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 speciality: _______________
   ☐ 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: __________