

QUESTIONNAIRE

Section A. Socio-demographic and anamnestic characteristics

- A1.** Gender: ☐ male ☐ female ☐ other, specify _____
- A2.** What is your nationality? ☐ Italian ☐ other nationality, specify _____
- A3.** What is your date of birth? **d**____/**m**____/**y**____
- A4.** What is your marital status? ☐ married ☐ separated ☐ divorced ☐ widowed ☐ cohabitant
☐ unmarried ☐ other, specify _____
- A5.** What is your occupation? _____
- A6.** What is your partner's occupation?(If applicable) _____
- A7.** What is the highest level of education that you have completed? ☐ none ☐ primary school ☐ middle school ☐ high school ☐ university degree ☐ other, specify _____
- A8.** What is the highest level of education that your partner completed?(If applicable) ☐ none ☐ primary school ☐ middle school ☐ high school ☐ university degree ☐ other, specify _____
- A9.** Have you ever received a influenza vaccination? ☐ no (**Go to A11**) ☐ yes, when? (**more than one answer allowed**)
☐ 2018\19 influenza season ☐ 2019\20 influenza season ☐ 2020\21 influenza season ☐ 2021\22 influenza season
- A10.** In the hours or days following vaccination, did you have any side effects attributable to the vaccine ☐ no ☐ yes, which ones? _____
- A11.** How many sons/daughters do you have: n. ____ What is your child's date of birth? **d**____/**m**____/**y**____
- A12.** Does your child suffer from chronic diseases? ☐ no ☐ yes, which ones? ☐ cardiovascular diseases ☐ respiratory diseases ☐ diabetes ☐ oncohematological diseases ☐ neuromuscular diseases ☐ other, specify _____
- A13.** Have your child been examined by a physician in the last 12 months? ☐ no
☐ yes, primary care physician, how many times?_____ ☐ yes, pediatrician, how many times?_____
☐ yes, other specialist, specify_____, how many times?_____

B. Knowledge regarding influenza and related vaccination

- B1.** In the following table, please indicate which vaccinations are mandatory or recommended for 6 months-6 years old children:

Vaccine against	yes	no	uncertain	Vaccine against	yes	no	uncertain
Diphtheria/tetanus/pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcus A,C,W,Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcus B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles,mumps,rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B2.** Influenza is a transmissible disease. Do you know how is it transmitted? (**more than one answer allowed**)
☐ droplets ☐ foods and drinks ☐ contact with animals ☐ contact with contaminated surfaces ☐ uncertain ☐ other, specify_____
- B3.** Do you know how can influenza be prevented? (**more than one answer allowed**)
☐ avoiding crowded places ☐ frequent disinfection of surfaces ☐ frequent handwashing ☐ room ventilation ☐ using masks ☐ keeping the distance of at least 1 mt ☐ avoiding touching one's face ☐ vaccination
☐ uncertain ☐ other, specify_____
- B4.** In Italy, influenza vaccination is recommended to: (**more than one answer allowed**)
☐ elderly ☐ health workers ☐ pregnant women ☐ healthy 6 months- 6 years old children ☐ persons of all ages with chronic conditions ☐ other, specify _____

C. Attitudes and behaviors towards influenza and related vaccination

- C1.** Please indicate whether you agree, disagree or are uncertain with the following statements:

	Agree	Uncertain	Disagree
It is better for children to acquire immunization through illness than through the vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are too many vaccinations for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am confident on the information about vaccinations for my child provided by my physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza vaccination protects against severe complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. On a 1 to 10 scale, how much are you concerned that your child can develop influenza?

NOT AT ALL WORRIED 1 2 3 4 5 6 7 8 9 10 EXTREMELY WORRIED

C3. On a 1 to 10 scale, how much are you worried that the Influenza could have serious effects on your child's health?

NOT AT ALL WORRIED 1 2 3 4 5 6 7 8 9 10 EXTREMELY WORRIED

C4. On a 1 to 10 scale, how much is vaccination useful to prevent influenza in children?

NOT AT ALL USEFUL 1 2 3 4 5 6 7 8 9 10 EXTREMELY USEFUL

C5. Please indicate which of the following vaccination(s) has/have been uptaken by your child:

☐ diphtheria ☐ tetanus ☐ pertussis ☐ poliomyelitis ☐ measles ☐ mumps ☐ rubella ☐ varicella
☐ meningococcus ACYW ☐ influenza

C6. Has your child ever received influenza vaccination? ☐ no ☐ yes, when? ☐ 2018\19 influenza seasons
☐ 2019\20 influenza seasons ☐ 2020\21 influenza seasons ☐ 2021\22 influenza seasons

C7. Do you intend to vaccinate your child in the upcoming 2022\2023 influenza season?

<input type="checkbox"/> No, why? (more than one answer allowed)	<input type="checkbox"/> Yes, why? (more than one answer allowed)
<input type="checkbox"/> The vaccine is not safe <input type="checkbox"/> The vaccine is not effective <input type="checkbox"/> I am against vaccinations <input type="checkbox"/> Not recommended by pediatrician/ primary care physician <input type="checkbox"/> The influenza vaccine contains heavy metals <input type="checkbox"/> The vaccine can cause serious side effects <input type="checkbox"/> My child is not at risk <input type="checkbox"/> I do not trust institutions	<input type="checkbox"/> The vaccine is safe <input type="checkbox"/> The vaccine is effective <input type="checkbox"/> I am favorable to vaccinations <input type="checkbox"/> It has been recommended by pediatrician/ primary care physician <input type="checkbox"/> To protect frail subjects <input type="checkbox"/> To distinguish influenza symptoms from those of COVID-19 <input type="checkbox"/> My child is at risk <input type="checkbox"/> I trust institutions

D. Sources of information

D1. What are your sources of information about vaccinations? (more than one answer allowed)

☐ none ☐ physician ☐ friends, relatives ☐ school ☐ tv, newspapers ☐ internet ☐ other, specify_____

D2. Do you feel you need more information about vaccination? ☐ no (**Stop**) ☐ yes

D3. Whom would you prefer to receive information from? (more than one answer allowed) ☐ friends, relatives ☐ physician ☐ school ☐ tv, newspapers ☐ other, specify_____

Thank you for your participation to the survey!