

Evaluation of the acceptability of a vaccine against Herpes Zoster in the over 50 years old population.

Date __-__-____

Thanks for agreeing to participate in the study. The information contained in this form will be kept confidential under the legislation (Legislative Decree no. 196/2003 “Code regarding the protection of personal data”).

1. Gender M F

2. Age _____

3. Nationality _____

4. City of residence _____

5. Educational level

No qualification

Primary school

Secondary school

High school

University

6. Employment status

Retired

Worker

7. Do you know the disease called Varicella?

No

Yes

8. Have you had Varicella in the past?

No

Yes

I do not remember

9. If yes, how old were you? _____

10. Have you been vaccinated against Varicella?

No

Yes

I do not remember

11. If yes, how old were you ? I do not remember

12. Do you know the disease called shingles (Herpes Zoster)?

No

Yes

(if you answer "no" to question number 12 the interview ends here)

13. Do you know someone who had shingles (Herpes Zoster)?

No

Yes

14. Do you had shingles in the past (Herpes Zoster)?

No

Yes

15. If yes, how old were you? I do not remember

16. In your opinion what are the consequences of shingles (Herpes Zoster)?

(multiple choice question: you can give more than one answer)

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Malaise |
| <input type="checkbox"/> I do not know | |

17. In your opinion, the pain associated to shingles (Herpes Zoster) is:

- Mild, with duration of few days
- Moderate, with duration of few weeks
- Serious, with a term of months or years
- I do not know

18. In your opinion, the chronic pain associated to shingles can have an impact on the normal activities of daily life activities:

- Little relevance
- Relevant
- Very relevant
- I do not know

19. Are you aware about the vaccine against shingles?

- No
- Yes

20. If you have answered yes to the previous question, how it came to knowledge?

(multiple choice question: you can give more than one answer)

- | | |
|---|--|
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Family | <input type="checkbox"/> TV |
| <input type="checkbox"/> Friends/ contacts | <input type="checkbox"/> Books/brochures/magazines |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Other (specify) _____ |

21. Do you think that vaccines are an effective tool for prevention?

- No
- Yes

22. Would you vaccinate against shingles?

- No
- Yes

23. If you would not vaccinate against shingles, why? (multiple choice question: you can give more than one answer)

- I do not think of being at high risk of having the disease
- I have trouble to go to the doctor for vaccination
- In general, I am opposed to vaccinations
- I think that vaccination is not completely effective
- I fear the possible side effects of vaccination (eg, immune system disorders)
- I do not think that the disease is particularly harmful, long or painful
- Other (specify) _____

24. If your GP would recommend the vaccine against shingles, would you vaccinate?

- No Yes

25. If yes, why? (*multiple choice question: you can give more than one answer*)

- I think the vaccine is effective
 I think I can have the diseases
 I knew someone who had the shingles and I do not want that it happen to me
 I think the vaccine can improve my health
 Other (specify).....

26. Are you in favor of being immunized against HZ even upon payment?

- No Yes

27. How much would you pay for the vaccine against shingles?

- Up to 50 euro
 Up to 100 euro
 Up to 150 euro
 Other (specify).....

Thanks for your collaboration