Informed Consent

You are being asked to participate in a survey research project entitled "Factors that influence Parents' decision-making regarding the Vaccination of Children 0-18 years old with a direct impact on their immunity" which is being conducted by Dr. Ledia Qatipi , a physician and faculty member at University of Medicine Tirana for the purpose of scientific research and doctorate/ PHD . This survey is anonymous. No one, including the researcher, will be able to associate your responses with your identity. Your participation is voluntary. You may choose not to take the survey, to stop responding at any time, or to skip any questions that you do not want to answer. Your completion of the survey serves as your voluntary agreement to allow the anonymous data gathered to be used in this study and in future research.

Questions regarding the purpose or procedures of the research should be directed to Dr. Ledia Qatipi at qatipilediamd@gmail.com or cel (+355) 692959264. This study has been reviewed and approved by the Ethics Committee of the Ministry of Health and Social Protection with Protocol No. Q-3/1 dated 18/03/2024 (18 March 2024).

☐ I agree with terms of the informed consent

QUESTIONNAIRE

"Factors that influence Parents' Decision-making regarding the Vaccination of Children 0-18 years old with a direct Impact on their Immunity"

A. Socioeconomic Data

1. Who is completing the questionnaire?
   i. Mother
   ii. Father
   iii. Other caregiver

2. Marital status
   i. Single – Widowed – Separated - Divorced
   ii. Married or living with a partner

3. How old are you? _____

4. Location:
   i. Rural
   ii. Urban

5. How many children do you have? _____

6. How old is your child/ren ?
   i. _____ iv. _____ vii. _____
   ii. _____ v. _____
   iii. _____ vi. _____

7. In order of birth, what is the gender of your child/ren?
   i. Child 1 (Boy / Girl)
   ii. Child 2 (Boy / Girl)
   iii. Child 3 (Boy / Girl)
   iv. Child 4 (Boy / Girl)
   v. Child 5 (Boy / Girl)
   vi. Child 6 (Boy / Girl)
   vii. Child 7 (Boy / Girl)

8. Education level
   i. Elementary school
   ii. High school
   iii. University
   iv. Post-University
   v. Doctorate

9. Employment
   i. Employed
   ii. Unemployed
   iii. Student
   iv. Disabled
   v. Retired

10. My occupation is:
   i. In Healthcare
   ii. Not in Healthcare

11. Income: How would you evaluate your economic status?
   i. Very good
   ii. Good
   iii. Average
   iv. Poor
   v. Very poor

12. Ethnicity
   i. Albanian
   ii. Roma
   iii. Egyptian
   iv. Other

13. Religion
   i. Muslim
   ii. Bektashi
   iii. Orthodox
   iv. Catholic
   v. Evangelical
   vi. Other

14. Which health care professional do you mainly consult regarding your child (one or more answers possible)

i. Pediatrician
ii. Family doctor / general practitioner
iii. Nurse
iv. Other (please specify) _____

B. Immunization behavior and attitude

15. Do you believe that vaccines can protect children from serious diseases?
    i. Yes
    ii. No

16. Do you think that most parents like you have their children vaccinated with all the recommended vaccines?
    i. Yes
    ii. No

17. Have you ever been reluctant or delayed having one or all of your children vaccinated for reasons other than illness or allergy?
    i. Yes
    ii. No
    iii. Do not remember

18. Have you ever refused to have one or all of your children vaccinated for reasons other than illness or allergy?
    i. Yes
    ii. No
    iii. Do not remember

19. If you answered Yes (question 17 /18), indicate which vaccine (s):

	Hesitated	Refused
Covid-19		
Diphteria, Tetanus, Pertussis (DTP)		
Haemophilus influenza b (HiB)		
Hepatitis B		
Hepatitis A		
Human Papilloma virus (HPV)		
Influenza		
Chicken Pox		
MMR (Measles, Mumps, Rubella)		
Meningococcus		
"Pentavalent" (DTP/Dtap- Hep B- HiB) or other combination vaccines (Hexavalent/Tetravalent etc)		
Poliomelitis (OPV/ IPV)		
Pneumococal (PCV)		
Rotavirus		
Tetanus, Diphteria (Td)		

