

Interview Information Page

Please complete the survey below.

Thank you!

Hello, thank you for taking the time to fill out this survey. We are trying to learn about parental attitudes towards vaccines for children. This survey is not meant to persuade or change anyone's opinion. You can stop at any point during the survey if you would like. We want to hear from people of varying opinions and backgrounds to understand the current environment surrounding vaccines. Thank you for your perspective.

This survey serves to help us decide who we would like to follow up with and have a short interview at a later date over Zoom. Information for preferences around the interview are below.

In the survey, the words vaccines and shots, will be used interchangeably.

-
- 1) First and Last Name _____
-
- 2) Email Address or Cell Phone Number (Preferred Method of Communication) _____
-
- 3) Would you say you have hesitations toward your child receiving the COVID vaccine? Yes No
-
- 4) How likely are you to vaccinate your child with any vaccine, if they were between 12-17 years old? Unlikely Likely, but I have questions Very likely
-
- 5) Which of these vaccines, if any, would you be hesitant to give to your 12-17 year old child? (Please check all that apply) Established vaccines Johnson and Johnson COVID Vaccine Pfizer COVID Vaccine Moderna COVID Vaccine Not hesitant towards any vaccines
-
- 6) If it was considered safe and effective by the CDC, how likely are you to vaccinate your child with one of the COVID vaccines, if they were under 12 years old? Unlikely Likely, but I have questions Very Likely
-
- 7) Have you ever delayed having your child get a shot for reasons other than illness or allergy? Yes Don't Know No
-
- 8) Have you ever decided not to have your child get a shot for reasons other than illness or allergy? Yes Don't Know No
-
- 9) If you had another infant today, would you want him/her to get all the recommended shots? No Don't know Yes

-
- 10) How sure are you that following the recommended shot schedule is a good idea for your child?
- 0 Totally unsure 1 2 3 4 5 6 7 8 9 10 Totally Sure
-
- 11) Children get more shots than are good for them
- Agree
 Disagree
 Not Sure
-
- 12) I believe that many of the illnesses shots prevent are severe.
- Agree
 Disagree
 Not sure
-
- 13) It is better for my child to develop immunity by getting sick than to get a shot.
- Agree
 Disagree
 Not sure
-
- 14) It is better for children to get fewer vaccines at the same time.
- Agree
 Disagree
 Not sure
-
- 15) How concerned are you that your child might have a serious side effect from a shot?
- Concerned
 Not concerned
 Not sure
-
- 16) How concerned are you that any one of the childhood shots might not be safe?
- Concerned
 Not concerned
 Not sure
-
- 17) How concerned are you that a shot might not prevent the disease?
- Concerned
 Not concerned
 Not sure
-
- 18) Overall, how hesitant about childhood shots would you consider yourself to be?
- Hesitant
 Not hesitant
 Not sure
-
- 19) I trust the information I receive about shots
- Agree
 Disagree
 Not sure
-
- 20) I am able to openly discuss my concerns about shots with my child's doctor
- Agree
 Disagree
 Not sure

-
- 21) All things considered, how much do you trust your child's doctor?
- 0 Do not trust at all 1 2 3 4 5 6 7 8 9 10 Completely trust
-
- 22) Preference of Interview Method (Both methods will be conducted through Zoom)
- 1-on-1 Interview
 3-4 Person Group Interview
 Either method is fine for me
-
- 23) Which day(s) of the week do you prefer?
- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Weekend
-
- 24) What time of day do you prefer?
- Morning (Between 8am-11am)
 Lunch Hour (12pm-1pm)
 Afternoon (1pm-5pm)
 Evening (5pm-8pm)

CONSENT FORM

You are being asked to join a research study. The purpose of this study is to better understand the attitudes of parents towards vaccines, specifically parental decision making regarding vaccines since the COVID-19 pandemic began. Being in this focus group/interview is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate.

If you agree to take part in this study, you will participate in a discussion that will last approximately 15 minutes to 1 hour of your time. The focus group/interview will take place virtually on a video conference platform or in person if you prefer. We will ask questions about your attitudes towards vaccines, how your decisions about accepting vaccines are made, and the reasons behind your attitude towards the coronavirus vaccine. We will record the interview via Zoom or using cell phone audio recording devices so that we have correct notes about what was said. Recordings and interview notes will be stored on a secure and password-protected server until May 2027.

Video recordings will be transcribed and stored in a secured location. Research results sent outside KUMC will have your name and other direct identifiers removed to protect your identity.

We will do our best to protect the privacy of your information. It is possible that information shared outside KUMC might be released by others. If this happens, your information will not be protected by the HIPAA laws.

You may not benefit directly from this study. Researchers hope that the information collected may be useful in helping physicians better understand parents attitudes towards vaccines so better patient-centered care can be provided. Participation or declining will have no impact on your medical care.

The focus group/interview questions may be personal. Some of the questions might be embarrassing or uncomfortable. You are free not to answer any questions. Everyone in the group is asked to respect the confidentiality of the discussion; however, this cannot be

guaranteed. The risk for someone outside of the research team to learn of your participation or responses is low. Your name will not be used in any publication or presentation about this research.

There is no payment for your participation in this study.

If you have any questions, please contact us at (785) 338-2591 or (913) 588-6719 or jvillwock@kumc.edu. For questions about the rights of research participants, you may contact the KUMC Institutional Review Board (IRB) at (913) 588-1240 or IRBhelp@kumc.edu

**Sincerely,
Dr. Jennifer Villwock**

I agree

I do not agree

25) I consent to the following study.

26) Please type your name indicating you consent to the study.
