Instructions: Please complete the following questions to reflect your opinions as accurately as possible and to answer questions to the best of your knowledge. Your information will be kept strictly confidential.

Q1 What is your youngest child’s date of birth? (yyyy/mm/dd)

If What is your youngest child... Is Less Than 2010/10/20, Then Skip To End of Block

Q2 How old are you (years)?

If How old are you (years)? Is Less Than 18, Then Skip To End of Block

Q3 What is your gender?

* Female (1)
* Male (2)

Q4 Do you consider yourself to be of Hispanic origin or descent, such as Mexican, Mexican-American, Central American, South American or Puerto Rican, Cuban, or other Spanish-Caribbean background?

* Yes (1)
* No (2)

Q5 Please choose one or more of the following to describe your race (select all that apply):

* White (1)
* Black or African-American (2)
* American Indian (3)
* Asian (4)
* Native Hawaiian or other Pacific Islander (5)
* Other (6)

Q6 In what country/territory were you born?

* United States (1)
* Puerto Rico, Guam, U.S. Virgin Islands, or another U.S. territory (2)
* Country outside the U.S. (3)

Q7 In what country/territory was your youngest child born?

* United States (1)
* Puerto Rico, Guam, U.S. Virgin Islands, or another U.S. territory (2)
* Country outside the U.S. (3)

Q8 Please indicate the geographic region in which you live:

* Alabama (1)
* Alaska (2)
* Arizona (3)
* Arkansas (4)
* California (5)
* Colorado (6)
* Connecticut (7)
* Delaware (8)
* Florida (9)
* Georgia (10)
* Hawaii (11)
* Idaho (12)
* Illinois (13)
* Indiana (14)
* Iowa (15)
* Kansas (16)
* Kentucky (17)
* Louisiana (18)
* Maine (19)
* Maryland (20)
* Massachusetts (21)
* Michigan (22)
* Minnesota (23)
* Mississippi (24)
* Missouri (25)
* Montana (26)
* Nebraska (27)
* Nevada (28)
* New Hampshire (29)
* New Jersey (30)
* New Mexico (31)
* New York (32)
* North Carolina (33)
* North Dakota (34)
* Ohio (35)
* Oklahoma (36)
* Oregon (37)
* Pennsylvania (38)
* Rhode Island (39)
* South Carolina (40)
* South Dakota (41)
* Tennessee (42)
* Texas (43)
* Utah (44)
* Vermont (45)
* Virginia (46)
* Washington (47)
* Washington, D.C. (48)
* West Virginia (49)
* Wisconsin (50)
* Wyoming (51)
* U.S. territories and Virgin Islands (52)

Q9 Which of the following best describes the type of community you live in?

* Urban (1)
* Suburban (2)
* Rural (3)

Q10 In your household, how many children under the age of 18 years old do you make medical decisions for?

* 1 (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* 7 or more (7)

Q11 What type of health or medical insurance do you have (select all that apply):

* Private Insurance Plan (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medicare (2)
* Medicaid (3)
* Veteran (4)
* Another government benefit health care program (5)
* No health insurance (6)
* Do not know (7)

Q12 What type of health or medical insurance does your child(ren) have (select all that apply):

* Private Insurance Plan (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medicaid (2)
* State government benefit health care program (3)
* No health insurance (4)
* Do not know (5)

Q13 Where would you go to get a complete record of your child’s immunization/vaccine history? (select all that apply)

* Primary care provider/Pediatrician/Family physician (1)
* I keep these records at home (2)
* State or Local Public Health Department (3)
* My child’s school (4)
* Immunization Registry (information system providing full immunization records) (5)
* I don’t know (6)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q14 Has your comfort level regarding all recommended vaccines for children changed between your older child(ren) and your youngest child?

* I feel more comfortable about vaccinating my youngest child than I did with my older child(ren). (1)
* I feel less comfortable about vaccinating my youngest child than I did with my older child(ren). (2)
* My approach has not changed. I have never felt comfortable about vaccinating my child(ren). (3)
* My approach has not changed. I have always felt comfortable about vaccinating my child(ren). (4)
* Not Applicable – I only have one child (5)

Instructions Please select the answer choice that best describes your knowledge of the vaccines your youngest child has received.

