

YouGov Survey Results

Sample Size: 1711 GB Adults
Fieldwork: 3rd - 4th June 2021

	Vote In 2019 GE				2016 EU Ref		Gender		Age				Social Grade		Region					Vaccine type		
	Total	Con	Lab	Lib Dem	Remain	Leav e	Male	Female	18-24	25-49	50-64	65+	ABC 1	C2DE	London	Rest of South	Midlands / Wales	North	Scotland	Pfizer	Astrazeneca	Moderna
Weighted Sample	1711	580	424	154	635	678	832	879	187	713	412	399	975	736	205	575	371	412	147	465	816	26
Unweighted Sample	1711	602	398	165	694	673	790	921	133	746	415	417	986	725	172	605	392	393	149	486	835	26
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

How would you describe your personal situation regarding COVID-19 vaccines?

I have received all the injections required to be fully vaccinated against COVID-19	52	65	44	59	52	66	49	56	15	27	70	97	48	58	45	56	53	51	50	68	69	3
I have started the vaccination process, but need another shot	26	23	34	23	34	22	30	22	6	46	23	1	28	23	27	23	26	27	28	32	31	97
I plan to get vaccinated	13	6	17	16	12	5	13	14	61	15	1	0	17	9	19	12	10	13	18	0	0	0
I will not get vaccinated	4	4	2	1	1	4	4	5	3	8	3	1	4	6	4	5	6	4	3	0	0	0
I'm not sure about getting vaccinated	4	2	3	1	2	3	4	4	14	5	2	1	4	5	5	4	5	5	1	0	0	0

What vaccine did you receive for your *first dose*?

[Asked only to those who had started the vaccination process or had received all the injections required to be fully vaccinated; n=1375]

Pfizer-BioNtech	35	34	37	38	36	34	29	40	49	40	22	39	36	33	32	36	35	35	32	100	0	0
Oxford-AstraZeneca	61	64	59	58	59	65	66	56	47	53	75	60	60	63	63	60	62	60	63	0	100	0
Moderna	2	1	2	2	2	1	3	1	2	5	0	0	2	1	2	2	1	3	1	0	0	100
Don't know/can't recall	2	1	3	2	2	1	2	2	3	3	3	1	2	3	2	2	2	2	4	0	0	0

And what vaccine did you receive for your *second dose*?

[Asked only to those who answered that they had received all the injections required to be fully vaccinated; n=919]

Pfizer-BioNtech	36	36	33	38	36	36	31	40	40	38	28	40	35	36	36	39	33	34	32	100	0	0
Oxford-AstraZeneca	62	62	64	59	61	63	67	58	60	57	70	59	63	61	59	59	66	63	64	0	99	100
Moderna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Don't know/can't recall	2	1	4	2	3	1	2	3	0	5	2	1	3	2	5	2	1	3	4	0	1	0

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	Total	Con	Lab	Lib Dem	Remain	Leav e	Male	Female	18-24	25-49	50-64	65+	ABC 1	C2DE	London	Rest of South	Midlands / Wales	North	Scotland	Pfizer	Astrazeneca	Moderna
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	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

How serious would you describe any side effects you suffered from **the second dose** of the COVID-19 vaccine you received? Please list the side effects you suffered that you would categorise as being that level of severity. If you did not suffer any side effects, please choose the "I did not suffer any side effects" option. **If you have not yet had a second dose of the COVID-19 vaccine, please select the N/A option**

[Asked only to those who had started the vaccination process or had received all the injections required to be fully vaccinated; n=1375. An open response box appeared after the 'minor', 'moderate' and 'major' response options into which respondents entered the side effects they experienced that they classed at this severity.

Respondents could tick multiple response options.

I did not suffer any side effects	42	46	35	35	36	46	46	38	27	32	38	61	38	47	39	41	47	42	36	50	36	39
I suffered minor side effects:	40	38	46	50	47	35	39	42	55	49	42	26	46	34	41	45	35	37	44	44	39	48
I suffered moderate side effects	15	13	20	13	15	16	13	18	17	16	18	12	15	16	17	13	16	18	19	5	23	0
I suffered major side effects	2	3	1	1	1	3	2	2	0	3	2	1	1	2	3	1	2	2	2	1	3	0
Don't know/can't recall	1	1	0	1	1	1	2	1	1	2	1	1	1	2	2	1	1	2	0	1	1	13

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	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

How serious would you describe any side effects you suffered from **the second dose** of the COVID-19 vaccine you received? Please list the side effects you suffered that you would categorise as being that level of severity. If you did not suffer any side effects, please choose the "I did not suffer any side effects" option. **If you have not yet had a second dose of the COVID-19 vaccine, please select the N/A option**

[Asked only to those had received all the injections required to be fully vaccinated; n=919. An open response box appeared after the 'minor', 'moderate' and 'major' response options into which respondents entered the side effects they experienced that they classed at this severity. Respondents could tick multiple response options.]

