**Parent/Guardian COVID-19 Vaccine Survey – Version 4**

**Fairfax Health District**

**3/8/22**

**Introductory Text:**

COVID-19 vaccines first became available to children ages 5 to 11 in November 2021. Recently, your child(ren)'s school offered a vaccine clinic for children who received parent/guardian permission.

The purpose of this survey is to understand parent/guardian attitudes towards COVID-19 vaccination in children ages 5 to 11. The results of this survey will inform planning for future school-based COVID-19 vaccine clinics.

This survey will take less than 5 minutes to complete. No personal information collected in this survey will be shared. To move to the next page of the survey, click the button with a check mark at the bottom of the page. To move to the previous page of the survey, click the button with back arrows at the bottom of the page.

Thank you!

1. Are you the parent or guardian of one or more children ages 5 to 11?
	1. Yes
	2. No

*[If No, survey ends with text: We are currently seeking responses from parents or guardians of unvaccinated children ages 5 to 11. Thank you for your interest in this survey.]*

1. How old is your child? Select multiple boxes if you have multiple children ages 5 to 11 with different ages. *[Select all that apply]*
	1. 5
	2. 6
	3. 7
	4. 8
	5. 9
	6. 10
	7. 11
2. Have any of your children ages 5 to 11 received at least one dose of a COVID-19 vaccine?
	1. Yes
	2. No
	3. Don't know

*[If Yes, or Don’t know, survey ends with text: We are currently seeking responses from parents or guardians of unvaccinated children ages 5 to 11. Thank you for your interest in this survey.]*

*[If No or Don’t Know, survey continues to Question #4.]*

1. Your child(ren)’s school recently offered a vaccine clinic. At this clinic, children who obtained parent/guardian permission were vaccinated against COVID-19.

How important were each of the following factors in your decision to not vaccinate your child(ren) at the school vaccine clinic? [Matrix with three options: “Not at All Important”, “Somewhat Important”, “Very Important”]

* 1. I want to wait until other children are safely vaccinated before deciding
	2. I have concerns about vaccine reactions such as fever, headache, or pain at vaccination site
	3. I have concerns about long term side effects of the vaccine
	4. I have concerns about vaccine effects on my child’s development or puberty
	5. I have concerns about vaccine causing heart problems such as myocarditis
	6. I have concerns about how well the vaccine will work to prevent disease in my child
	7. I have concerns with how quickly the vaccine was made
	8. I have concerns about the ingredients in the vaccine
	9. I have concerns about not being with my child at the time of vaccination
	10. I did not understand how to sign up for the school vaccine clinic
	11. I was unaware that this school vaccine clinic was taking place
1. Please list and explain any other factors that have been important in your decision to wait to vaccinate your child(ren). *[Free text]*
2. Did your child(ren)'s doctor recommend a COVID-19 vaccine?
	1. I have not spoken with a doctor about vaccination
	2. The doctor has recommended vaccination
	3. The doctor has recommended the child(ren) NOT be vaccinated
	4. The doctor has not made a recommendation
3. Which statement best describes your child’s routine vaccinations?
	1. My child has received all routine vaccinations
	2. My child missed some routine vaccinations due to illness, or because we couldn’t bring the child to get vaccinated
	3. My child missed some routine vaccinations due to our family’s personal or religious beliefs
4. Please rate how strongly you agree or disagree with the following statement:

It’s better for children to get COVID-19 than to get the vaccine.

* 1. Strongly disagree
	2. Disagree
	3. Somewhat disagree
	4. Neither agree nor disagree
	5. Somewhat agree
	6. Agree
	7. Strongly agree
1. Have you (the parent/guardian) received at least one dose of a COVID-19 vaccine?
	1. Yes
	2. No
2. Are you the parent or guardian of one or more children ages 12 to 17?
	1. Yes
	2. No

*[If Yes, Question #11 appears below.]*

1. Have any of your children ages 12 to 17 received at least one dose of a COVID-19 vaccine?
	1. Yes
	2. No
	3. Don't know
2. What elementary school does your child ages 5 to 11 attend? If you have multiple children ages 5 to 11, and they attend different schools, select multiple schools. *[Select all that apply]*
	1. Bailey’s Elementary School
	2. Bailey’s Upper Elementary School
	3. Bucknell Elementary School
	4. Clearview Elementary School
	5. Crestwood Elementary School
	6. Dogwood Elementary School
	7. Forestdale Elementary School
	8. Glen Forest Elementary School
	9. Gunston Elementary School
	10. Hutchison Elementary School
	11. Hunters Woods Elementary School
	12. London Towne Elementary School
	13. Lorton Station Elementary School
	14. Lynbrook Elementary School
	15. Springfield Estates Elementary School
	16. Riverside Elementary School
	17. Rose Hill Elementary School
	18. Westlawn Elementary School
	19. Woodlawn Elementary School
	20. Woodley Hills Elementary School
	21. Other
3. What is your race? (Select all that apply)
	1. American Indian or Alaska Native
	2. Asian
	3. Black or African American
	4. Native Hawaiian or Other Pacific Islander
	5. White
	6. Something else
	7. Don’t want to say
4. What is your ethnicity?
	1. Hispanic or Latino
	2. Not Hispanic or Latino
	3. Other
	4. Don’t want to say