

NJ Healthy Families Survey

1. Do you have an adolescent(s) in your household between 11 and 18 years old?

No → Thank you for your time

Yes

2. If yes, how many? _____

3. Please provide the age and gender of each adolescent in your household below (you do not need to provide their names).

Age	Gender	Do you make the health care decisions for this/these adolescent(s)? (Yes or no)
a.		
b.		
c.		
d.		
e.		

HPV KNOWLEDGE

4. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HIV, HSV, or herpes

No → **GO TO 6**

Yes

5. Where did you hear about HPV? Please mark all that apply.

Health care provider/clinic

Family and/or friends

TV advertisements/News/TV show

Work or school

Newspaper/magazine

Internet

Some other place. Please specify: _____

6. Please state whether you agree or disagree with the following statements:

Do you think HPV can cause...	Agree	Disagree	Not sure
a. Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Penile Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Anal Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. abnormal Pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next are some questions on your opinion about HPV.

	Agree	Disagree	Not sure
a. HPV is a rare infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HPV is a sexually transmitted infection (STI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. HPV will go away on its own without treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A person can have HPV for many years without knowing it or without showing signs or symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. HPV can affect a woman's ability to get pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Men cannot get HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using condoms reduces the risk of getting HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Having many sexual partners increases the risk of getting HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. HPV has many different types	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HPV VACCINE KNOWLEDGE

7. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL, or Cervarix. Before today, have you ever heard of the cervical cancer vaccine or shot?
- No
 Yes
8. How effective do you think the HPV vaccine is in preventing cervical cancer?
- Very effective
 Somewhat effective
 Not effective
9. The HPV vaccine is most effective when it is given...
- Before someone starts having sex
 After someone starts having sex
 It does not matter when the vaccine is given
 I do not know
10. Please state whether you agree or disagree with the following statements:

Statement	Agree	Disagree	Not sure
a. Getting the HPV vaccine may cause problems getting pregnant or conceiving a child later in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If my son/daughter gets the HPV vaccine, it may cause health problems in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My son/daughter may be more likely to think it is okay to have sex if he/she gets the HPV vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HPV vaccines require more than one dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The HPV vaccines offer protection against all sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The HPV vaccines are most effective if given to people who have never had sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Someone who has had the HPV vaccine cannot develop cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The HPV vaccines offer protection against most cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. One of the HPV vaccines offers protection against genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Girls who have had the HPV vaccine do not need a Pap smear test when they are older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The HPV vaccine is only recommended for girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ACCESS TO HPV VACCINE

11. When is the birthday (Month and Year only) of this son or daughter? _____ (Month) _____ (year)

11a. What is the age of your adolescent son or daughter whose birthday is the closest to today's date? _____ years old

Instructions: When answering the following questions please think **only** about your adolescent son or daughter whose birthday is the closest to today's date.

12. In the last 12 months, has a doctor or health care professional ever talked with you or an immediate family member about the HPV shot or vaccine?

No

Yes

13. In the last 12 months, has a doctor or health care professional recommended that you or someone in your immediate family get an HPV shot or vaccine?

No → **GO to Q15**

Yes

14. At what age did the doctor or health care professional recommend that your son/daughter should start receiving HPV shots?

Before age 11

11 or 12 years of age

13 or 14 years of age

15 or 16 years of age

17 or 18 years of age

After 18 years of age

No specific age was recommended/discussed

15. Has your son/daughter ever received the HPV vaccine or HPV shot?

No → **GO to Q17**

Yes



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15a. If yes, where has your son/daughter received an HPV shot?

- Doctor's office
- Emergency room
- Health department clinic
- Clinic or health center
- Elementary/Middle/High School clinic
- Other nonmedical place
- I do not know

15b. What age did your son/daughter receive the HPV shots? _____ Years old

16. How many doses has she received?

- One → **GO to Q20**
- Two
- Three

16a. If more than one, how were you reminded that your son/daughter was due for the second (or third) dose? → **After answering, GO to Q20**

- A phone call from the provider's office
- Automated system – email or text
- Patient portal
- I was not reminded; I remembered

17. A vaccine to prevent the human papillomavirus or HPV infection is recommended for girls ages 11-12 and is called the cervical cancer vaccine, HPV shot, or GARDASIL®. If you had a daughter that age, would you have her get it?

- No
- Yes → **GO to Q18**
- I do not know



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17a. If no, what is the main reason you would not have your son/daughter get the vaccine?

- My son/daughter does not need the vaccine
- My son/daughter is not sexually active
- It is too expensive
- He/she is too old for the vaccine
- My son/daughter's doctor has not recommended it
- I am worried about the safety of the vaccine
- I do not know where to get it
- My spouse/family member is against it
- My son/daughter already has HPV
- I do not know
- Other, please specify: _____

18. If he/she have not already, would you be interested in your son/daughter getting the HPV vaccine?

- No
- Yes → **GO to Q19**
- I do not know

18a. If no, what is the main reason you would not want your son/daughter to get the vaccine?

