

Talking with Care Providers About Vaccines – Patient Experiences & Thoughts

Dear Patient,

Thank you for taking the time to answer some questions about your most recent or last talk about vaccines you had with your care provider (i.e., doctor, nurse, other). This may have taken place during your in-person visit to the clinic, or by phone or video call.

This survey asks you to share your experiences and thoughts about your talk with your care provider. This includes what you talked about (e.g. your views, concerns with certain vaccines and decisions about getting them), or what information you were given. Your ideas of how to improve the talk about vaccines will also help care providers as they get ready to talk with you and other patients in the future.

Your answers will be kept private. You will not be named, and your care will not be affected in any way. You can choose to answer some or all the questions or stop at any time.

The survey will take you about 10 minutes to complete.

PLEASE ANSWER THE QUESTIONS THAT FOLLOW:

1. My last or most recent visit with my care provider was...

- In-person
- By phone
- By video call

I. ABOUT THE TALK I HAD WITH MY CARE PROVIDER ABOUT VACCINES

2. Who did I talk with about vaccines? (Please check one or more who you talked with at your latest or last visit)

- Doctor
 - Family Doctor
 - Specialist
- Nurse
 - Nurse Practitioner
 - Registered Nurse
- Pharmacist
- Other – please share (e.g Midwife):

3. Who started talking about vaccines?

- Healthcare Provider
- I did

4. What topics did the care provider talk about with me? [Check all that apply]

- Specific Vaccines (about them, how they work, etc.)
- Specific diseases or condition/s and vaccines(e.g., related to children, pregnancy, Immunocompromised, transplant, other)
- Risks (e.g., side effects)
- What to do in case a reaction to the vaccine occurs
- Benefits or importance (i.e., value) of vaccines (e.g., preventing diseases, immunity, etc.)
- Being uncertain about vaccines (i.e., concerns, reasons, etc.)
- Other information or facts about vaccines (e.g., website information, etc.)
- Myths or misinformation about vaccines
- Other – what else I talked about includes:

5. What vaccines did my care provider discuss with me during my last or most recent visit [check all that apply]:

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Tdap (tetanus, diphtheria & whooping cough)
- Meningococcal vaccines
- MMR (measles, mumps & rubella)
- Varicella (Chicken Pox)
- Influenza
- Respiratory Syncytial Virus or RSV
- Human papillomavirus or HPV
- Pneumococcal vaccine (for pneumonia)
- COVID-19
- Herpes Zoster (Shingles)
- Polio
- Not sure/do not recall
- Other vaccine/s – please list:

**6. About the talk I had with my care provider about specific vaccines:
[Check one best response for each of the statements that follows]**

Statements	Yes	Somewhat	No	Not sure/ Does not apply to me
a. The care provider knew a lot about vaccines.				

b. The talk about vaccines was done in a way that I could easily understand what was being said.				
c. I felt okay talking about vaccines.				
d. Enough information about vaccines was shared with me during our talk.				
e. I was invited to ask questions during our talk.				
f. I was satisfied with the answers to my questions that my care provider gave me.				
g. I was able to talk openly about concerns I had about vaccines.				
h. I understand vaccines better as a result of the talk with my care provider.				
i. My care provider and I had enough time to talk about vaccines.				
j. My care provider and I differ (i.e., do not always agree) in our points of view about vaccines.				
k. My care provider respected my thoughts about vaccines.				

II. ABOUT OTHER INFORMATION ON VACCINES GIVEN TO ME

7. During or after my talk with my care provider, was any other information on vaccines given to me to look over on my own (e.g., websites to check out or other handouts, etc.)?

- Yes [IF YES, ANSWER THE QUESTIONS THAT FOLLOW, starting with Question 9]
- No [If NO, SKIP TO NEXT SECTION, Question 11]

8. The information was given to me in the following ways. Check all that apply.

- Handout – sheet of paper or brochure
- Links to website sent by text or email
- Posters at in-person visit or sent by email
- Other – please state how:

9. About the information given to me: [Check one best response for each statement]

Statements	Yes	Somewhat	No	Not sure/ Does not apply to me
a. I find the information given to me easy to read and understand.				
b. I trust the information that was given to me.				
c. My care provider asked me if I had any questions about the information I was given.				

III. MY VIEWS AND THOUGHTS ABOUT VACCINES BEFORE AND AFTER MY TALK WITH MY CARE PROVIDER

10. Before my talk with my care provider, did I feel I knew a lot about the vaccine/s we talked about?

- Yes
- Somewhat
- No

11. Did I feel I learned something new about the vaccine/s after I talked with my care provider?

- Yes
- Somewhat
- No

If I said 'yes' or 'somewhat', what did I learn that I did not know (e.g. about my disease or condition and vaccines; about diseases vaccines can prevent; risks, benefits, etc.)?

12. Did I feel that our talk about the vaccine/s cleared things up for me?

- Yes
- Somewhat
- No

If I said 'no' or 'somewhat', why did I feel this way?

