

# 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  Diplegia   
Quadriplegia  Dyskinesia  Ataxia

### 3. GMFCS level:

I  II  III  IV  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/yrs)**

**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                                            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"/>	متأكد بشدة									

For any inquiry pls contact: Dr Ramy Ghazy

[ramyghazy@yahoo.com](mailto:ramyghazy@yahoo.com)

+201274741084