

1 **PARENT AND HEALTH CARE WORKERS QUESTIONNAIRES**

2
3
4 **PARENT QUESTIONNAIRE**

5 **Demographic data**

6
7 **Are you**

- 8 mother
9 father

10
11 **What is your age ?**

- 12 < 25 ys
13 26-40 ys
14 > 40 ys

15
16 **What is your nationality?**

- 17 Italian
18 Non italian, please specify _____
19 I have 2 nationalities, please specify _____

20
21 **Where do you live?** Please insert the city where you live _____

22
23 **How many child do you have ?**

- 24 1
25 2
26 3
27 ≥4

28 Please, specify the age of each child _____

29
30 **Education**

31 **What is the highest level of education you have completed?**

	Mother	Father
32 No schooling completed	<input type="checkbox"/>	<input type="checkbox"/>
33 Primary school	<input type="checkbox"/>	<input type="checkbox"/>
34 Middle school	<input type="checkbox"/>	<input type="checkbox"/>
35 High school	<input type="checkbox"/>	<input type="checkbox"/>
36 Degree	<input type="checkbox"/>	<input type="checkbox"/>

37
38
39 **Employment Status.**

40 ***Are you currently...?***

	Mother	Father
41 Employed	<input type="checkbox"/>	<input type="checkbox"/>
42 Unemployed	<input type="checkbox"/>	<input type="checkbox"/>

43
44
45
46
47 **Q1. Perceived benefits of vaccination**

48 **Do you think that vaccinations in general are** (Please select only one)

- 49 Very beneficial in preventing infectious diseases
50 Beneficial
51 Not beneficial
52 I do not have any opinion about that

53
54 **Q2. Did you receive appropriate and useful information about vaccination in general?** (Please
55 select only one)

- 56 Yes
57 No

58
59

- 60 Q3. **If yes, did you receive information from** (more than 1 response is permitted)
- 61 Paediatrician
- 62 Immunization Clinic
- 63 Prenatal classes
- 64 Friends
- 65 Internet
- 66 Books and magazines
- 67
- 68
- 69 Q4. **Knowledge about meningitis**
- 70 **Have you heard of meningitis?** (Please select only one)
- 71 I have never heard of meningitis
- 72 My knowledge of meningitis is poor
- 73 My knowledge of meningitis is fair
- 74 My knowledge of meningitis is good
- 75
- 76
- 77 Q5. **Recognition of severity of meningitis**
- 78 **How severe do you think meningitis could be?** (Please select only one)
- 79 unthreatening disease
- 80 A mild disease
- 81 A severe disease
- 82 A life-threatening disease
- 83
- 84
- 85 Q6. **Knowledge about etiology of meningitis**
- 86 **Do you know that meningococcal meningitis is mainly caused by serogroup B and C in Italy?**
- 87 (Please select only one)
- 88 Yes
- 89 No
- 90
- 91 Q7. **Do you know that a Meningococcal C vaccine is approved for immunization?** (Please select
- 92 only one)
- 93 Yes
- 94 No
- 95
- 96 Q8. **Would you be likely to have your child immunized with the meningococcal B vaccine?** (Please
- 97 select only one)
- 98 Yes
- 99 No
- 100 I don't know/I have not any opinion about that
- 101
- 102 Q9. **If yes, would you be likely to immunized your child with the new meningococcal B vaccine**
- 103 **with hexavalent vaccination with an increase in the number of injections per session (3 injections**
- 104 **instead of 2 injections)** (Please select only one)
- 105 Yes
- 106 No
- 107 I don't know/I have not any opinion about that
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117

118

119 **Health Care Workers Questionnaire**

120

121 **Demographic data**

122

123 **What is your gender?**

124 Male

125 Female

126

127 **What is your age?**

128 ≤ 35 ys

129 36-50 ys

130 >50 ys

131

132 **What is your qualification?**

133 Specialist in Hygiene and Preventive Medicine

134 Paediatrician

135 Nurse

136

137 **What is your occupational field?**

138 Immunization Clinic

139 Outpatient Clinic

140 Hospital

141 Other (Infectious Disease Clinic)

142

143 **Q1. Do you think the mortality rate of meningococcal meningitis in children less than 1 year of**
144 **age is..?** (Please select only one)

145 Very Low

146 Low

147 High

148 Very High

149

150 **Q2. Do you think the risk of sequelae of meningococcal meningitis is..?** (Please select only one)

151 Very Low

152 Low

153 High

154 Very High

155

156 **Q3. Do you consider meningitis a disease** (Please select only one)

157 Of utmost importance for public health

158 Of importance, but not a priority for public health

159 Under control

160

161 **Q4. Do you consider the 4CMenB vaccine** (Please select only one)

162 A priority in infant immunization schedule

163 A preventive measure that should be evaluated on a case-by-case basis

164 Unnecessary preventive measure

165

166 **Q5. Do you know that EMA approved the 4CMenB vaccine?** (Please select only one)

167 Yes

168 No

169

170 **Q6. What kind of 4CMenB vaccine schedule do you consider the most appropriate?**(Please select
171 only one)

172 Without concomitant routine infant immunization in the first year of life

173 With concomitant routine infant immunization in the first year of life

174 In the second year of life

175

176