

Supplementary material

Questionnaire

PART 1 Parent's socio-demographic

Please tick (/) in the appropriate box

Gender Male Female

Age _____

Marital status Married Divorced Widow/Widower

Number of children _____

Race Malay Chinese Indian Others (_____)

Religion Islam Buddhism Christianity Others (_____)

Place of living Rural Urban

Employment Status Employed Unemployed

Educational level No formal education Primary school

Secondary school Tertiary education

Family income Less than RM2000 RM2000 – RM5000

RM5000 – RM10000 More than RM10000

Please answer all the following:

PART 2(a)

Please tick (/) in the appropriate box.

No.	Questions	Yes	No	Don't Know
1	Healthy children do not need immunization.			
2	There are different types of vaccines.			
3	Active immunization is a killed or weakened form of a disease-causing agent.			
4	Vaccination is for all ages.			
5	Children get too many vaccines in the first two years of life.			
6	The immunization of the children should be started at birth.			
7	In some health situations, vaccines should not be given.			
8	Vaccines can be given in combination.			
9	If the child receives extra immunization, it is more effective and safer.			
10	More than one dose of vaccine may be required for complete protection.			

PART 2(b)

Please tick (/) in the appropriate box.

No.	Questions	Yes	No
1	Were you informed about vaccination?		
2	Did you read about vaccination in the media?		
3	Did you see a television programme about vaccination?		
4	Did you hear about vaccination on the radio?		
5	Did you read about vaccination on the internet?		
6	Did you obtain information about vaccination from an antenatal clinic?		
7	Did you obtain information about vaccination from a maternity hospital or home?		
8	Do you think you have access to enough information on immunization?		
9	Do you know your child's immunization appointment?		
10	Is it important to follow immunization schedule?		

PART 2(c)

Please tick (/) in the appropriate box.

No.	Questions	Yes	No	Don't Know
1	Have you ever delayed having your child get a shot for reasons other than illness or allergy?			
2	Have you ever decided not to have your child get a shot for reasons other than illness or allergy?			

3	How sure are you that following the recommended shot schedule is a good idea for your child?										
	Not at all sure						Completely sure				
	0	1	2	3	4	5	6	7	8	9	10

4	Children get more shots than are good for them.				
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
5	I believe that many of the illnesses that shots prevent are severe.				
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
6	It is better for my child to develop immunity by getting sick than to get a shot.				
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
7	It is better for children to get fewer vaccines at the same time.				
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
8	How concerned are you that your child might have a serious side effect from a shot?				
	Very concerned	Somewhat concerned	Not sure	Not too concerned	Not concerned at all
9	How concerned are you that any one of the childhood shots might not be safe?				
	Very concerned	Somewhat concerned	Not sure	Not too concerned	Not concerned at all

10	<i>How concerned are you that a shot might not prevent the disease?</i>				
	<i>Very concerned</i>	<i>Somewhat concerned</i>	<i>Not sure</i>	<i>Not too concerned</i>	<i>Not concerned at all</i>

	<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Don't Know</i>
11	<i>If you had another infant today, would you want him/her to get all the recommended shots?</i>			

12	<i>Overall, how hesitant about childhood shots would you consider yourself to be?</i>				
	<i>Very hesitant</i>	<i>Somewhat hesitant</i>	<i>Not sure</i>	<i>Not too hesitant</i>	<i>Not hesitant at all</i>

13	<i>I trust the information I receive about shots.</i>				
	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Not sure</i>	<i>Agree</i>	<i>Strongly agree</i>
14	<i>I am able to openly discuss my concerns about shots with my child's doctor.</i>				
	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Not sure</i>	<i>Agree</i>	<i>Strongly agree</i>

15	<i>All things considered, how much do you trust your child's doctor?</i>										
	<i>Not at all sure</i>										<i>Completely sure</i>
	0	1	2	3	4	5	6	7	8	9	10

PART 2(d) Child's immunization schedule record

Date of birth:

Gender:

<i>Age</i>	<i>Vaccine</i>	<i>Date of vaccination</i>
<i>Birth</i>	BCG	
	Hepatitis B (1)	
<i>1 month</i>	Hepatitis B (2)	
<i>2 months</i>	DPT (1)	
	Hib (1)	
	IPV (1)	
<i>3 months</i>	DPT (2)	
	Hib (2)	
	IPV (2)	
<i>5 months</i>	DPT (3)	
	Hib (3)	
	IPV (3)	
<i>6 months</i>	Hepatitis B (3)	
	Measles	
<i>9 months</i>	MMR (1)	
<i>12 months</i>	MMR (2)	
<i>18 months</i>	DPT (B)	
	Hib (B)	
	IPV (B)	

Date of data collection: _____