Q16

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Whooping Cough (Diphtheria, Tetanus, and acellular Pertussis (DTaP)) (1) |  |  |  |

Q17

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Polio (1) |  |  |  |

Q18

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Hepatitis A (HAV) (1) |  |  |  |

Q19

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Hepatitis B (HBV) (1) |  |  |  |

Q20

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Hib (Haemophilus Influenzae type b) (1) |  |  |  |

Q21

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Rotavirus (RV) (1) |  |  |  |

Q22

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Flu (Influenza) – Last Season (2015/2016) (1) |  |  |  |

Q23

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Flu (Influenza) – Current Season (2016/2017) (1) |  |  |  |

Q24

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Measles, mumps, and rubella (MMR) (1) |  |  |  |

Q25

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Pneumonia (Pneumococcal (PCV)) (1) |  |  |  |

Q26

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, s/he has received this vaccine (1) | No, s/he has not received this vaccine (2) | Not sure if s/he has received this vaccine (3) |
| Chickenpox (Varicella) (1) |  |  |  |

Q27 In general, where do you get your child(ren) vaccinated?

* Primary care provider/Pediatrician/Family physician office (1)
* Community/Public Health clinic (2)
* Hospital (3)
* Pharmacy/retail clinics (e.g., CVS, Walgreens, Walmart, grocery store pharmacy) (4)
* School health clinic (5)
* Place of worship (6)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions Please rate your level of trust in each of the following items.

Q28

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information and recommendations from my child(ren)’s doctor or health care provider (1) |  |  |  |  |  |  |  |

Q29

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from complementary/ alternative medicine sources (1) |  |  |  |  |  |  |  |

Q30

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from friends/other parents (1) |  |  |  |  |  |  |  |

Q31

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from family members (1) |  |  |  |  |  |  |  |

Q32

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information suggested or identified by Internet search engines (1) |  |  |  |  |  |  |  |

Q33

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from health information sites (e.g., webpages, apps) (1) |  |  |  |  |  |  |  |

Q34

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from news sites (1) |  |  |  |  |  |  |  |

Q35

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from social media (e.g., Facebook, Twitter) (1) |  |  |  |  |  |  |  |

Q36

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Food & Drug Administration (FDA), the federal government agency that licenses vaccines (1) |  |  |  |  |  |  |  |

Q37

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Centers for Disease Control and Prevention (CDC), the federal government agency that makes recommendations about who should get licensed vaccines (1) |  |  |  |  |  |  |  |

Q38

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Federal government agencies responsible for monitoring the safety of recommended childhood vaccines (1) |  |  |  |  |  |  |  |

Q39

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Experts who make vaccines recommendations (1) |  |  |  |  |  |  |  |

Q40

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Scientists involved in developing and testing new vaccines (1) |  |  |  |  |  |  |  |

Q41

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Companies that make or produce the vaccines recommended for children (1) |  |  |  |  |  |  |  |

Q42

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from religious/faith organization(s) or leader(s) (1) |  |  |  |  |  |  |  |

Q43

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from magazines/ newspapers/radio/television (1) |  |  |  |  |  |  |  |

Q44

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Trust - 1 (1) | 2 (2) | 3 (3) | 4 (4) | Complete Trust - 5 (5) | Don't Know (6) | Don't Use (7) |
| Vaccine information from a celebrity or other public figure (1) |  |  |  |  |  |  |  |

Q45 Where do you get your most trusted information regarding childhood vaccines and their safety and effectiveness? (select your top three choices)

* Child(ren)’s Primary care provider/Pediatrician/Family physician (1)
* Community or school clinic (2)
* Pharmacy (3)
* Friends and/or other parents (4)
* Internet research (5)
* Academic journals (6)
* News Media (TV/radio/print news) (7)
* Media (TV/radio shows, etc.) (8)
* Family Members (9)
* Religious/Faith Leader(s) (10)
* Social Media (11)
* Other (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions On a scale of 1 (strongly disagree) to 5 (strongly agree), please indicate how strongly you agree with the following statements about vaccines.

Q46

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I generally don’t have time to get my child vaccinated. (1) |  |  |  |  |  |

Q47

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I often find it difficult to find transportation to go get my child vaccinated. (1) |  |  |  |  |  |

Q48

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I am generally satisfied with the information available about vaccine safety. (1) |  |  |  |  |  |

Q49

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I am generally satisfied with the information available about vaccine effectiveness. (1) |  |  |  |  |  |

Q50

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| Getting my child immunized generally costs too much money. (1) |  |  |  |  |  |

Q51

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I often worry that my child cannot deal with the pain from the needles used for vaccines. (1) |  |  |  |  |  |

Instructions On a scale of 1 (strongly disagree) to 5 (strongly agree), please indicate how strongly you agree with the following statements.

