

PAEDIATRIC HOSPITAL VISIT WITH LABORATORY CONFIRMED INFLUENZA IMPROVED FAMILY MEMBERS' INFLUENZA VACCINATION

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SUPPLEMENTARY MATERIAL: THE STUDY QUESTIONNAIRE

Name	
Age	
Sex	Male/female
Region of residence	
Suffers from chronic disease	Respiratory/cardiovascular/autoimmune/neurology/others _____
Age at hospitalization	
Status of influenza vaccine before hospitalized	Vaccinated/non-vaccinated
Mother's age	
Father's age	
Mother's educational level	Dropped out of school/high school/university or college graduated: 1st degree/2nd/3rd
Father's educational level	Dropped out of school/high school/university or college graduated: 1st degree/2nd/3rd
Siblings	1/2/3/4/5/> 5
Age of the youngest sibling	
Parents vaccinated before hospitalization of patient	Yes/No
Sibling vaccinated before hospitalization	Yes/No
How would you define your stay at hospital	Excellent/good/fine/satisfied/not satisfied
Were you encouraged to get vaccinated in hospital	Yes/No
Were you encouraged to get vaccinated in your home clinic after hospitalization	Yes/No
Did your previously hospitalized child receive influenza vaccine this year?	Yes/No
If your hospitalized child has been vaccinated did he/she get all the shots (< 6 months)	Yes/No Are you willing to give him/her the 2nd shot? Yes/No
Did your other children receive influenza vaccine this year?	Yes/No
If your other children have been vaccinated, did they get all the shots (< 6 months)?	Yes/No
Did any of the parents get vaccinated?	Mother/father/both/none
Did your child hospitalization have any influence on others (not family) to get vaccinated?	Yes/No
Why didn't your child receive the vaccine?	Doubts regarding the efficacy of the vaccine Side effects of the shot Ideological/homeopathic medicine Inconvenient clinic hours Transportation limits Fear of needle Social influence – had disease even when vaccinated Received the vaccine before Not likely to have influenza Must pay for it Too busy Others
If the vaccine was mandatory, would you refuse to get it?	Yes/No
If the vaccine was available at school would you let your kids have it?	Yes/No

Other comments: _____
