

Supplementary File S1: HLVa-IT

HLVa-IT

"Have you ever read vaccine materials, such as leaflets or posters in doctor's or public health units offices, recommending vaccinations?"

☐ NO ☐ YES

If yes, fill in the box below, marking with an X the boxes corresponding to your choice (choose only one answer for each question)

READING THE MATERIAL:	Never	Rarely	Sometimes	Often
1. Did you find that the material as a whole (texts and/or images) was difficult to read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did he find words you didn't know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you find that the texts were difficult to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you need much time to understand them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you or would you need someone to help you understand them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"Have you ever thought or been advised to vaccinate yourself against one or more diseases?"

☐ NO ☐ YES

If yes, fill in the box below, marking with an X the boxes corresponding to your choice (choose only one answer for each question)

WHEN SEARCHING INFORMATION:	Never	Rarely	Sometimes	Often
6. Have you consulted more than one source of information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you find the information you were looking for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you understand the information found?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had the opportunity to use the information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you discuss what you understood about vaccinations with your doctor or other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you consider whether the information collected was about your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you considered the credibility of the sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you check whether the information was correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you find any useful information to make a decision on whether or not to get vaccinated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>