Question	**Answer**
◆ **【Demographic characteristics】**	
1. Age (years)	☐ 18-19 ☐ 20-21 ☐ 22-23
2. Gender	☐ Male ☐ Female
3. Ethnicity	☐ The Han group ☐ The minority ethnic group
4. Region of residence	☐ Rural ☐ Urban
5. College major	☐ Medicine ☐ Non-medicine
6. Grade level	☐ Junior grade ☐ Middle grade ☐ Senior grade
7. University location	☐ Less developed regions ☐ Developing regions ☐ Developed regions
8. Relatives with medical background	☐ No ☐ Non-immediate relatives ☐ Immediate relatives
◆ **【The awareness of the COVID-19 vaccine】**	
1. How well you know about the information about the current state-approved vaccines?	☐ Totally ☐ Mostly ☐ A little ☐ Not at all
2. Which of the following groups do you think are contraindicated to COVID-19 vaccination?	☐ Patients with immunodeficiencies ☐ Patients with severe chronic diseases ☐ Pregnant women ☐ Patients with epilepsy
◆ **【The acceptance of the COVID-19 vaccine】**	

1. Are you willing to accept the COVID-19 vaccine?	☐ Willing ☐ Unwilling before but willing now ☐ Unwilling
◆ **【Relevant factors about the awareness and acceptance of the COVID-19 vaccine】**	
1. Are you satisfied with the current state of pandemic control?	☐ Yes ☐ No
2. Do you think the COVID-19 pandemic will rebound?	☐ Yes ☐ No
3. Do you know any side-effects of the current COVID-19 vaccines?	☐ Yes ☐ No
4. Do you think “whether to vaccinate” will affect how others’ evaluation of you?	☐ Unaffected ☐ Moderately affected ☐ Completely affected
5. Whether there were relatives involved in the fight against COVID-19?	☐ Yes ☐ No
6. Which channel do you prefer to get vaccinated?	☐ Community and others ☐ School ☐ Hospital
7. Which source do you trust more to obtain COVID-19 information?	☐ Government ☐ News ☐ WeChat ☐ Authoritative media ☐ School ☐ Relatives and friends ☐ Others________________
8. If there is a charge for vaccination, what is the range of charge you can accept for vaccines?	☐ Free ☐ ≤ 200 RMB ☐ 201- 400 RMB ☐ > 400 RMB
9. Are you concerned about the differences of vaccine manufacturers between different vaccine injections?	☐ Yes ☐ No ☐ Neutral
10. How often do you currently wear mask?	☐ Not or occasionally ☐ Public only ☐ Frequently ☐ All the time

11. How well do you accept the current state-approved vaccines? (such as HPV-vaccine for girls)	☐ Low ☐ Moderate ☐ High
◆ **【Mental and psychological characteristics】**	
1. Mental state (please select according to your actual situation in the last two weeks; 0 means "Not At All", 1 means "Several Days", 2 means "Over Half the Days", and 3 means "Nearly Every Day") **Over the last 2 weeks, how often have you been bothered by the following problems?**	
1) Feeling nervous, anxious, or on edge?	☐ 3 ☐ 2 ☐ 1 ☐ 0
2) Not being able to stop or control worrying?	☐ 3 ☐ 2 ☐ 1 ☐ 0
3) Worrying too much about different things?	☐ 3 ☐ 2 ☐ 1 ☐ 0
4) Trouble relaxing?	☐ 3 ☐ 2 ☐ 1 ☐ 0
5) Being so restless that it's hard to sit still?	☐ 3 ☐ 2 ☐ 1 ☐ 0
6) Becoming easily annoyed or irritable?	☐ 3 ☐ 2 ☐ 1 ☐ 0
7) Feeling afraid as if something awful might happen?	☐ 3 ☐ 2 ☐ 1 ☐ 0
2. Sleep status (Please select according to your actual situation in the last month; 0 means "None", 1 means "Mild", 2 means "Moderate", 3 means "Severe", and 4 means "Very Severe")	
1) Difficulty falling asleep?	☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
2) Difficulty maintaining sleep?	☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
3) Early awakening?	☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
4) How satisfied/dissatisfied are you with your current sleep pattern?	☐ 4 Very Dissatisfied ☐ 3 Dissatisfied ☐ 2 Neutral ☐ 1 Satisfied ☐ 0 Very Satisfied

5) To what extent do you consider your sleep problem to interfere with your daily functioning?	☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
6) How noticeable to others do you think your sleeping problem is in terms of impairing the quality of your life?	☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
7) How worried/distressed are you about your current sleep problem?	☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0