

Parental Attitudes on Required Immunizations for Children

Dear parent or guardian,

Thank you for agreeing to complete this survey about childhood vaccinations. Please review the following letter for more information and/or if you have any questions. Your responses will help us to understand parents' attitudes towards mandatory vaccination policies for children.

In the questions on the survey, a "Flu Shot" refers to a shot for the Influenza Virus. The flu shot currently is not part of the required list of vaccinations for students. The flu shot is different than others because it needs to be given every year to continue to be effective. The flu shot ranges in price from \$5-\$40. Also, there are a few questions related to the Corona Virus. For clarification, the Corona Virus is different than the Influenza Virus. This information is provided so that you can give an informed response to some of the questions in the survey.

Please complete the survey below.

Thank you!

Instructions: On a scale from 1-5, where 1 is "Strongly Disagree" and 5 is "Strongly Agree", how much do you agree with the following statements.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1) I would support the addition of the flu shot to the list of required vaccines for Kansas, K-12 students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) I am more likely to support the addition if the State provides the flu shot for free for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) I am more likely to support the addition if there is a scheduled location and time for my child to get vaccinated at the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) I am more likely to support the addition if the State provides flu shots for the parents as well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5)					

- State funded flu shots would be a wise use of the state's resources and finances.
- 6) Children get more shots than are good for them.
- 7) I trust the information I receive about shots.
- 8) A required shot list for children is an important health policy.
-
- 9) Did you or your child get a Flu Shot this last flu season? (September-December 2019) Yes No
-
- 10) Do you plan on getting the Flu shot this next flu season for you and your child? (September-December 2020) Yes No Undecided
-
- 11) If there was a safe and effective COVID-19/ Corona Virus vaccine available, would you allow your child to get it? Yes No Undecided

On a scale from 1-5, where 1 is "Strongly Disagree" and 5 is "Strongly Agree", how much do you agree with following statement.

- | | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12) The Corona Virus Pandemic has made my attitude more favorable towards my child and I receiving shots. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

On a scale of 1-5, where 1 is not at all concerned and 5 is extremely concerned, rate your concern about the following.

- | | Not at all concerned | Not concerned | Not sure | Somewhat concerned | Extremely Concerned |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 13) How concerned are you that your child might have a serious side effect from a shot? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14) How concerned are you that the flu shot in particular will not be safe? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 15) What type of doctor do you visit? M.D. D.O. Naturopath I don't have a doctor
-
- 16) How often do you have someone help you read hospital materials? Always Often Sometimes Occasionally Never

-
- 17) How often do you have problems learning about your medical condition because of difficulty understanding written information?
- Always
 Often
 Sometimes
 Occasionally
 Never
-
- 18) How often do you have a problem understanding what is told to you about your medical condition?
- Always
 Often
 Sometimes
 Occasionally
 Never
-
- 19) How confident are you filling out medical forms by yourself?
- Not at all
 A little bit
 Somewhat
 Quite a bit
 Extremely
-
- 20) What is your gender?
- Male
 Female
 Prefer not to say
-
- 21) What is your age?
- _____
-
- 22) What is your race/ethnicity? (check all that apply)
- White
 Black/African American
 Asian/ Pacific-Islander
 American Indian/ Alaskan Native
 Hispanic or Latino
 Other
-
- 23) What is your marital status?
- Married
 Never married
 Not married but living with partner
 Divorced or separated
 Widowed
-
- 24) What is your total annual household income range?
- Less than \$35,000
 \$35,000-\$49,999
 \$50,000-74,999
 \$74,999-100,000
 \$100,000 or greater
 Prefer not to say
-
- 25) Are you employed?
- Yes
 No
-
- 26) What is the highest level of education you have completed?
- Less than 9th Grade
 9th-12th Grade
 High School Graduate or GED
 Some college but no degree
 Associate's Degree
 Bachelor's Degree
 Graduate or Professional Degree
-
- 27) Do you have medical insurance that covers your child's shots?
- Yes, Public Insurance
 Yes, Private Insurance
 No

28) How many children live with you more than half of the time?

- 1
- 2
- 3
- 4
- 5+