I did not suffer any side effects.	63	67	59	56	61	64	70	57	36	58	56	72	63	63	66	59	66	66	59	55	67	100
I suffered minor side effects:	29	26	34	34	30	28	22	34	42	31	32	24	29	28	25	31	26	28	33	33	27	0
I suffered moderate side effects	7	5	7	10	8	6	6	7	17	8	10	3	7	6	6	7	8	5	7	10	5	0
I suffered major side effects	1	1	0	1	0	1	0	1	0	1	1	0	0	1	0	1	1	1	0	1	1	0
Don't know/can't recall	1	1	0	0	1	1	2	1	5	2	1	1	1	2	1	2	1	1	1	2	1	0
N/A - I have not had a second dose of the COVID-19 vaccine	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0

Worst level of side effect on first dose

I did not suffer any side effects.	42	46	35	35	36	46	46	38	27	32	38	61	38	47	39	41	47	42	36	50	36	39
I suffered minor side effects:	40	37	44	50	46	35	38	41	55	48	41	26	45	33	40	45	34	36	44	43	38	48
I suffered moderate side effects	15	13	20	13	15	16	13	18	17	16	18	12	15	16	17	13	16	17	19	5	23	0
I suffered major side effects	2	3	1	1	1	3	2	2	0	3	2	1	1	2	3	1	2	2	2	1	3	0
Don't know/can't recall	1	1	0	1	1	1	2	1	1	2	1	1	1	2	2	1	1	2	0	1	1	13

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	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Worst level of side effect on second dose

[Including only those who have had two doses of the vaccine; n=919]

I did not suffer any side effects.	63	67	59	56	61	64	70	57	36	58	56	72	63	63	66	59	66	66	59	55	67	100
I suffered minor side effects:	29	26	33	34	30	28	22	34	42	31	32	24	29	28	25	31	26	28	33	33	26	0
I suffered moderate side effects	7	5	7	9	7	6	6	7	17	7	10	3	7	6	6	7	8	4	7	9	5	0
I suffered major side effects	1	1	0	1	0	1	0	1	0	1	1	0	0	1	0	1	1	1	0	1	1	0
Don't know/can't recall	1	1	1	0	1	1	2	1	5	3	1	1	1	2	3	2	1	1	1	2	1	0

Worst level of side effect overall

[Including only those who have had one or two doses of the vaccine; n=1375]

I did not suffer any side effects.	37	40	32	31	32	41	43	32	22	30	32	53	34	42	37	35	43	37	30	43	33	39
I suffered minor side effects:	42	40	46	50	48	37	39	45	52	49	42	32	46	36	39	46	36	40	47	46	40	48
I suffered moderate side effects	17	15	21	17	18	17	15	20	25	16	22	14	17	17	19	16	17	18	21	9	23	0
I suffered major side effects	2	3	1	2	2	3	2	3	0	3	3	1	1	3	3	2	3	2	2	1	3	0
Don't know/can't recall	1	1	0	1	1	1	2	1	1	2	1	0	1	2	2	1	1	2	0	1	1	13

Minor side effects from either dose of vaccine

[Coded from verbatim responses of 'minor', side effects experienced after first or second dose of the vaccine; n=1375].

Sore Arm / ache in arm	23	20	25	32	25	21	18	27	30	26	21	18	24	21	20	25	22	20	26	32	17	48
Tired / fatigue / lethargy	14	14	18	16	17	12	12	17	17	15	15	12	16	12	8	17	13	14	15	13	16	0
Headache	13	13	13	13	12	14	10	17	17	14	15	10	13	13	13	14	11	14	13	12	15	4
Flu-like symptoms	6	5	5	8	7	5	7	4	7	5	7	5	7	4	6	7	2	6	5	3	7	0
OTHER	4	3	5	3	5	3	3	4	14	5	1	3	4	3	4	3	3	3	7	5	3	0
Chills / shivers	3	3	4	2	3	3	2	4	0	4	3	2	4	2	2	4	3	3	3	1	4	6
Aches (unspecified location)	3	3	4	4	4	2	2	4	11	2	4	2	3	2	1	5	1	2	4	2	4	0
Nausea	2	2	2	2	2	2	1	2	2	2	3	1	2	2	2	2	3	2	2	1	2	3
Fever	2	2	2	1	2	2	2	2	6	4	0	1	2	1	4	2	2	1	4	2	2	0
Temperature	2	2	3	2	2	2	2	2	0	2	2	2	2	1	3	2	1	2	2	1	2	0
Muscle aches	1	0	1	0	1	0	1	1	0	1	0	1	1	1	1	1	0	1	2	2	0	0
Stiffness	1	0	0	2	1	0	1	1	0	0	1	0	0	1	1	1	0	1	0	0	1	0
General Malaise	1	0	1	3	1	1	1	1	0	1	2	0	1	1	2	1	1	1	1	1	1	0
Dizziness	1	0	0	0	0	0	1	1	0	1	0	0	1	0	0	1	0	1	1	1	1	0
Swelling on arm / at injection site	1	1	0	1	1	1	1	1	0	1	0	1	1	1	2	1	1	0	2	1	1	0
Unable to sleep	1	0	0	2	1	0	1	1	3	1	0	0	1	0	1	1	0	0	1	0	1	0
Ache (other specified area)	1	1	1	1	1	2	1	1	0	2	1	0	1	1	0	1	1	1	4	1	1	0
Numb arm	1	0	1	1	1	0	1	1	0	1	0	0	1	1	0	0	1	1	0	1	0	0
Feeling hot and cold	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0