Q52

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I have someone I think of as my child’s pediatrician or healthcare provider. (1) |  |  |  |  |  |

Q53

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| When I was selecting a primary care provider/ pediatrician/family physician for my youngest child, I considered whether the provider would allow me to decide what vaccine schedule was best for my child. (1) |  |  |  |  |  |

Q54

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I generally trust my healthcare provider to tell me about both the risks and benefits of vaccines. (1) |  |  |  |  |  |

Q55

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| My child’s primary care provider/pediatrician/family physician spends enough time with me to answer my questions about vaccines. (1) |  |  |  |  |  |

Instructions On a scale of 1 (strongly disagree) to 5 (strongly agree) please indicate how strongly you agree with the following statements about vaccines.

Q56

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| Vaccines strengthen a child's immune system. (1) |  |  |  |  |  |

Q57

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| Vaccines protect the community from harmful diseases. (1) |  |  |  |  |  |

Q58

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| Vaccines protect my child against serious diseases. (1) |  |  |  |  |  |

Instructions Which vaccine(s), if any, do you think are important for your child?

Q59

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Whooping Cough (Diphtheria, Tetanus, and acellular Pertussis (DTaP)) (1) |  |  |  |

Q60

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Polio (1) |  |  |  |

Q61

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Hepatitis A (HAV) (1) |  |  |  |

Q62

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Hepatitis B (HBV) (1) |  |  |  |

Q63

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Hib (Haemophilus Influenzae type b) (1) |  |  |  |

Q64

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Rotavirus (RV) (1) |  |  |  |

Q65

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Flu (Influenza) – Current Season (2016-2017) (1) |  |  |  |

Q66

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Flu (Influenza) – Last Season (2015-2016) (1) |  |  |  |

Q67

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Measles, mumps, and rubella (MMR) (1) |  |  |  |

Q68

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Pneumonia (Pneumococcal (PCV)) (1) |  |  |  |

Q69

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, this vaccine is important for my child (1) | No, this vaccine is not important for my child (2) | Not sure (3) |
| Chickenpox (Varicella) (1) |  |  |  |

Instructions On a scale of 1 (strongly disagree) to 5 (strongly agree) please indicate how strongly you agree with the following statements about vaccines.

Q70

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| It is possible to get too many vaccines at once. (1) |  |  |  |  |  |

Q71

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I generally understand how vaccines work. (1) |  |  |  |  |  |

Q72

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I often worry that vaccines might cause short-term problems like fever or discomfort. (1) |  |  |  |  |  |

Q73

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I often worry that vaccines might cause long-term problems like seizure disorders. (1) |  |  |  |  |  |

Q74

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I often worry that vaccines are recommended more for money or business reasons than because of need. (1) |  |  |  |  |  |

Q75

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I generally think that vaccines for children are unsafe. (1) |  |  |  |  |  |

Instructions On a scale of 1 (strongly disagree) to 5 (strongly agree), please indicate how strongly you agree with the following statements.

Q76

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| My friends would think I am a good person for getting my child(ren) vaccinated. (1) |  |  |  |  |  |

Q77

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| It is important for everyone to get the recommended vaccines for their child(ren). (1) |  |  |  |  |  |

Q78

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| Members of my family think it is important to get children vaccinated. (1) |  |  |  |  |  |

Q79

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I feel social pressure to get the recommended vaccines for my child(ren). (1) |  |  |  |  |  |

Q80

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| Most people I know are getting their child(ren) vaccinated. (1) |  |  |  |  |  |

Instructions On a scale of 1 (strongly disagree) to 5 (strongly agree), please indicate how strongly you agree with the following statements.

Q81

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I like thinking a lot about vaccine decisions. (1) |  |  |  |  |  |

Q82

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I prefer to do my own research about vaccines rather than be told what to do or accept. (1) |  |  |  |  |  |

Q83

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I prefer detailed/in-depth answers to my questions about vaccines over simple ones. (1) |  |  |  |  |  |

Instructions On a scale of 1 (strongly disagree) to 5 (strongly agree), please indicate how strongly you agree with the following statements.

