

There are no identifying marks on this survey or on the return envelope. All of your answers will be completely anonymous. You can skip any question you do not want to answer.

If you have more than one child in grades 9 – 12 please answer these questions for the child whose birthday is closest to January 1.

1. Does your child have a primary care provider?

- Yes
- No, **skip to question 5**

2. Is this provider in Kittitas County?

- Yes
- No

3. Has this provider ever recommended immunizations for your child?

- Yes
- No
- Unsure

4. Has your child ever received immunizations from this provider?

- Yes
- No
- Unsure

5. Has your child ever received immunizations from someone other than a primary care provider? (Select all that apply)

- No
 - Yes, health department
 - Yes, free clinic
 - Yes, emergency room
 - Yes, specialist
 - Yes, other
- Please specify: _____

6. Do you have health insurance for your child?

- Yes, private insurance
- Yes, Medicaid (medical coupons)
- No, **skip to question 8**

7. Does your child's health insurance cover immunizations?

- Yes, all immunizations
- Yes, some immunizations
- No
- Unsure

8. Does your child go to routine health visits (visits other than those for illness or injury, like yearly check-ups)?

- Yes
- No

9. Has your child ever had a sports physical?

- Yes
- No

10. **Following are some reasons parents have given that make it difficult to get their child immunized. Please select any that apply to you.**

- No health insurance or high deductibles
- Doctor availability
- Knowing which vaccines my child needs
- Knowing where to go
- Cost of vaccines
- Delay in getting appointments
- Language barriers
- Other, please specify: _____
- None of these are a problem for me, **skip to question 12**

11. **Which of these is the biggest obstacle for you?** Please select *one*.

- No health insurance or high deductibles
- Doctor availability
- Knowing which vaccines my child needs
- Knowing where to go
- Cost of vaccines
- Delay in getting appointments
- Language barriers
- Other, please specify: _____

12. **Is your child up-to-date on the immunizations required for school entry? These include 2 measles, mumps, and rubella (MMR), 3 polio (IPV or OPV), 3 Hepatitis B (Hep B), and 3 tetanus, diphtheria, and pertussis (DTaP, DT, Td, or Tdap).**

- Yes
- No, I signed an exemption for personal reasons
- No, I signed an exemption for medical reasons
- No, I signed an exemption for religious reasons
- Unsure

13. **Has your child had a tetanus containing vaccine in the past 5 years? This is not required for school entry but may include a Tdap, Td, or tetanus-only vaccine.**

- Yes
- No
- Unsure

14. **Has your child had a varicella (chicken pox) vaccine or past illness of varicella? This vaccine is not required for school entry.**

- Yes, had varicella vaccine
- Yes, had past illness
- No
- Unsure

15. **Has your child had any of these additional recommended vaccines? These are not required for school entry. Select all that apply.**

- HPV (girls only)
- Hepatitis A
- Flu shot in previous 12 months
- Meningococcal
- None of these
- Unsure

16. Following are some reasons parents have given for why they choose not to give their children certain immunizations. Even if your child has had all of the required and recommended vaccines, please tell us how you feel about the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I'm uneasy with newer vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know the current recommendations for immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The illnesses prevented by immunizations aren't serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to return to the doctor's office for vaccines requiring more than one dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizing isn't important because these diseases aren't common anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm afraid vaccination can cause other health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm afraid vaccines can cause the diseases they are supposed to protect against	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is inconvenient to vaccinate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I oppose all vaccinations for personal reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I oppose all vaccinations because of religious values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next three questions are related to the pertussis outbreak in Kittitas County that occurred in February through April 2009.

17. Did your child have to miss school or other activities due to the pertussis outbreak?

- Yes
- No
- Unsure

18. Did you have to miss work or school due to the pertussis outbreak?

- Yes
- No

19. Did you know that your child in 9th – 12th grade may no longer be protected against pertussis unless they had a booster Tdap within the past 5 years? This is not required for school entry at this age.

- Yes
- No

These final questions will help ensure that we have broad representation from high school age students.

20. What grade is your child in?

- 9th
- 10th
- 11th
- 12th

21. How old is your child (as of today)?

- 13
- 14
- 15
- 16
- 17
- 18
- Other

22. Is your child male or female?

- Male
- Female

23. Is your child of Hispanic or Latino ethnicity?

- Yes
- No

24. What race do you consider your child to be? Select all that apply.

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Some other race

25. What is the primary language spoken in your household?

- English
- Spanish
- Other

26. Please tell us where your child attends school.

- Cle Elum–Roslyn School District
- Easton School District
- Ellensburg School District
- Kittitas School District
- Thorp School District
- Private school
- Other

Thank you for your participation in our survey about adolescent immunizations. Look for the results on the Kittitas County Public Health Department website (<http://www.co.kittitas.wa.us/health>) in late 2009.

Remember, you can enter to win a \$50 Ellensburg Chamber of Commerce gift certificate by filling out the entry slip and returning it with your survey. There will be four winners!