

## Your family and vaccination

To start off with, please could you tell us the age and sex of each of your children?

	Age (years)	Sex (M/F)		Age (years)	Sex (M/F)
First child	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Fourth child	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
Second child	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Fifth child	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
Third child	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Sixth child	<input type="text"/> <input type="text"/>	<input type="checkbox"/>

Please indicate (to the best of your knowledge) whether all your children have had the following recommended vaccinations.

	Yes	No	If No, please give details	Not sure	Not applicable
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilus influenzae (Hib)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR (measles, mumps & rubella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCG (TB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever chosen to delay one of the recommended vaccinations for any of your children?

Yes ☐ No ☐

If yes, please give a few details

Have you ever chosen not to have one of the recommended vaccinations for any of your children?

Yes ☐ No ☐

If yes, please give a few details

Have any of your children ever had a bad reaction to a vaccination?

Yes ☐ No ☐

If yes, please give a few details

Have you ever regretted a decision to have one of your children vaccinated?

Yes ☐ No ☐

If yes, please give a few details

Please read each of the statements below and show how much you agree or disagree with it by ticking (✓) the appropriate box.				
	Strongly disagree	Disagree	Agree	Strongly agree
Vaccinations are effective in preventing disease <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about vaccination side effects <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important that my children receive all their vaccinations <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of vaccinations for my children <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations are helpful <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is better to get the disease and get protected from it naturally than to be vaccinated <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the disease is not serious, it is not worth getting a jab to prevent it <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination is one way that parents can make a positive contribution to their children's health <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More kids should be vaccinated against diseases so that outbreaks do not occur <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a responsibility to have my children vaccinated for the protection of all children <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who don't have their kids vaccinated put others at risk <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors are too dismissive of what parents claim about vaccination side effects <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have any concerns about vaccinations they are taken seriously by my doctor <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents should make health decisions for their own children rather than leaving it up to professionals <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The government is too defensive about MMR <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The government would stop vaccinations if there was evidence of a serious risk <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The government does a good job of protecting us from risks to health <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinating babies is just a matter of course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents have little choice over whether their children are vaccinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are more reasons to have vaccinations than not to have vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would feel responsible if anything bad happened because I had my child vaccinated <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinating is doing the right thing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinating older children is less worrying than vaccinating babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You worry more about vaccinating your second child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would feel responsible if anything bad happened because I failed to have my child vaccinated <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are too many vaccinations already included in the childhood vaccination schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now we would like you to answer a few questions about cervical cancer.**

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
It is possible that my daughter(s) will get cervical cancer in the future <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that cervical cancer is serious <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My daughter(s) may one day be at risk of getting cervical cancer <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that cervical cancer has serious negative consequences <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is likely that my daughter(s) will get cervical cancer one day <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that cervical cancer can be extremely harmful <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever heard of Human Papillomavirus (HPV)?

Yes ☐ No ☐

**If yes**, please tell us how you heard about it:

We would now like you to read the information below about the new HPV vaccination for cervical cancer.

#### What causes cervical cancer?

- Scientists have linked nearly all cases of cervical cancer to a common virus called **human papillomavirus or HPV**

#### What is HPV?

- HPV is a group of viruses – there are many **different types**
- HPV is **sexually transmitted**, caught by having sexual contact with someone who is infected
- HPV is **very common** – most sexually active people will get it at some point in their lives
- **Condoms do not provide full protection** against HPV, although they may reduce the risk of infection

#### How serious is HPV?

- The types of HPV that cause cervical cancer have **no symptoms**
- HPV can **lie dormant** for many years without causing any problems
- HPV **usually clears up on its own** without needing any treatment
- If HPV infection persists, it **can cause cell changes** which eventually lead to cervical cancer if left untreated
- HPV can also cause **genital warts**, but the types that cause warts do not cause cervical cancer

#### Can HPV be detected and treated?

- Cervical screening (**the smear test**) picks up cell changes in the cervix that are caused by HPV
- Treating cells that have been affected by HPV prevents cancer from developing

#### What is the HPV vaccination?

- A **vaccination** has now been developed that will protect women against HPV
- The vaccination will help to **prevent cervical cancer**
- It will also protect against **genital warts**
- Trials of the vaccination have shown it to be **100% effective** in protecting against HPV
- To give full protection, the vaccination must be given to girls **before they become sexually active**

Have you read all the information carefully?

Yes ☐ No ☐

When you have read the information carefully, please carry on with the questionnaire.