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	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Feeling cold	0	0	0	2	1	0	0	1	0	0	0	1	0	1	1	0	0	0	1	0	1	0
Sweats	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Joint aches	0	1	0	0	0	1	1	0	0	1	1	0	0	1	0	0	1	1	0	1	0	0
Lightheaded	0	0	1	0	1	0	1	0	0	1	1	0	1	0	0	0	1	1	0	1	0	0

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	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Moderate side effects from either dose of

[Coded from verbatim responses of 'moderate', side effects experienced after first or second dose of the vaccine; n=1375].

Headache	8	6	10	6	7	8	4	11	16	7	9	5	7	9	6	7	6	8	14	4	10	0
Tired / fatigue / lethargy	7	5	11	6	8	6	5	8	12	5	8	7	7	6	6	5	7	7	10	4	9	0
Flu-like symptoms	5	4	5	2	4	6	4	5	11	4	7	3	5	5	4	5	4	4	5	2	7	0
Chills / shivers	3	3	5	3	4	3	2	5	2	4	3	2	3	3	6	3	2	3	5	1	4	0
Fever	3	2	3	3	3	2	3	3	2	5	2	1	3	2	3	2	4	2	4	1	4	0
Sore Arm / ache in arm	3	3	4	3	3	4	2	4	9	3	4	1	3	3	4	4	4	2	2	3	3	0
OTHER	2	2	2	2	2	2	1	3	8	2	2	1	2	2	2	1	3	1	6	2	2	0
Nausea	2	2	2	3	2	3	1	4	4	2	3	2	2	3	3	2	2	2	5	1	3	0
Aches (unspecified location)	2	2	3	2	2	2	2	3	8	3	2	2	2	3	2	2	3	3	1	2	3	0
Temperature	2	1	2	2	2	2	2	2	0	2	2	2	1	2	0	2	2	2	1	1	3	0
Feeling hot and cold	1	0	0	0	0	0	0	1	4	1	0	0	0	1	0	0	1	1	0	0	1	0
Feeling cold	1	1	0	1	0	1	1	0	0	1	1	0	1	0	1	1	0	0	1	0	1	0
Sweats	1	1	1	1	2	1	1	1	6	1	1	0	1	1	0	0	1	2	3	1	1	0
Muscle aches	1	2	2	0	2	1	1	1	0	1	1	1	1	1	1	1	1	1	2	0	2	0
General Malaise	1	1	1	2	1	2	1	2	0	2	1	2	1	2	1	1	2	3	0	0	2	0
Dizziness	1	0	1	0	0	1	0	1	2	1	0	0	0	1	0	0	1	1	0	0	1	0
Ache (other specified area)	1	1	1	2	1	1	1	2	0	2	1	1	1	1	2	1	1	1	2	1	1	0
Stiffness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Joint aches	0	1	0	1	1	1	0	1	0	0	1	0	0	1	0	0	1	0	2	0	1	0
Swelling on arm / at injection site	0	1	0	1	0	1	0	1	0	0	1	1	1	0	2	0	0	1	1	0	1	0
Unable to sleep	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Numb arm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Major side effects from either dose of vaccine

[Coded from verbatim responses of 'major', side effects experienced after first or second dose of the vaccine; n=1375].

Headache	1	1	0	1	1	1	0	1	0	1	1	0	0	1	1	1	2	1	1	0	1	0
OTHER	1	1	0	1	0	1	0	1	0	1	1	0	0	1	0	1	1	1	0	0	1	0
Chills / shivers	1	1	0	0	0	1	1	1	0	1	1	0	0	1	0	0	1	0	1	0	1	0
Nausea	1	1	0	1	0	1	1	0	0	1	0	0	0	1	2	0	0	0	2	0	1	0
Fever	1	1	0	1	0	1	1	1	0	1	0	0	1	1	1	0	2	0	1	0	1	0
Tired / fatigue / lethargy	1	1	1	0	1	1	0	1	0	1	0	1	1	1	1	0	1	1	1	0	1	0
Feeling hot and cold	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0
Feeling cold	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Joint aches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Malaise	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dizziness	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0
Ache (other specified area)	0	1	0	0	0	1	1	0	0	1	0	0	0	0	1	0	1	0	0	0	1	0
Aches (unspecified location)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Flu-like symptoms	0	0	0	0	1	0	0	1	0	0	1	0	0	0	1	1	0	0	1	0	1	0
Sore Arm / ache in arm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0