

# Supplementary Material S1: Questionnaire on Parental Attitudes

Dear Parent,

Thank you for your participation in this survey. Information you give here will be kept confidential and used only for scientific purposes. Information on identity is not requested throughout the survey.

1. Your age: .....
2. Gender: .....
3. Occupation: (a) Housewife; (b) Worker; (c) Civil servant; (d) Free occupation; (e) Other
4. Education status: (a) None; (b) Primary school; (c) High school; (d) University; (e) Master/Doctorate
5. Number of children: .....
6. How old is your youngest child? .....
7. Who makes the decision about vaccination of your child?
  - (a) Mother;
  - (b) Father;
  - (c) Joint decision of parents;
  - (d) Other ..... (Please indicate).
8. Where do you get information about childhood vaccines?
  - (a) From health care institutions
  - (b) From written, visual, and social media
  - (c) Both
9. What do we think about childhood vaccinations?
  - (a) Absolutely necessary
  - (b) I have hesitancy
  - (c) Absolutely not to be done
10. (Answer this question if your answer to Question 9 is "I have hesitancy," or leave it blank.) Mark the most appropriate statement(s) for your feeling of hesitancy.
  - (a) I have doubts about the protective role of vaccines.
  - (b) I have concerns that some of the preservative substances (aluminum, mercury, etc.) in the vaccine may cause various diseases in my child, such as autism.
  - (c) I have concerns that the vaccine may cause side effects in my child.
  - (d) Because I think that my child can gain better immunity through experiencing an illness.
  - (e) Other (Please indicate) .....
11. (Answer this question if your answer to Question 9 is 'Absolutely not to be done', or leave it blank.) What makes you think that vaccines should not be given?
  - (a) I do not believe in the protective role of vaccines.
  - (b) Because some of the preservative substances (aluminum, mercury, etc.) in the vaccine may cause various diseases in my child, such as autism.
  - (c) Because the vaccine may cause side effects in my child.
  - (d) Because I think that my child can gain better immunity through experiencing an illness.
  - (e) Other (Please indicate) .....
12. Do you have your children regularly and fully vaccinated in accordance with the routine vaccination program recommended by our Ministry of Health?
  - (a) Yes, I have my children regularly and fully vaccinated.
  - (b) I have the vaccines fully done, but some delays may occur for various reasons.
  - (c) Not on a regular basis. Some vaccines are missed.
  - (d) I do not have my children vaccinated at all.
13. If your answer to Question 12 is "Not on a regular basis. Some vaccines are missed." What is the reason for incomplete vaccination?
  - (a) I forget the timing of some vaccinations.
  - (b) I cannot afford time to go to a health facility.
  - (c) I do not want my child to be vaccinated with particular vaccines.
14. If your answer to Question 13 is "I do not want my child to be vaccinated with particular vaccines." Please indicate what these vaccines are and why .....
15. Do you think that children who are not vaccinated may put your child at risk?
  - (a) Yes.
  - (b) No.
  - (c) I have no idea.