13. I was not sure or had concerns about getting some vaccines ...

- Before I talked with my care provider **[CONTINUE WITH QUESTIONS THAT FOLLOW]**
- After I talked with my care provider **[CONTINUE WITH QUESTIONS THAT FOLLOW]**
- Both before and after I talked with my care provider **[CONTINUE WITH QUESTIONS THAT FOLLOW]**
- Not at all concerned/had no concerns **[SKIP TO Q15 in the NEXT SECTION ABOUT MY TRUST OF VACCINES]**

14. What concerns, if any, did I have about vaccines BEFORE OR AFTER my talk?

For each statement, check if concern was felt either BEFORE or AFTER the talk with the care provider, or BOTH TIMES, or NOT A CONCERN:

STATEMENTS	CONCERN BEFORE MY TALK	CONCERN AFTER MY TALK	BOTH BEFORE & AFTER MY TALK	NOT A CONCERN
a. Having normal body immunity to fight diseases rather than getting vaccines.				

b. Trusting how safe vaccines are – (e.g., side effects or harm from vaccines; not enough research on some vaccines; new vaccines carry more risk).				
c. Being sure that vaccines will protect us from getting diseases.				
d. Trusting information on vaccines.				
e. Trusting anyone in healthcare system to be honest about vaccines.				
f. Getting access to vaccines (i.e., vaccine supply, location, timing, wait times or line ups, cost, other).				
g. Fearing/hating needles and being injected.				
h. Needing vaccines for all diseases (i.e., some diseases are not serious enough; do not need vaccines for diseases that no longer exist).				
i. Being judged for my beliefs/concerns from my culture or community.				
j. Being judged for my religion or faith beliefs.				
k. Being judged for my moral concerns.				
l. Being influenced by other’s views.				
m. Making sure I or my family are at low risk for getting diseases.				
n. Having the right to refuse vaccines.				
o. Reading or hearing about problems with some vaccines – e.g., people who experienced harm or side effects from vaccines.				
p. Trusting those who produce or make vaccines to provide vaccines that are safe and work well.				
q. Having access to other choices for self-care over vaccines (e.g., natural treatments or medicines).				
r. Getting so many vaccines at the same time or all together.				

Other concerns I had about vaccines either before or after my conversations include:

IV. MY TRUST IN VACCINES BEFORE & AFTER THE TALK

15. When did I know or felt certain that I would be getting the vaccine/s ...

- Before I talked with my care provider
- After I talked with my care provider
- Not at all sure
- Very sure I won’t get the vaccine/s

16. Who or what do I trust and go to, to get answers to my questions about vaccines? Select all that apply to me.

- Doctor
- Other Care providers
- Friends or family
- Website
- Media/social media
- Other – specify who:

17. How much do I trust what I was told or given about vaccines from my care provider?

- A lot
- Some
- Not much
- Not at all

If I said 'not much' or 'not at all', my reasons are as follows:

V. MY VACCINE DECISIONS

18. After my talk with my care provider, I decided to (choose one best response)

- not get the vaccine/s.
- get the vaccine/s during my clinic visit or when seeing my care provider.
- get the vaccine/s after my clinic visit or after seeing my care provider.
- delay and think about what my care provider told or gave me about vaccines (i.e. could not decide about getting the vaccine/s).
- Other – please share:

VI. SUGGESTIONS FOR HOW TO IMPROVE TALKS OR INFORMATION GIVEN ABOUT VACCINES

19. What would I suggest could be improved by care providers who are talking with patients about vaccines? Check all that apply and/or add others.

- Be more aware of different beliefs (e.g., beliefs based on culture or religion).
- Speak in a way that is easy to understand.
- Share more information on safety and side effects of vaccines.
- Share more information about the diseases that vaccines are meant to prevent.
- Provide more direct access to information for my questions (.e.g website, handouts).
- Have more time to talk about vaccines.
- Have more time to talk about my disease or condition and vaccines
- Other – please share:

20. Other thoughts or comments I wish to share about the talk I had with my care provider about vaccines:

VII. GENERAL QUESTIONS ABOUT ME (select one answer for each]

21. What is my age?

- 14-17 years
- 18 -24 years
- 25 – 35 years
- 36-45 years
- 46-55 years
- 56-65 years
- 66-75 years
- More than 75 years
- Prefer not to answer.

22. What is the highest grade or level of school I finished?

- 8th grade or less
- Some high school but did not graduate.
- High school, or high school equivalency certificate
- College, CEGEP or other non-university certificate/diploma
- Undergraduate degree or some university
- Post-graduate degree or professional designation
- Prefer not to answer.

23. What is my annual household income after taxes?

- < \$50,000 per year
- \$50,000 to \$75,000 per year
- \$76,000 to \$100,000 per year
- \$100,000 to 125,000 per year
- \$125,000 to \$150,000 per year
- More than \$150,000 per year
- Prefer not to answer.

24. What community am I from?

- Asian – East (e.g. Chinese, Japanese, Korean)
- Asian – South (e.g. Indian, Pakistani, Sri Lankan)
- Asian – Southeast (e.g. Malaysian, Filipino, Vietnamese)
- Black – African (e.g. Ghanaian, Kenyan, Somali)
- Black – Caribbean (e.g. Barbadian, Jamaican)
- Black – North American (e.g. Canadian, American)

- First Nations
- Indian – Caribbean (e.g. Guyanese with origins in India)
- Indigenous/Aboriginal not included elsewhere.
- Inuit
- Latin America (e.g. Argentinean, Chilean, Salvadorian)
- Métis
- Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- White – European (e.g. English, Italian, Portuguese, Russian)
- White – North American (e.g. Canadian, American)
- Prefer not to answer.
- Other(s) (Please Specify): _____

25. What language do I speak most often at home?

- English
- French
- Prefer not to answer.
- Other – specify:

26. Where do I live?

- Calgary
- Edmonton
- Red Deer
- Lethbridge
- Medicine Hat
- Grand Prairie
- Fort McMurray
- Sub-urban community (less than 60 kms. from a major city or urban centre)
- Rural community (more than 60 kms. from a major city or urban centre)
- Prefer not to answer.

27. How many people live in my home, including me?

- Just me
- 2 people
- More than 2 but less than 5
- Between 5 and 10
- More than 10
- Prefer not to answer.

Thank you for completing this survey!