

Supplementary file

Attitude of parents of children with cerebral palsy towards the COVID-19 vaccine

You are invited to participate in research entitled " Attitude of parents of children with cerebral palsy towards the COVID-19 vaccine ". Your participation is voluntary and you are free to withdraw at any time. This study was approved by the Ethics Committee of the Faculty of Physical-Cairo University - Egypt, and there is no risk associated with participating in it. Confidentiality will be maintained.

1. Serial

2. Diagnosis:

Hemiplegia	<input type="checkbox"/>	Diplegia	<input type="checkbox"/>	
Quadriplegia	<input type="checkbox"/>	Dyskinesia	<input type="checkbox"/>	Ataxia <input type="checkbox"/>

3. GMFCS level:

<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V
----------------------------	-----------------------------	------------------------------	-----------------------------	----------------------------

Sociodemographic data

4. Nationality

5. Place of residence

- a. Urban/ city
- b. Rural
- c. Desert region/ mountains

6. Number of children between the ages of 5 and 12 years

7. Relation to the child

- a. Mother
- b. Father
- c. Grandpa/Grandma

- d. Aunt or uncle
- e. Other:

8. Can we state your age?

- a. 18-29 years old
- b. 30-39 years old
- c. 40-49 years old
- d. 50-59 years
- e. More than 60 years

9. Level of education

- a. Reads and writes
- b. primary
- c. preparatory
- d. secondary
- e. University/college
- f. Postgraduate

10. Place of work

- a. Government
- b. Private
- c. Not Employed

11. Type of employment

- a. work from home
- b. (work part-time) 3 or 4 times a week every day
- c. Not employed

12. Work Sector

- a. Health
- b. Non-Health

13. Health insured

- a. Yes
- b. No

14. Income/ month

- a. Not enough, on a loan and cannot pay back
- b. Not enough, on a loan but can pay back
- c. Enough
- d. Enough and save

15. Older adults living in the same home

- a. Yes
- b. No

16. Family size

- a. 2
- b. 3
- c. 4
- d. 5
- e. More than 5

17. Previous COVID-19 infection

- a. Yes
- b. No
- c. Not sure

18. Previous death among relatives due to COVID-19

- a. Yes
- b. No

19. COVID-19 vaccine status

- a. Do not want to take the vaccine
- b. Took the first dose, awaiting for the second
- c. Took the first dose but does not want to take the second dose
- d. Took the first and second doses, awaiting for the booster dose
- e. Took the first and second doses, but did not want to take the booster dose
- f. Took the three doses
- g. Want to take the vaccine, but it is not scheduled yet

20. Parent had chronic diseases

- a. No
- b. Blood pressure
- c. Diabetes
- d. Heart diseases
- e. chest illness
- f. Kidney and liver diseases

- g. Rheumatic and immune diseases
- h. Psychiatric and neurological diseases
- i. Physical disability
- j. Partial loss of hearing and vision

21. To what extent do you think that COVID-19 is a dangerous disease?

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly Disagree

Child's information

22. Age of the child (d/m/hrs)

23. Gender of the child

- a. Male
- b. Female

24. Child order

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6

25. Children with previous COVID-19 Infection

- a. Yes
- b. No
- c. I do not know

26. Children with chronic diseases

- a. No
- b. Blood pressure
- c. Diabetes

- d. Heart diseases
- e. chest illness
- f. Kidney and liver diseases
- g. Rheumatic and immune diseases
- h. Psychiatric and neurological diseases
- i. Partial loss of hearing and vision

27. Did your child receive scheduled vaccines?

- a. Yes
- b. No
- c. Not sure

28. Did your child receive influenza vaccine?

- a. Yes
- b. No
- c. I do not know

29. If your child did not get the COVID-19 vaccine, do you have the intention to give him/ her the vaccine?

- a. Yes
- b. No
- c. Maybe
- d. Not applicable (In case your child got the vaccine)

30. To what extent do you think that your child can get COVID-19? *

	1	2	3	4	5	6	7	8	9	10	
غير متأكد على الإطلاق	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	متأكد بشدة

Parent Attitudes About Childhood Vaccines (PACV)

31. Have you ever delayed having your child get COVID-19 vaccine for reasons other than illness or allergy?

- a. Yes
- b. No
- c. Not sure

32. Have you ever decided not to have your child get COVID-19 vaccine for reasons other than illness or allergy?

- a. Yes
- b. No
- c. Not sure

33. How sure are you that following the recommended shots of COVID-19 vaccine is a good idea for your child

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly Disagree

34. Children get more shots of COVID-19 vaccine that are good for them

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

35. I believe that COVID-19 vaccine prevent many of severe illnesses

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

36. It is better for my child to develop immunity by getting sick than to get a shot of COVID-19 vaccine

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

37. It is better for children to get fewer shots of COVID-19 vaccine

- a. Strongly agree

- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

38. How concerned are you that your child might have a serious side effect from COVID-19 vaccine?

- a. Not concerned at all
- b. Not too concerned
- c. Not sure
- d. Somewhat concerned
- e. Very concerned

39. How concerned are you that COVID-19 vaccine might not be safe for children?

- a. Not concerned at all
- b. Not too concerned
- c. Not sure
- d. Somewhat concerned
- e. Very concerned

40. How concerned are you that COVID-19 vaccine might not prevent the disease?

- f. Not concerned at all
- g. Not too concerned
- h. Not sure
- i. Somewhat concerned
- j. Very concerned

41. If you had another infant today, would you want him/her to get all the recommended shots of COVID-19 vaccine?

- a. Yes
- b. No
- c. Not sure

42. Overall, how hesitant about childhood shots of COVID-19 vaccine would you consider yourself to be?

- a. Not hesitant at all
- b. Not too hesitant

- c. Not sure
- d. Somewhat hesitant
- e. Very hesitant

43.I trust the information I receive about COVID-19 vaccine

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

44.I am able to openly discuss my concerns about COVID-19 vaccine with my child's doctor

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

45.All things considered; how much do you trust your child's doctor?

	1	2	3	4	5	6	7	8	9	10	
غير متأكد على الإطلاق	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	متأكد بشدة

For any inquiry pls contact: Dr Ramy Ghazy

ramyghazy@yahoo.com

+201274741084