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“A Population based prospective cohort study of pneumococcal pneumonia in adults following the introduction of childhood pneumococcal vaccination in the UK”

QUESTIONNAIRE

Thank you for agreeing to take part in our study. As we explained in the Patient Information Leaflet, we'd like to ask you some questions about your contact with children. This questionnaire should take between 5 and 15 minutes to complete. The interviewer will complete the form with you.

1a. Have you had close social contact with children in the past 4 weeks?

Examples of close social contact include: living with children in the same household, cuddling or kissing a child, spending a total of 8 hours or more in the company of a child.

YES **NO**

If YES, go to question 1b. If NO, go to question 2.

1b. Please can you define the number of children you have been in close social contact with over the past 4 weeks, the ages of these children, and your relationship to them.

	Number of children	Ages of children
Child / dependant		
Grandchild		
Other close family member (e.g. nephew / niece)		
Other *		

*If other, please specify:

If the patient has indicated that they have contact with a child, dependant or grandchild, go to question 1c, otherwise go to question 2.

1c. If you are the parent, legal guardian or grandparent please can you tell us more about your children/ grandchildren?

We would like to know their names, ages, whether they attend nursery or day care and whether they have been vaccinated with a pneumococcal vaccine (also known as PCV7, pneumo vaccine, pneumococcal conjugate vaccine).

Child 1

Relationship to child:

Name of child:.....

Age of child:

Received pneumococcal vaccine:.....

Attends nursery/ daycare:.....

Child 2

Relationship to child:.....

Name of child:.....

Age of child:

Received pneumococcal vaccine:.....

Attends nursery/ daycare:.....

Child 3

Relationship to child:

Name of child:

Age of child:

Received pneumococcal vaccine:.....

Attends nursery/ daycare:.....

In the case of contact with more than 3 children, continue on supplementary sheets

If the patient is the parent of children named above go to question 1d, if they are the grandparent go to question 1e.

1d. Would you allow us to contact your child's GP/ health records so we can confirm whether they have received pneumococcal vaccine?

YES **NO**

If yes, arrange for parent/ guardian to sign consent form for access to vaccination history

If no, go directly to question 2

1e. Would you allow us to contact the parent/ legal guardian of your grandchildren so that we can ask them for permission to check your grandchild's GP/ health records to confirm whether they have received pneumococcal vaccine?

YES **NO**

If yes, ask for the names and contact details of the parent/ legal guardian

If no, go directly to question 2

Child:.....

Name of parent/ legal guardian:.....

Contact details:.....

.....

.....

2a. Do you have a job that involves looking after or teaching children?

YES **NO**

If yes go to question 2b If no, thank the patient for their time and participation

2b. What is your job?

Nursery nurse/ day care assistant	<input type="checkbox"/>
Primary school teacher	<input type="checkbox"/>
Secondary school teacher	<input type="checkbox"/>
Sports instructor	<input type="checkbox"/>
Health professional	<input type="checkbox"/>
Other*	<input type="checkbox"/>

*Please specify

.....

2c. In the past 4 weeks, please estimate the number of children you have worked with and the and hours of contact you have had with children through your job

Number of children:.....

Hours of contact with children:.....

Thank you for completing the questionnaire and participating in our study