

Appendix 1

Do fathers care about their own immunisation status? The Child-Parent-Immunisation Survey and a review of the literature

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Questionnaire regarding father's immunisation history

- Please note: open questions are asked and a categorization will be sought according to response
- If participation was declined, partial consent was sought for four questions regarding age, education level, attitude towards vaccinations in general and availability of vaccination records

1. Informed consent given?

- Yes
- Yes, only for short interview (4 questions)
 - ➔ If yes continue with question 2
- No

2. Last physician visit

____ (day) ____ (month) ____ (year)

3. Specialty of physician?

- General practitioner
- Physician of other specialty: _____
- Hospital out-patient
- Hospital in-patient

4. Check of immunization status during last physicians visit?

- Yes
- No
- Unknown

5. Last visit with general practitioner (if last physician visit not with GP)?

____ (day) ____ (month) ____ (year)

6. Check of immunization status during last visit with general practitioner?

- Yes
- No
- Unknown

7. If „no“ when was immunization last checked by a physician?

____ (day) ____ (month) ____ (year)

8. Did a recommendation for immunization against whooping cough occur by a physician after the birth of your child?

- Yes
- No
- Unknown

9. If „yes“, by physician of which specialty?

- Pediatrician
- General practitioner
- Gynecologist
- Physician of other specialty: _____
- Hospital out-patient
- Hospital in-patient

10. Was immunization against whooping cough obtained after recommendation?

- Yes
- No
- Unknown

11. If „yes“, through which physician?

- Pediatrician
- General practitioner
- Gynecologist

Physician of other speciality: _____

Hospital out-patient

Hospital in-patient

12. If „no“, why not?

(multiple answers possible)

safety concerns

forgotten/ no time

immunization not deemed necessary

immunization already completed beforehand

don't know/ no statement concerning reasons

other reasons: _____

13. Was immunization against pertussis obtained after the birth of your child without recommendation by a physician?

Yes

No

14. If „yes“, why?

15. Did you have varicella (chicken pox) or herpes zoster (shingles)

Yes

No

Unknown

16. General attitude towards immunization?

a) refusing (negative attitude)

b) hesitant (mostly negative attitude)

c) mostly approving (mostly positive attitude)

d) fully approving (very positive attitude)

17. Age

_____ years

18. Highest education level (according to ISCED 2011 UNESCO)

0. early childhood education

1. primary education

2. lower secondary education

3. higher secondary education (grade 9 completed)

4. post-secondary non-tertiary education (corresponds with apprenticeship)

5. short-cycle tertiary education (corresponds with "Fachmittelschule")

6. bachelor or equivalent

7. master or equivalent

8. doctoral or equivalent

19. Do you have a vaccination card?

Yes

No

Comment: _____