

The Canadian Paediatric Surveillance Program is conducting a one-time survey about paediatricians' experience and response to vaccine hesitancy. 'Vaccine hesitancy' is defined as attitudes (doubts/concerns) and behaviours (delaying or refusing some or all vaccines). **Your contribution is appreciated.**

1. Please indicate the first 3 digits of the postal code of your practice: \_\_\_ \_\_\_ \_\_\_
2. Which of the following best describes your practice?
  - General paediatrician
  - Paediatric subspecialist, specify: \_\_\_\_\_
3. What vaccines does your practice administer? (*Check only one.*)
  - None
  - Influenza vaccines ONLY
  - Routine childhood vaccines (may or may not include influenza vaccines)
4. On average, how many doses of vaccines are administered each month by your practice? (*Check only one.*)
  - None
  - <30 doses
  - 30 to 100 doses
  - >100 doses
5. In the past 12 months, please estimate the percentage of parents who expressed concerns about childhood vaccines:
  - 0%
  - 1–10%
  - 11–25%
  - 26–50%
  - >50%

*If you have encountered parents who expressed concerns about vaccination in the past 12 months, please complete questions 6–13. IF NOT, we thank you for completing the survey.*
6. Compared to five years ago (or since starting practice), the percentage of parents expressing concerns about vaccination in your practice has:
  - Increased
  - Decreased
  - Remained the same
7. What are the most common concerns expressed by parents about vaccination?
  - Pain
  - Difficulty attending appointments
  - Vaccine additives
  - Not natural/organic
  - Short track record of safety data (new vaccines)
  - Too many vaccines
  - Weakened immune system
  - Previous adverse reaction (child, parent, family/friend)
  - Risk of vaccination greater than disease
  - Autism
  - Other, please specify: \_\_\_\_\_
8. Describe your discussions with parents about vaccination:
  - a. How do you typically initiate discussions about vaccination? (*Choose ONLY one.*)
    - Presumptive approach ("We have to do some shots")
    - OR**
    - Participatory approach ("What do you want to do about shots?")
  - b. If resistant, how do you follow up? (*Check all techniques that you use.*)
    - Discuss risks of non-vaccination
    - Personal endorsement (e.g., I vaccinate my own child)
    - Restate vaccine recommendation
    - Discuss policies of practice (e.g., must vaccinate to stay in practice)
    - Refer to an ID specialist
    - Refer to reliable patient education resources
    - Other, please specify: \_\_\_\_\_
  - c. How would you best describe the majority of these discussions with parents who express concerns?
    - Generally positive
    - Neutral
    - Generally negative
  - d. How much time do you typically spend discussing vaccination with parents who express concerns?
    - ≤4 minutes
    - 5–9 minutes
    - 10–14 minutes
    - 15–19 minutes
    - ≥20 minutes
9. What are the challenges in working with parents who express concerns about vaccination? (*Check all that apply.*)
  - Time
  - Reimbursement
  - Expertise
  - Frustration with parent resistance
  - I have concerns about some vaccines
  - Other, please specify: \_\_\_\_\_
10. Does vaccine hesitancy impact your practice?  Yes  No (*Skip to question 11.*)
 

*If yes, how? (Check all that apply.)*

  - Increases the workload for my practice
  - Decreases my job satisfaction
  - Less time to discuss other issues during clinic visits
  - Tension between the parent and me
  - Increases length of clinic visits
  - Increases number of clinic appointments
  - Other, please specify: \_\_\_\_\_
11. Of patients whose parents expressed concerns, what percentage received NONE of the recommended vaccines?
  - 0%
  - 25%
  - 50%
  - 75%
  - 100%
  - Unknown
12. Of patients whose parents expressed concerns, what percentage received vaccines using an alternative schedule? (i.e., alternate timing and/or select vaccines)?
  - 0%
  - 25%
  - 50%
  - 75%
  - 100%
  - Unknown
13. Are patients permitted to continue to be served by your practice if:
 

	Yes	No
a. They refuse ALL vaccines?	<input type="radio"/>	<input type="radio"/>
b. They request an alternative vaccination schedule?	<input type="radio"/>	<input type="radio"/>

Please return this survey with your monthly reporting form. Thank you for your participation.

09/2015