Survey on Vaccine Hesitancy

Please fill up every question by placing a tick (✓) in the necessary fields unless specified.

Social Demographics

1. Age *(please state)* : ____

2. Gender

Male		Female	

3. Ethnicity

Malay		Chinese		Indian		Other	

4. Religion

Islam		Christian		Buddhist		Hindu		Other	

5. Occupation *(please state)* : _____

6. Household Income

<RM 2,000		RM 2,000 – RM 5,000		RM 5,000 – RM 10,000		>RM 10,000	

7. Level of Education :

Secondary		Diploma		Degree		Doctorate	

8. Number of children : ____

9. Vaccination status of children

** According to MOH vaccination schedule*

None at all		Partially		Fully vaccinated	

10. 9. Self-vaccination status including booster/ annual vaccinations

**Eg. Influenza, DPT, Varicella, HPV*

None at all		Partially		Fully vaccinated	

Questionnaires for Vaccine Hesitancy

Please fill up every question by circling the answer in the necessary fields unless specified.

A. Contextual Influences

Communication *(Please tick ✓)*

1. What is the main source of information about vaccine? *(Please tick ✓)*

TV		Radio		Newspaper		Magazines		Internet		Other	

2. When you hear about a negative comment about vaccine, who would you consult?

Spouse		Friend		Doctor		Internet		Religious Leader	

Influential Leaders *(Please tick ✓)*

3. Do leaders in your community support anti-vaccine? Please indicate:

Religious leaders		Politician		Traditional Healers / Bomoh		Alternative Medicine Practitioners (Acupuncture, Ayurveda, Homeopathy, Naturopathy, Chinese/ Oriental medicine)		None	

QUESTION	ANSWER
Historical influence	
4. Do you remember any events in the past that might have discouraged you or your child from getting vaccinated?	YES / NO
Religious belief	
5. Do you know anyone who refused vaccination because of religious belief?	YES / NO
6. Do you think they are risking their health or the health of their children if they refused vaccination?	YES / NO
Politics	
7. Do you trust ministry of health (MOH) in making decision in your best interest regarding vaccination?	YES / NO
8. Do you think vaccinations should be compulsory?	YES / NO
Geographical barriers	
9. If you have to spend more than an hour to travel to get a vaccine, would you travel to get vaccination for you or your children?	YES / NO
Pharmaceutical industries	
10. Do you believe that pharmaceutical companies provide safe and effective vaccine in the best interest of your health?	YES / NO

B. Individual and group influence

Past experience	
1. Do you know anyone who has had a bad reaction to a vaccine? (eg. Allergy, requiring hospitalization)	YES / NO
2. Do you know any children who were ill because they were not vaccinated?	YES / NO
Beliefs and attitudes	
3. Do you think vaccine strengthen the immune response?	YES / NO
4. Do you think there are other better ways to prevent diseases which are currently prevented by vaccines'?	YES / NO
Knowledge and awareness	
5. Do you feel you know which vaccines you should get for your children?	YES / NO
6. Have you ever heard of hpv vaccine?	YES / NO
7. Do you think that polio vaccine is still needed?	YES / NO
Health system and providers' trust	
8. Are you satisfied with your doctor's advice and explanation to your questions related to immunization?	YES / NO
9. Do you think your health provider cares about what is best for your child?	YES / NO
Risk/benefit - perceived	
10. Do you believe vaccine preventable diseases can be serious?	YES / NO
11. Do you have any concerns about vaccines?	YES / NO
Immunization as a social norm	
12. Do you think it is important for everyone to get their children immunized?	YES / NO

C. Vaccine/Vaccination specific issues

Risk/Benefit – scientific evidence	
1. Do you think vaccines are safe for you or your children?	YES / NO
2. Do you get enough information about vaccines and their safety?	YES / NO
Introduction of a new vaccine	
3. When a new vaccine is introduced, do you want your child to be the first to get it?	YES / NO
Mode of administration	
4. Do you have any preference on the route of vaccines being delivered other than injection? (nasal spray, pill, patch, syrup)	YES / NO
Design of vaccination programme	
5. Is the process of being immunized easy and welcoming? Reliability	YES / NO
6. Do you feel confident that the health centre will have the vaccine your children need, when they need them?	YES / NO
Vaccination schedule	
7. Do you know the recommended MOH vaccine schedule?	YES / NO
8. Do you believe that vaccines should be taken according to schedule?	YES / NO
9. Are there any vaccines that are difficult to get because of the schedule?	YES / NO
Costs	
10. Do you think that since the vaccines for your children are free, they are of no value?	YES / NO
11. Would you be willing to pay for vaccine privately?	YES / NO
Role of healthcare professionals	
12. Have you or your children been treated without respect that make you hesitate to return to the healthcare facility?	YES / NO
13. Has your healthcare provider ever advised you that a certain vaccine was not necessary?	YES / NO

Parents Attitude on Childhood Vaccination (PACV) scale

Please fill up every question by placing a tick (✓) in the necessary box unless specified.

QUESTION ***ANSWER***

	YES		**NO**		**DON'T KNOW**
Have you ever delayed having a vaccination shot for reasons other than Illness or allergy?					
Have you ever decided not to get a vaccine shot for reasons other than Illness or allergy?					
If you had another infant today, would you want him/her to get all the recommended shots?					
	Not at all Concerned	**Not too concerned**	**Not sure**	**Somewhat concerned**	**Very concerned**
How concerned are you that your child might have a serious side effect from a shot?					
How concerned are you that any one of the childhood shots might not be safe?					
How concerned are you that a shot might not prevent the disease?					
	Strongly Agree	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
Children get more shots than are good for them.					
I believe that many of the illnesses that shots prevent are severe.					
It is better for my child to develop immunity by getting sick than to get a shot.					
It is better for children to get fewer vaccines at the same time.					
I trust the information I receive about shots.					
I am able to openly discuss my concerns about shots with my child's doctor.					
	Not at all hesitant	**Not too hesitant**	**Not sure**	**Slightly hesitant**	**Very hesitant**
Overall, how hesitant about childhood shots would you consider yourself to be?					
How sure are you that following the recommended shot schedule is a good idea for your child? *(Please circle)*	0 1 2 3 4 5 6 7 8 9 10 ***Not at all sure*** ***Completely sure***				
All things considered, how much do you trust your child's doctor? *(Please circle)*	0 1 2 3 4 5 6 7 8 9 10 ***Do not trust at all*** ***Completely trust***				