

香港中文大學  
 健康教育及促進健康中心和微生物學系  
 預防子宮頸癌研究計劃

家長問卷調查

香港中文大學健康教育及促進健康中心和香港中文大學微生物學系正進行一項有關預防子宮頸癌的研究，探討大眾對疾病預防的認知。現誠邀你及你的女兒每人填寫一份調查問卷，合共兩份調查問卷，以協助我們計劃日後公共衛生教育的推廣和發展。

本問卷以不記名形式進行，你的身份及所提供的資料將會絕對保密，並只作研究用途。

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請細閱以下各題，並在合適的方格內填上「✓」。

1. 你會否讓女兒參與是次「預防子宮頸癌疫苗接種計劃」？

- 會 → 請答 1A 及 第 2 題
- 不會 → 請答 1B 及 第 2 題
- 女兒之前已接種預防子宮頸癌疫苗 → 請到第 2 題

1A. 以下因素如何影響你讓女兒參與是次「預防子宮頸癌疫苗接種計劃」？

	絕對沒有 影響	沒有 影響	有 影響	很大 影響
a. 是次計劃由校本統籌	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 是次計劃由大學推薦	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 疫苗能有效預防子宮頸癌	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 疫苗安全	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 免費接種疫苗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 醫生建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1B. 以下因素如何影響你 不讓 女兒參與是次「預防子宮頸癌疫苗接種計劃」？

	絕對沒有 影響	沒有 影響	有 影響	很大 影響
a. 注射疫苗後的副作用	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 不相信疫苗的成效	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 醫生沒有建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 政府沒有建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 擔心女兒接種疫苗後，別人誤以為她已開始了性行為	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 擔心女兒接種疫苗後，會提早發生性行為	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9. 一般來說，你會聽從醫生有關預防疫苗的建議嗎？

- 多數會       視乎個別情況       不會

10. 你的性別是：       男       女

11. 你與學童的關係是：

- 父 / 母       兄 / 姊       親戚       其他（請說明：\_\_\_\_\_）

12. 你的年齡是：

- 30 歲或以下       31-35 歲       36-40 歲  
 41-45 歲       46-50 歲       51 歲或以上

13. 你的教育程度是：

- 小學或以下       中學       大專       大學或以上

14. 你的家庭每月總收入（以港幣計算）：

- \$5,000 或以下  
 \$5,001- \$10,000  
 \$10,001- \$15,000  
 \$15,001- \$20,000  
 \$20,001- \$25,000  
 \$25,001- \$30,000  
 \$30,001 或以上

15. 你有沒有一位固定的家庭醫生？

- 有       沒有

16. 你的女兒是否已接受所有香港衛生署建議的疫苗注射？

- 是       不是

17. 你／你的太太在過去三年，有沒有接受過柏氏子宮頸抹片檢查？

- 有       沒有

18. 你／你的太太有沒有接種預防子宮頸癌疫苗？

- 有       沒有

19. 你願意支付多少錢，讓女兒接種子宮頸癌疫苗（整個療程並以港幣計算）？

- 少於 1000 元       1001 至 1500 元       1501 至 2000 元  
 2001 至 2500 元       2501 至 3000 元       3001 至 3500 元

我們亦希望收集你的意見，作為日後讓政府考慮推行全民接種子宮頸癌預防疫苗之用。  
請你回答以下各題：

20. 假如政府推行全民接種子宮頸癌預防疫苗，你贊成同時讓男女學生參與嗎？

- 贊成同時讓男女學生參與
- 只讓女學生參與

21. 假如推行全民接種計劃，你認為接受子宮頸癌疫苗（以整個療程計算），政府在價錢上應提供多少資助？

- 全部免費
- 政府提供百分之 \_\_\_\_\_（請填上百分比）的資助

22. 假如政府推行全民接種計劃，你認為哪裡是最合適的接種地點？（可選多項）

- 衛生署指定健康中心
- 私家醫生診所
- 學校

23. 你認為接種子宮頸癌預防疫苗最好由幾時開始？

- 9 歲
- 小學六年級
- 中學一年級
- 中學三年級
- 按照政府指示

24. 你認為自己對子宮頸癌預防疫苗的認識是否足夠？

- 足夠
- 不足夠，並希望獲得更多以下資訊（可選多項）：
  - 對子宮頸癌的認識
  - 對預防子宮頸癌疫苗的認識
  - 疫苗的效益
  - 疫苗的副作用
  - 醫生／專家的意見

25. 你有否看了學校通告提及有關子宮頸癌的錄影片段？

- 有
- 沒有
- 沒留意
- 已經忘記了內容

26. 如有，會否影響你讓女兒參與是次  
「預防子宮頸癌疫苗接種計劃」？

絕對沒有  
影響

沒有  
影響

有影響

很大  
影響

問卷完，謝謝！

**The Chinese University of Hong Kong  
Centre for Health Education and Health Promotion and Department of Microbiology  
Prevention of Cervical Cancer Vaccination Programme**

**Questionnaire – Parent**

Please read the following questions and put a ✓ in the box next to your choice.

