

Knowledge, Attitudes, and Practice Survey Questionnaire: Community healthcare workers regarding the seasonal influenza vaccine

i. General and Demographic Questions

1. Name of interviewer: _____
2. Gender: ☐ male ☐ female
3. Date of birth:/...../.....
4. Area of residence: ☐ urban ☐ rural
5. What is your education level?
 - a) ☐ Middle school or lower
 - b) ☐ High/secondary level or lower
 - c) ☐ Junior college
 - d) ☐ Bachelor
 - e) ☐ Postgraduate or higher
6. Years of medical service: _____
7. What is your highest degree major?
 - a) ☐ Clinical medicine
 - b) ☐ Traditional Chinese medicine
 - c) ☐ Integrative medicine
 - d) ☐ Nursing
 - e) ☐ Preventive medicine or public health
 - f) ☐ Others
8. What is your professional qualification?
 - a) ☐ Primary title or lower
 - b) ☐ Middle title
 - c) ☐ Senior title

ii. Knowledge, attitudes, and practice regarding influenza and influenza vaccine

9. How about your health condition ?

- a) ☐ Good
- b) ☐ General
- c) ☐ Fair
- d) ☐ poor

10. Have you had influenza-like illness (ILI) in the past 3 years ?

- a) ☐ Yes
- b) ☐ No
- c) ☐ I don't know

11. Have you had influenza in the past 3 years ?

- a) ☐ Yes
- b) ☐ No
- c) ☐ I don't know

12. Have you asked for leave due to influenza or ILI in the past 3 years?

- a) ☐ Yes, about ____ days
- b) ☐ No

13. Did you receive the influenza vaccine in the last flu season?

- a) ☐ Yes
- b) ☐ No (skip to question 15)

14. How do you pay for influenza vaccination?

- a) ☐ Self-paid
- b) ☐ Free
- c) ☐ Medical insurance
- d) ☐ I don't remember

15. Do you plan to receive the influenza vaccine in the next flu season?

- a) ☐ Yes
- b) ☐ No (skip to question 16)
- c) ☐ I don't know (skip to question 16)

16. Why don't you plan to receive the influenza vaccine in the next flu season? (Open-ended question)

- a) ☐ Concerned about adverse reactions
- b) ☐ Influenza vaccination is unnecessary
- c) ☐ Lack of time during working hours
- d) ☐ Inconvenience vaccination service
- e) ☐ Vaccination fee is not free
- f) ☐ Unknown about contraindications of influenza vaccines
- g) ☐ Concerned about vaccine efficacy
- h) ☐ Doubt about vaccine quality
- i) ☐ Others, _____
- j) ☐ I don't remember

17. Have you recommended your patients receive the influenza vaccine?

- a) ☐ Yes
- b) ☐ No
- c) ☐ I don't know

18. Why don't you recommend your patients receive the influenza vaccine? (Multiple choice)

- a) ☐ Unknown about contraindications of influenza vaccines, and dare not recommend it to patients
- b) ☐ Concerned about patients' misunderstanding of selling vaccines
- c) ☐ Beyond the scope of HCW's responsibility
- d) ☐ Uncertainty of vaccine effectiveness to patients

- e) ☐ Patients do not trust the HCW's recommendations on vaccines

19. What do you think is the coverage rate of influenza vaccine for the whole population in China?

- a) ☐ Less than 10%
 b) ☐ 10%~20%
 c) ☐ 20%~30%
 d) ☐ Above 30%

20. Which of the following 4 statements is correct ? (Multiple choice)

- a) ☐ There is no difference between influenza and cold
 b) ☐ The whole population is susceptible to influenza
 c) ☐ Immunization is an important strategy for preventing influenza
 d) ☐ Influenza virus is transmitted mainly by droplets and aerosols originating from the respiratory secretions of infected people and occasionally via contact with virus-contaminated fomites.

21. As you know, what are the factors that affect the public to receive the flu vaccine ? (Open-ended question)

- a) ☐ Unknown about influenza vaccines
 b) ☐ Inconvenience vaccination service
 c) ☐ Influenza vaccines price is too high to be acceptable
 d) ☐ It's unnecessary to receive the influenza vaccine
 i) ☐ Others,_____

iii. Influenza vaccine hesitancy

22. It's necessary to get an influenza vaccination against influenza ?

- a) ☐ Strongly agree
 b) ☐ Agree to some extent
 c) ☐ Neutral
 d) ☐ Disagree to some extent
 i) ☐ Strongly disagree

23. The following 9 statements are about seasonal flu and flu vaccine, please state your point of view regarding them.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. Flu vaccine is effective					
b. Flu vaccine is safe.					
c. I worry about the flu vaccine for vaccine incidents.					

d. I have a high risk of getting flu.					
e. Flu is a big threat to my health.					
f. Flu vaccine is necessary to prevent me from getting flu.					
g. The traffic from my house to the vaccination clinic is convenient.					
h. I can afford the flu vaccine.					
i. I can easily find time to the clinic for flu vaccination.					