Q84

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I often give my opinions about childhood vaccines to other parents. (1) |  |  |  |  |  |

Q85

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I believe I influence other parents’ opinions about childhood vaccines. (1) |  |  |  |  |  |

Q86

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| Other parents turn to me for advice about child(ren)’s vaccines. (1) |  |  |  |  |  |

Q87

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
| I try to persuade other parents to get their child(ren) vaccinated. (1) |  |  |  |  |  |

Instructions The following is a list of things that some people look for or want out of life. For each item please rate how important it is in your daily life, where 1=very unimportant and 5=very important.

Q88

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Sense of Belonging (1) |  |  |  |  |  |

Q89

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Excitement (1) |  |  |  |  |  |

Q90

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Warm relationships with others (1) |  |  |  |  |  |

Q91

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Self-fulfillment (1) |  |  |  |  |  |

Q92

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Being well respected (1) |  |  |  |  |  |

Q93

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Fun and enjoyment of life (1) |  |  |  |  |  |

Q94

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Security (1) |  |  |  |  |  |

Q95

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| Self-respect (1) |  |  |  |  |  |

Q96

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - Not at all Important (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Very Important (5) |
| A sense of accomplishment (1) |  |  |  |  |  |

Instructions Please indicate your level of confidence in each item below about childhood vaccines for children ages 0 to 6 years.

Q97

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Vaccines recommended for young children are safe. (1) |  |  |  |  |  |  |

Q98

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Getting my child immunized is one of the best things to do to protect his/her health. (1) |  |  |  |  |  |  |

Q99

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Vaccines recommended for children are effective. (1) |  |  |  |  |  |  |

Q100

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| The research done in humans to test new vaccines (clinical trials) result in safe and effective childhood vaccines. (1) |  |  |  |  |  |  |

Q101

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Vaccine advisory committees that advise the federal government make trustworthy recommendations. (1) |  |  |  |  |  |  |

Q102

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Vaccines prevent serious diseases. (1) |  |  |  |  |  |  |

Q103

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Not getting my child immunized increases his/her chances of getting a serious disease. (1) |  |  |  |  |  |  |

Q104

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| My doctor or nurse is a trustworthy source for vaccine information. (1) |  |  |  |  |  |  |

Q105

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Vaccines protect children from diseases in the community. (1) |  |  |  |  |  |  |

Q106

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| The companies that make vaccines produce safe and effective childhood vaccines. (1) |  |  |  |  |  |  |

Q107

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| Vaccines are made with safe ingredients. (1) |  |  |  |  |  |  |

Q108

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I don't know (1) | 1 - Not confident at all (2) | 2 (3) | 3 (4) | 4 (5) | 5 - Very confident (6) |
| My doctor or nurse has my child(ren)’s best interest in mind when making vaccine recommendations. (1) |  |  |  |  |  |  |

Q109 Please select your current relationship status:

* Single/Not Married (1)
* Divorced (2)
* Widowed (3)
* Married (4)
* Domestic Partner (5)
* Separated (6)

Q110 Describe your religious beliefs:

* Atheist/Agnostic (1)
* Buddhist (2)
* Protestant (3)
* Catholic (4)
* Orthodox (5)
* Mormon (6)
* Hindu (7)
* Jewish (8)
* Muslim (9)
* Spiritual, not religious (10)
* Other (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q111 What is the highest level of education you have completed?

* K - 8th grade (1)
* 9th -11th grade (2)
* High school graduate/GED (3)
* Some college credit but no degree (4)
* Technical/Vocational or Associates degree (5)
* Bachelor’s degree (6)
* Master’s degree (7)
* Doctorate (e.g. MD, JD, PhD) (8)

Q112 Which of the following best describes your current employment status?

* Employed—full time (1)
* Employed—part-time (2)
* Self-employed (3)
* Homemaker (4)
* Student (5)
* Military (6)
* Unemployed and looking for work (7)
* Unemployed and not looking for work (8)
* Unable to work (9)
* Retired (10)
* Other (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q113 Do you work in the healthcare field?

* Yes (1)
* No (2)

Q114 What is your annual household income (i.e., combined income of all members of your family)?

* Less than $20,000 (1)
* $20,001-$40,000 (2)
* $40,001-$60,000 (3)
* $60,001-$80,000 (4)
* $80,001-$100,000 (5)
* $100,001-$120,000 (6)
* $120,001-$140,000 (7)
* $140,001-$160,000 (8)
* $160,001-$180,000 (9)
* $180,001-$200,000 (10)
* $200,001 or more (11)