**1.** Are you going to let your daughter join the “Prevention of Cervical Cancer Vaccination Programme”?

- Yes → Please answer Q1A and Q2
- No → Please answer Q1B and Q2
- My daughter has already received HPV vaccination → Please go to Q2

1A. How the following factors affect your decision to let your daughter join the programme?	Not at all Influential	Not influential	Influential	Extremely Influential
a. This programme is organized by school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This programme is recommended by the university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vaccine provides effective prevention of cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vaccine is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Free vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Recommended by doctor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1B. How the following factors affect your decision NOT to let your daughter join the programme?	Not at all Influential	Not influential	Influential	Extremely Influential
a. Possible side effect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doubt the effectiveness of vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. No doctor’s recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. No government’s recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worry others might think my daughter has already started having sex if vaccinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Worry that my daughter would start having sex earlier if vaccinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.** How did you learn about HPV vaccination? (You may choose more than one answer)

- |   |  |
|---|--|
| <input type="checkbox"/> Doctor’s recommendation    | <input type="checkbox"/> School  |
| <input type="checkbox"/> Posters/leaflets in clinic | <input type="checkbox"/> Mass media (including television, radio, newspapers, magazines and internet etc.) |
| <input type="checkbox"/> Relatives / Friends        | <input type="checkbox"/> Never heard of HPV vaccination  |

3. Are the following statements about cervical cancer correct?	Yes	No	Don't Know
a. Cervical cancer is one of the most common cancers among women in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Early stage of cervical cancer is easy to treat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Females who have got cervical cancer may affect fertility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Females who have multiple sex partners are having a higher risk of getting cervical cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Any females who have sexual experience may have a fair chance of getting cervical cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cervical cancer can be prevented through Pap's smear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cervical cancer is caused by viral infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In Hong Kong, about a woman died of cervical cancer every 3 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Which of the following(s) is(are) the most common symptoms of cervical cancer? (You may choose more than one answer)

- Waist pain                       Fear of cold                       Abnormal bleeding between menses  
 Breast pain                       Bleeding after sexual intercourse

5. Which of the following(s) is/are correct description of HPV vaccination? (You may choose more than one answer)

- Girls should not receive HPV vaccination before their first menstruation.  
 The most ideal time to have HPV vaccination is before first sexual intercourse.  
 HPV vaccination can prevent all sexually transmitted disease.  
 HPV vaccination is not related to menstruation and would not affect growth.  
 Females already started sexual life can still receive HPV vaccination to prevent future infection.

6. What do you think about the likelihood of the followings?	Extremely unlikely	Unlikely	Likely	Extremely Likely
a. My daughter will be infected by Human Papillomavirus (HPV).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My daughter will get cervical cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It will bring tremendous influence to my daughter's life if she got cervical cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HPV vaccination can protect my daughter from HPV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Did doctor recommend your daughter to take HPV vaccination?

- Yes  
 No → Please go to Q9

8. From your doctor's recommendation, what is the best age for your daughter to get HPV vaccination?

- Now                       After age \_\_\_\_\_                       Doctor did not mention

9. General speaking, would you follow doctor's advice on vaccination in preventing diseases?

- No                       Depends on the situation                       Probably yes

10. What is your gender :                       Male                       Female

11. What is your relationship with the student?

- Father / mother     Brother / sister     Relative                       Other, please specify: \_\_\_\_\_

12. What is your age?

- Below 30                       31-35                       36-40  
 41-45                       46-50                       51 or above

13. . What is the highest level of education you have completed?

- Primary or below     Secondary School     Post-secondary/Diploma     Degree or higher

14. What is your family income per month?

- \$5,000 or below                       \$5,001- \$10,000                       \$10,001- \$15,000                       \$15,001- \$20,000  
 \$20,001- \$25,000                       \$25,001- \$30,000                       \$30,001 or above

15. Do you have a regular family doctor?

- Yes                       No

16. Have your daughter received all vaccination recommendation by Department of Health?

- Yes                       No

17. Have you / your wife undergone Pap's smear in the past 3 years?

- Yes                       No

18. Have you / your wife received HPV vaccination?

- Yes                       No

19. How much are you willing to pay for daughter's HPV vaccination (whole course in HKD)?

- Less than \$1000                       \$1001-\$1500                       \$1501-\$2000  
 \$2001- 2500                       \$2501-3000                       \$3001-3500

We would also like to know what you think about including HPV vaccination into government's childhood immunization programme in Hong Kong. Please answer the following questions:

20. If HPV vaccination is included in the government's childhood immunization programme, do you think it should be provided for both boys and girls?

- Yes  
 Only girls should join



**21.** If HPV vaccination is included in the government's childhood immunization programme, how much should the government subsidize?

- Totally Free
- Government subsidizes \_\_\_\_\_ % (Please fill in percentage)

**22.** If HPV vaccination is included in the government's childhood immunization programme, where is/are ideal vaccination location(s)? (You may choose more than one answer)

- Health centres under Department of Health
- Private physicians' clinics
- Schools

**23.** When do you think is the best time to have HPV vaccination?

- Age of 9                       Primary 6                       Secondary 1
- Secondary 3                       According to government's instruction

**24.** Do you think you have sufficient understanding of HPV vaccination?

- Yes
- No, and would like to have more information on the following(s) (may choose more than 1 answer)
  - Knowledge on cervical cancer
  - Knowledge on HPV vaccine
  - Effectiveness of HPV vaccine
  - Possible side effects
  - Doctors'/Experts' recommendation

**25.** Have you watched the video on cervical cancer mentioned in the school notice?

- Yes                       No                       Not Aware of it                       Forgot the contents

**26.** If yes, how does it affect your decision to let your daughter join the programme?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all               | Not                      |                          | Extremely                |
| Influential              | influential              | Influential              | Influential              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

End of Questionnaire. Thank you very much!