

Childhood Vaccines: A Parent's Perspective

*A statewide effort to learn
how Oregon parents make decisions
about vaccinating their children*



Please return your completed questionnaire to:

**Social & Economic Sciences Research Center
Washington State University
PO Box 644014
Pullman, WA 99164-4014**

What To Do

Please complete as much of this survey as applies to your family, even if no one has ever received vaccinations. Your responses are anonymous and you may skip any question you would rather not answer.

Who Should Fill Out This Survey

Any parent or guardian of school age children should complete this survey.

Q1. How well are children in your community protected from childhood diseases?

- ₁ Very well protected
- ₂ Well protected
- ₃ Somewhat protected
- ₄ Not protected
- ₅ Uncertain

Q2. When you talk of your community, are you referring to:

	Yes ▼	No ▼
A. Friends and acquaintances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Faith-based group or church.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. School-centered associations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Neighborhood.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Town or city	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. Other (please specify).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q3. Please tell us how many children in your family are in each of the following age groups.

	Number of Children
A. under 5 years old	_____
B. 5 to 12 years old	_____
C. 13 to 17 years old	_____

Questions 4 through 8 are about the youngest school-age child in your family. Please answer for your youngest child who attends an elementary school (in grades K-6 in a public or private school).

Q4. Is your youngest school-age child covered by health insurance?

- ₁ Yes
- ₂ No → Skip to Q6

Q5. Does this insurance pay most of the costs of going to your child’s healthcare providers?

- ₁ Yes
- ₂ No

Q6. What kind of healthcare providers does your youngest school-age child usually go to for healthcare needs?

	Yes ▼	No ▼
A. Pediatrician (MD or DO)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Family/General Practitioner (MD or DO)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Naturopath.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Chiropractor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. County Health Department.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q7. If your child goes to more than one provider, which one generally has the most influence on your healthcare decisions?

₁ Not applicable
₂ Pediatrician (MD or DO)
₃ Family Practitioner/General (MD or DO)
₄ Naturopath
₅ Chiropractor
₆ County Health Department
₇ Other (please specify) _____

Q8. Does your youngest school-age child have all the vaccinations that are recommended by doctors for their age?

₁ Yes
₂ No
₃ Uncertain

Q9. In your community, how many parents do you think are choosing not to give their children all doctor-recommended vaccines?

₁ None
₂ A few
₃ Some
₄ A lot

Q10. To what extent do you agree or disagree with this statement: “Not everyone in my community needs to be vaccinated because most people already are vaccinated.”

₁ Strongly Agree
₂ Somewhat Agree
₃ Somewhat Disagree
₄ Strongly Disagree
₅ Don't Know

Oregon school law requires children in public and private schools to have complete vaccinations. Exemptions from vaccination requirements are allowed for reasons of personal or religious belief.

Q11. Have you ever considered getting an exemption from vaccination for your children?

- ₁ Yes, my child has an immunization exemption
- ₂ We considered it, but chose to get vaccinations
- ₃ No, we haven't thought about it → **Skip to Q13**

Q12. If you've ever considered or gotten an exemption from vaccinations for your child, which of the following influenced you?

	Yes ▼	No ▼
A. Advice from friends or family against vaccination.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Easier to enroll child at school with exemption.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. School suggested taking an exemption.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Healthcare provider recommended exemption.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Advice from my faith-based community.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. I don't agree with childhood vaccinations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
G. State shouldn't tell parents what to do.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
H. Don't trust vaccine makers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I. Other _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q13. To what extent do you agree or disagree with the following statements:

	Strongly Agree ▼	Somewhat Agree ▼	Uncertain ▼	Somewhat Disagree ▼	Strongly Disagree ▼
A. Getting too many vaccines at once will overwhelm my child's immune system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. It is important for kids to get all doctor recommended vaccinations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Vaccines sometimes cause autism.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Vaccines are given at too young an age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. The benefits of childhood vaccinations outweigh their risks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Vaccine-preventable diseases are not a threat in my community.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. It is better for my child to get diseases naturally.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q14. Have any of your child’s healthcare providers ever discussed the pros and cons of vaccinations with you?

- ₁ Yes, a lot
- ₂ Yes, some
- ₃ No → Skip to Q16

Q15. When your child’s provider discussed the pros and cons of vaccinations with you, did you:

	Yes ▼	No ▼
A. Bring questions about vaccinations to the provider	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Have your questions about vaccinations answered by the provider	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Have more doubts after the discussion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q16. Most recently what has a healthcare provider told you to do about vaccinating your children?