- My son/daughter does not need the vaccine
- My son/daughter is not sexually active
- It is too expensive
- He/she is too old for the vaccine
- My son/daughter's doctor has not recommended it
- I am worried about the safety of the vaccine
- I do not know where to get it
- My spouse/family member is against it
- My son/daughter already has HPV
- I do not know
- Other, please specify: _____

19. If you could get the HPV vaccine free or at a low cost, would you let your son/daughter get it?

- No
- Yes
- Don't know



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20. Has your son/daughter ever been told by a doctor or health care professional that they had a human papillomavirus or HPV infection?

No

Yes

I do not know

HEALTHCARE UTILIZATION

Instructions: When answering the following questions please think **only** about your adolescent son or daughter whose birthday is the closest to today's date.

21. Where does your son/daughter usually go for their healthcare services?

- Doctor's office
- Emergency room
- Health department clinic
- School clinic
- Clinic or health center

21a. Please provide the following information about the facility where your son/daughter goes for their healthcare services.

Name: _____ Town and City: _____

21b. In the past 12 months, how often has your son/daughter gone to this facility for healthcare services?

- Once this year
- Twice this year
- Three or more times this year

22. What kind of health insurance does your son/daughter currently have?

- No insurance/uninsured
- Private health insurance or HMO purchased through my employer
- Private health insurance or HMO purchased by a family member or myself
- Medicaid
- Children's Health Insurance Program (CHIP)
- I do not know
- Other, please specify: _____



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23. In the last 12 months, has a doctor or health care professional ever talked with you or your son/daughter about the Tdap vaccine?

- No
- Yes
- I do not know

24. In the last 12 months, has a doctor or health care professional recommended that your son/daughter get a Tdap vaccine?

- No → **GO to Q25**
- Yes
- I do not know

24a. At what age did the doctor or health care professional recommend that your son/daughter should start receiving Tdap vaccine?

- Before age 11
- 11 or 12 years of age
- 13 or 14 years of age
- 15 or 16 years of age
- 17 or 18 years of age
- After 18 years of age
- No specific age was recommended/discussed
- I do not know

25. Has your son/daughter ever received the Tdap vaccine?

- No
- Yes
- I do not know

26. In the last 12 months, has a doctor or health care professional ever talked with you or your son/daughter about the meningococcal vaccine?

- No
- Yes
- I do not know



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27. In the last 12 months, has a doctor or health care professional recommended that your son/daughter get a meningococcal vaccine?

- No → **GO to Q28**
- Yes
- I do not know

27a. At what age did the doctor or health care professional recommend that your son/daughter should start receiving meningococcal vaccine?

- Before age 11
- 11 or 12 years of age
- 13 or 14 years of age
- 15 or 16 years of age
- 17 or 18 years of age
- After 18 years of age
- No specific age was recommended/discussed
- I do not know

28. Has your son/daughter ever received the meningococcal vaccine?

- No
- Yes
- I do not know



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DEMOGRAPHICS

Instructions: We would like to know some information about **your** background. All of your responses will be confidential.

29. What is your age? _____ years old
30. What is your gender identity?
- Male
 - Female
 - Non binary/Genderqueer
 - Prefer not to answer
31. Which of the following describes your race? Please check all that apply.
- White
 - Black or African American
 - American Indian or Alaska Native
 - Asian or Asian American
 - Native Hawaiian/Other Pacific
32. Are you Hispanic or Latinx? Please check all that apply.
- No
 - Yes
 - Prefer not to answer
 - Mexican, Mexican American
 - Puerto Rican
 - Dominican
 - Other, please specify: _____
33. If Asian or Asian American, please specify (check all that apply):
- Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Vietnamese
 - Korean



34. Were you born in the United States?

- No → If not, where were you born? _
- Yes
- Prefer not to answer

35. Was your son/daughter born in the United States?

- No → If not, where was your son/daughter born? ____
- Yes
- Prefer not to answer

36. What is your current marital status?

- Married or living as married
- Divorced
- Widowed
- Separated
- Single, never been married
- Prefer not to answer

37. What is the highest grade or level of schooling you completed?

- Less than 8 years
- 8 through 11 years
- High school graduate or GED
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Graduate degree
- Doctorate
- Prefer not to answer

38. Are you currently...

- Employed
- Unemployed
- Homemaker
- Retired
- Student
- Disabled
- Prefer not to answer



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39. Which of the following categories best describes your household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 or more

40. Do you currently rent or own your home?

- Own
- Rent
- Occupied without paying monetary rent
- Prefer not to answer

41. Including yourself, how many people live in your household? _____

42. What kind of health insurance do you currently have?

- No insurance/uninsured
- Private health insurance or HMO purchased through my employer
- Private health insurance or HMO purchased by a family member or myself
- Medicaid
- Medicare
- I do not know
- Other, please specify: _____