## Questions about the HPV Vaccination

**Please read each of the statements about HPV and indicate whether they are true or false by ticking (✓) the appropriate box.**

	True	False	Don't know
HPV often has no visible signs or symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A smear test will always pick up an HPV infection in the cervix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having many sexual partners increases the risk of getting HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV usually has no effect on men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV always causes genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV is related to the AIDS virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV can be transmitted during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV can be treated with antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV is very rare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV can cause cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV usually goes away without needing any treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most sexually active people will get HPV at some point in their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person always knows if they have HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person could have HPV for many years without knowing it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men cannot get HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Some of the following questions ask you to think specifically about your daughter who is aged between 8 and 14 years. If you have more than one daughter in this range, please think of the youngest one.**

How old is the daughter you are thinking about?	<input type="text"/>	<input type="text"/>	Years
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**Please think of this daughter when you answer the following questions.**

How much do you agree or disagree with these statements?					
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
It is likely that my daughter will get HPV one day <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that HPV can be extremely harmful <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My daughter may one day be at risk of getting HPV <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that HPV can be serious <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is possible that my daughter may get HPV in the future <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that HPV can have serious negative consequences <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Definitely not	Probably not	Not sure	Yes probably	Yes definitely
<b>If your daughter were invited to have the HPV vaccination, would you agree to her having it sometime soon?</b> <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If your daughter were offered the HPV vaccination today, would you agree to it?</b> <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the earliest age at which you think girls should be vaccinated against HPV (only tick (✓) ONE box).					
8 or younger	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
9	<input type="checkbox"/>	12	<input type="checkbox"/>	15 or older	<input type="checkbox"/>
10	<input type="checkbox"/>	13	<input type="checkbox"/>	Never	<input type="checkbox"/>

Do you think the following people would want you to vaccinate your daughter against HPV?				
	Would rather I vaccinated	Wouldn't mind whether I vaccinated or not	Would rather I did not vaccinate	Not applicable
Your GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your husband/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people you feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What percentage of mothers do you think would want the HPV vaccination for their daughter?									
10% or less	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with these statements?				
	Strongly disagree	Disagree	Agree	Strongly agree
I feel positive about the HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would want to be on the safe side and vaccinate my daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to give my daughter too many vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical cancer is not something I worry about for my daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be very worried about the side effects of the HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish the HPV vaccination had been around when I was young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to ensure that my daughter will not get cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More money should be spent on preventing cancers for which there is no screening programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be glad if the vaccination protected against genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital warts are not something I worry about for my daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be glad if the vaccination meant an end to smear tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the HPV vaccination might make girls more likely to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls who had the HPV vaccination would be more likely to have unprotected sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other girls might need a vaccination for HPV, but my daughter won't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At what age would you feel comfortable <u>discussing</u> these topics with your daughter?							
	8 years or younger	9 years	10 years	11 years	12 years	13 years	14 years or older
Cancer in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infections/STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The purpose of vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Questions about you

To finish off, we would like you to answer a few questions about yourself

What is your age?

 

What is your marital status?

Single

☐

Married

☐

Cohabiting / living  
with partner

☐

Divorced / separated

☐

Widowed

☐

Is English your first language?

Yes ☐

No ☐

Please tick the box which best describes your living arrangement:

Rent from local authority

☐

Rent from private landlord

☐

Own home/ buying with a  
mortgage

☐

Other

☐

Does your household have a car or van?

No

☐

Yes, 1

☐

More than 1

☐

Are you currently:

☐ employed full-time

☐ employed part-time

☐ unemployed

☐ self-employed

☐ full-time homemaker

☐ retired

☐ student

☐ disabled or too ill to work

What is the highest level of educational or professional qualification you have obtained?

☐ GCSE/O-level/CSE

☐ Vocational qualifications (e.g. NVQ1+2)

☐ A-level/Highers

☐ Higher educational qualification (below degree level)

☐ Degree level education

☐ Other.....

☐ No formal qualifications

☐ Still studying

What is your religion?

☐ None

☐ Christian – Catholic

☐ Christian – Church of England

☐ Christian – other

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

Any other religion .....



**Which of these best describes your ethnic background?**

- |   |  |
|---|--|
| <input type="checkbox"/> Asian or Asian British             | <input type="checkbox"/> Chinese               |
| <input type="checkbox"/> Black or Black British (African)   | <input type="checkbox"/> White British         |
| <input type="checkbox"/> Black or Black British (Caribbean) | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Mixed                              | <input type="checkbox"/> Other.....            |

**Have you, your family or close friends had cancer? (please tick all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> You                 | <input type="checkbox"/> Close Friend          |
| <input type="checkbox"/> Husband/partner     | <input type="checkbox"/> Other Friend          |
| <input type="checkbox"/> Close family member | <input type="checkbox"/> Not sure              |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Do not wish to answer |

**If you have any views about the HPV vaccination that we haven't asked you about, please write them in the boxes below**

**What do you think are the good points about the HPV vaccination?**

**What do you think are the bad points about the HPV vaccination?**

Thank you very much for taking the time to fill in this questionnaire.

Please check you have not missed any questions and return it to us in the freepost envelope provided.

If you have lost the envelope, please send your questionnaire to this address. **No stamp is needed.**

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