- ₁ Get all vaccinations
- ₂ Get some and not others
- ₃ Don’t get vaccinations
- ₄ Not told what to do
- ₅ Provider did not answer my questions

Q17. Did you follow your provider’s advice about vaccinations?

- ₁ Yes, followed all advice → Skip to Q19
- ₂ Yes, followed some advice
- ₃ No

Q18. If you did not follow all your provider’s advice, what did you disagree with?

Q19. Have you ever changed your child's health care provider because of a disagreement over vaccinations?

- ₁ Yes
- ₂ No, but considered changing
- ₃ No

Q20: Please answer whether you agree or disagree with each of the following:

	Agree	Disagree
A. I don't know of any children harmed by vaccines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. I've heard or read of children harmed by vaccines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. I know someone whose child was hurt by a vaccine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. My own child was hurt by a vaccine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q21: If you know someone harmed by vaccines, (child or adult), what are (or were) their problems?

Q22. How recently did this happen?

**Q23. How are they connected to you; or how did you learn of their situation?
(examples: brother, cousin, friend of family, coworker, neighbor)**

Q24. What is the worst reaction to vaccines that any of your own children have experienced?

- ₁ Doesn't apply - No vaccinations
- ₂ No reactions
- ₃ Some pain, swelling or itching on arm or leg
- ₄ Fever, crying or pain lasting more than a couple hours
- ₅ Life-threatening reaction or long-term effect
(please specify): _____

Q25. If you had another baby today, would you want him/her to get all vaccinations recommended by doctors?

- ₁ Yes
- ₂ Yes, except for _____
- ₃ No
- ₄ Not certain

Q26. Many parents think about having a birth in an alternate setting outside a hospital. Which ONE answer best describes your experience?

- ₁ Have had one or more births outside of a hospital
- ₂ Wanted to, but had to use a hospital for birth
- ₃ Considered an alternative setting but chose a hospital birth instead
- ₄ Never considered an alternate setting for birth, used a hospital

Q27: Who assisted you during the birth of your youngest child?

	Yes	No
	▼	▼
A. Relative/Close Friend.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Doula	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Midwife	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Nurse Midwife	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Medical Doctor (MD or DO).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q28: What kinds of healthcare providers do you prefer for your own healthcare needs?

	Yes	No
	▼	▼
A. Family or General Practice Doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Obstetrician/Gynecologist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Internist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Chiropractor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Naturopath	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. Acupuncturist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
G. Homeopath.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
H. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q29. Please indicate the extent to which you rely on the following sources for health care information?

	Never	Rarely	Sometimes	Often	Always
	▼	▼	▼	▼	▼
A. Healthcare providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Co-workers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Books	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Newspapers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Magazines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Church.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Internet sources	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Library.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Radio.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. Television.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q30. With regard to health issues, how much trust do you place in each of the following?

	No Trust ▼	Slight Trust ▼	Some Trust ▼	A lot of Trust ▼	Complete Trust ▼
A. County Health Department	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. State Health Department	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Federal Health Agencies (such as FDA, CDC)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. County Government.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. State Government.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Federal Government.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Local Doctors (MD).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Local Alternative Healthcare Providers... (such as Naturopaths or Chiropractors)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Medical Organizations (such as AMA).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Pharmaceutical Companies.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Next, we would like to ask a few questions about yourself and your family.

Q31. Is anyone in your household a member of any social or civic organization, such as a PTA, a community organization, or a religious organization?

₁ Yes
₂ No

Q32. How many times has your family moved between counties or states in the past five years?

_____ Number of moves

Q33. In what zip code do you live?

_____ Zip code

Q34. What is your current age?

_____ Years

Q35. What is your relationship to your youngest school-age child?

- ₁ Mother or stepmother
- ₂ Father or stepfather
- ₃ Guardian
- ₄ Other _____

Q36. What is the highest level of schooling you've completed?

- ₁ Less than high school
- ₂ High school or GED
- ₃ Technical or vocational school
- ₄ Two year college
- ₅ Four year college
- ₆ Graduate school

Q37. What was your primary area of study in school?

Q38. What was your family's approximate income last year?

- ₁ Under \$25,000
- ₂ Between \$25,000 and \$50,000
- ₃ Between \$50,000 and \$75,000
- ₄ Between \$75,000 and \$100,000
- ₅ Over \$100,000

Q39. How many adults and children in your household depend on this income?

_____ Number of adults and children

Q40. Do you work for yourself or for someone else?

- ₁ Work for myself
- ₂ Work for someone else
- ₃ Not applicable

Q41. Please mark all of the following categories that apply to you and your spouse/partner.

	Yourselves	Spouse/Partner
	▼	▼
A. Work for pay full-time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Work for pay part-time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Homemaker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. In school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Looking for work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q42. What kind of work do you do in your current job or occupation?

