest level of education?
 - a. No formal education
 - b. Some grade school (Grades 1 to 7)
 - c. Grade school graduate (Grade 8)
 - d. Some high school (grades 9 to 12)
 - e. High school graduate or General Education Development Test (GED)
 - f. Post high school training other than college
 - g. Some college or an associate degree
 - h. College graduate
 - i. Master's degree
 - j. Doctoral degree

2. What is your personal annual income (before taxes)?
 - a. Less than \$40,000
 - b. \$40,000-\$100,000
 - c. More than \$100,000
 - d. Decline to answer

3. What is your current employment status?
 - a. Employed more than or equal to 32 hours/week
 - b. Employed less than 32 hours/week
 - c. Employed, but on medical leave
 - d. Full time student
 - e. Part time student
 - f. Unemployed, seeking work
 - g. Retired
 - h. Other

4. Do you usually get the flu shot or other vaccines (e.g., chicken pox, measles, mumps, rubella)?
 - a. Yes
 - b. No
 - c. I'd rather not respond

5. Have you ever tested positive for COVID-19?
 - a. Yes
 - b. No

6. Have you received your COVID-19 vaccination?
 - a. Yes, I received one dose of Pfizer
 - b. Yes, I received one dose of Moderna

- c. Yes, I received the full dose of Pfizer
- d. Yes, I received the full dose of Moderna
- e. Yes, I received the full dose of Johnson & Johnson
- f. No

If you answered YES (c, d, or e) to question 6, please answer the following:

If you answered YES to question 6, please answer questions 8-12	If you answered NO to question 6, please answer questions 13-18
	<p>13. Are you planning to get the COVID-19 vaccine?</p> <p>A. Yes B. No</p>
<p>8. Prior to vaccination how hesitant were you to receive the COVID-19 vaccine?</p> <p>A. Extremely hesitant B. Very hesitant C. Somewhat hesitant D. A little hesitant E. Not at all hesitant</p>	<p>14. How hesitant are you to receive the COVID-19 vaccine?</p> <p>A. Extremely hesitant B. Very hesitant C. Somewhat hesitant D. A little hesitant E. Not at all hesitant</p>
<p>9. Vaccination was a good idea because I feel less worried about catching COVID-19</p> <p>[1] Strongly Agree [2] Agree [3] Disagree</p>	<p>15. Vaccination is a good idea because I feel less worried about catching COVID-19</p> <p>[1] Strongly Agree [2] Agree [3] Disagree</p>
<p>10. I was worried that the possible side-effects of the COVID-19 vaccination would interfere with my cancer treatment.</p> <p>[1] Strongly Agree [2] Agree [3] Disagree [4] Strongly Disagree</p>	<p>16. I was worried that the possible side-effects of the COVID-19 vaccination would interfere with my cancer treatment.</p> <p>[1] Strongly Agree [2] Agree [3] Disagree [4] Strongly Disagree</p>

<p>11. What concerns did you have, if any, about receiving the COVID-19 vaccine? (Please select all that apply)</p> <ul style="list-style-type: none"> A. Side effects/allergic reactions (possibly harmful) B. Cost of receiving the COVID-19 vaccine C. I had already had COVID-19 infection, so I wasn't sure a vaccine was necessary D. Distribution process of the COVID-19 vaccine (i.e., vaccine storage requirements). E. Securing an appointment F. Difficulty travelling to vaccine distribution site G. Didn't have enough time to get the COVID-19 vaccine H. Unsure which COVID-19 vaccine was best for me I. Vaccination is against my religious beliefs J. I am opposed to vaccination, in general K. Other (please specify) L. None 	<p>17. What concerns do you have, if any, about receiving a COVID-19 vaccine? (Please select all that apply)</p> <ul style="list-style-type: none"> A. Side effects/allergic reactions (possibly harmful) B. Cost associated with receiving the COVID-19 vaccine. C. I have already had COVID-19 so I don't believe a vaccine is necessary. D. Distribution process of the COVID-19 vaccine (i.e., vaccine storage requirements). E. Securing an appointment. F. Difficulty travelling to get the COVID-19 vaccine. G. Don't have time to get the COVID-19 vaccine. H. Unsure which COVID-19 vaccine is best for me I. Vaccination is against my religious beliefs J. I am opposed to vaccination, in general K. Other (please specify) L. None
<p>12. Which of the following influenced your decision to get or not get the COVID-19 vaccine? (Please select all that apply)</p> <ul style="list-style-type: none"> A. Physician's opinion B. Social media/news C. Family/friend's opinions D. Personal beliefs E. Data from vaccine trials 	<p>18. Which of the following influenced your decision to get or not get the COVID-19 vaccine? (Please select all that apply)</p> <ul style="list-style-type: none"> A. Physician's opinion B. Social media/news C. Family/friend's opinions D. Personal beliefs E. Data from vaccine trials

7. Have you already received the booster dose?

- a. Yes
- b. No

7a. Did you switch vaccine manufacturers? (Ex. You received the first two doses of Moderna, but then received a Pfizer booster) (If YES to question 7)

- a. Yes
- b. No

7b. Who was the manufacturer of the booster shot you received? (If YES to question 7a)

- a. Pfizer
- b. Moderna
- c. Johnson & Johnson
- d. Other

7c. Why did you choose to switch manufacturers? (If YES to question 7a)

7d. Do you plan to receive the booster? (If NO to question 7)

- a. Yes
- b. No

7e. Why? (If NO to question 7d)

Since you decided (or not) to get the COVID-19 vaccine how often have you been bothered by the following problems?

19. Little interest or pleasure in doing things

Please circle the number (0-3) that best describes your situation

Not at all	Several days	More than half the days	Nearly everyday
0	1	2	3

20. Feeling down, depressed or hopeless

Please circle the number (0-3) that best describes your situation

Not at all	Several days	More than half the days	Nearly everyday
0	1	2	3

21. Feeling nervous, anxious, or on the edge

Please circle the number (0-3) that best describes your situation

Not at all	Several days	More than half the days	Nearly everyday
0	1	2	3

22. Not being able to stop or control worrying

Please circle the number (0-3) that best describes your situation

Not at all	Several days	More than half the days	Nearly everyday
0	1	2	3