20. What are the reasons of your Hesitation or Refusal ? (you can select one or more alternatives):
    i. Did not think it was needed
    ii. Did not know where to get vaccination
    iii. Did not know where to get good/reliable information
    iv. Not possible to leave other work (at home or other)
    v. Did not think the vaccine was effective
    vi. Did not think the vaccine was safe/ concerned about side effects
    vii. Heard or read negative media
    viii. Had a bad experience or reaction with previous vaccination
    ix. Had a bad experience with previous vaccinator/ health clinic
    x. Someone else told me they/their child had a bad reaction
    xi. Someone else told me that the vaccine was not safe
    xii. Causes Autism
    xiii. Fear of needles

xiv. Religious reasons
xv. Other beliefs/traditional medicine
xvi. Other (explain)

21. Are there any reasons you think children should not be vaccinated?
    i. Yes
    ii. No
    iii. If yes, specify _____

22. Do you think that it is difficult for some ethnic or religious groups in your community / region to get vaccination for their children?
    i. Yes
    ii. No

    If Yes, is it because:
    i. they choose not to vaccinate?
    ii. they do not feel welcome at the health service
    iii. health services don't reach them?

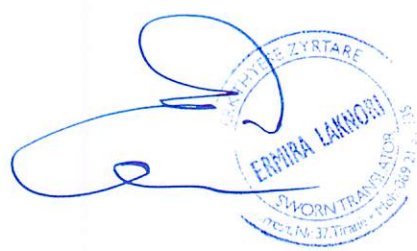
23. Have you ever received or heard negative information about vaccination?
    i. Yes
    ii. No
    If Yes, please give an example _____

24. If Yes (question 23), did you still take your child to get vaccinated after you heard the negative information?
    i. Yes
    ii. No

25. Do leaders (religious, political, teachers, health care workers) in your community support vaccines for infants and children?
    i. Religious Yes / No
    ii. Political Yes/ No
    iii. Teachers Yes/ No
    iv. Health care workers Yes / No
    v. Other (specify) _____

26. How confident are you that following the recommended vaccine schedule is good for your child(ren)? (please give a grade between 0 and 10) _____

    0 (Not at all confident) - 10 (Completely confident)



27. It is my role as a parent to question vaccinations.
    i. Strongly agree
    ii. Agree
    iii. Not sure
    iv. Disagree
    v. Strongly disagree

28. If you had another child today, would you want him/her to get all recommended vaccines?
    i. Yes
    ii. Yes, but only some of them
    iii. No
    iv. Don't know

29. How hesitant about vaccines would you consider yourself?
    i. Not at all hesitant
    ii. Not sure
    iii. Somewhat hesitant
    iv. Very hesitant

30. The only reason I have my child / children vaccinated is so they can enter daycare or school.
    i. Yes
    ii. No
    iii. Do not know

C. Beliefs about vaccine safety and efficacy

31. Please let us know, if you agree with the following:

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
It is better for my child to develop immunity by getting sick than by getting vaccinated.					
It is better for children to get fewer vaccines at the same time.					
Vaccines are important for children to have					
Overall I think vaccines are effective					
Having my child(ren) vaccinated is important for the health of others in my community					
All childhood vaccines offered by the government immunisation programme in my community are important.					
New vaccines carry more risks than older vaccines					
The information I receive about vaccines from the vaccination programme is reliable and trustworthy					
L7. Having my child(ren) vaccinated is a good way to protect my child(ren) from disease.					
Generally, I do what my doctor or health care provider recommends about vaccines for my child					

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I am concerned about serious adverse effects of vaccines					
My child does not need vaccines for diseases that are not common anymore.					
Overall I think vaccines are safe					
I wish children would receive vaccines when they are older					
Vaccines are compatible with my religious beliefs					

32. Have you ever received or heard negative information about vaccines?
    i. Yes
    ii. No

33. If Yes, choose one of the following:
    i. Internet
    ii. Friends and family members
    iii. Health professionals
    iv. Mass media
    v. Other

D. Clinical evaluation of child's immunity

34. Does your child get sick often?
    i. Yes
    ii. No

35. How often?
    i. Less than 1 time per year
    ii. 1 time per year
    iii. 2 times per year
    iv. 3 or more time per year

36. Did your child receive antibiotics?
    i. Yes
    ii. No

37. Has your child gone to the Emergency Room?
    i. Yes
    ii. No

38. How often?
    i. Less than 1 time per year
    ii. 1 time per year
    iii. 2 times per year
    iv. 3 or more times per year

39. Has your child been admitted to the hospital?
    i. Yes
    ii. No

40. How often?
    i. Less than 1 time per year
    ii. 1 time per year
    iii. 2 times per year
    iv. 3 or more times per year