Please be as specific as possible in answering. Include any area of specialization, for example: “high-school teacher-Math.”

If you have more than one job, answer for the job for which you worked the most hours.

Yourselves

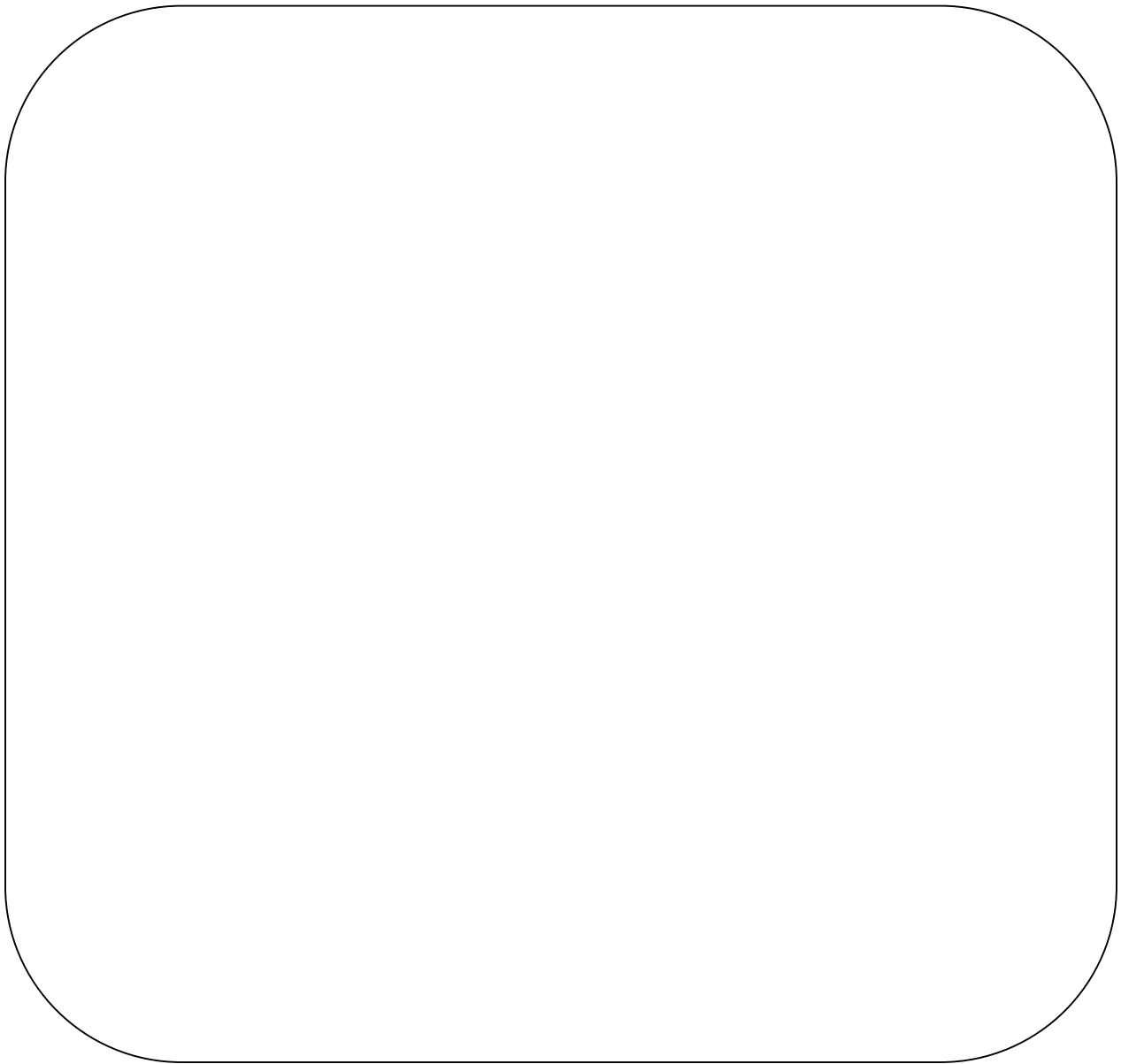
Spouse/Partner

Q43: Sometimes a job or occupation title does not make it clear what the work is actually about. Please tell us what your business or industry makes, sells or services. (for example: lumber, auto repair or insurance claims.)

Yourselves

Spouse/Partner

If you have any comments or if there is anything else you think we should know about immunizing school age children, please tell us here.



Please return your completed questionnaire to:

**Social & Economic Sciences Research Center
PO Box 644014
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Thanks for your help!