**Adolescent Vaccination in Pediatric Settings:**

**Provider Survey**

*1. What type of provider are you?* 🞏 Physician 🞏 Nurse Practitioner 🞏 Physician Assistant

*2. What is your gender? 3. What is your race/ethnicity? (Mark all that apply)*

🞏 Male 🞏 Female 🞏 White 🞏 Black 🞏 Asian 🞏 Hispanic 🞏 Other

*4. What year did you complete your health professional training (for MDs - year of completing residency)?*

🞏 2010 or later 🞏 1990-1999 🞏 1970-1979

🞏 2000-2009 🞏 1980-1989 🞏 Before 1970

*5. In the past* ***12 months****, how often did you do the following?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Never**  **(0%)** | **Rarely**  **(1-25%)** | **Sometimes**  **(26-50%)** | **Often**  **(51-75%)** | **Always**  **(>75%)** |
| Recommend HPV vaccine for 11-12 year-old **girls** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Recommend HPV vaccine for 11-12 year-old **boys** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Recommend HPV vaccine for 11-12 year-olds who I felt were at **low** risk of starting sexual activity soon | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Recommend HPV, Tdap, and Meningitis at the **same** visit for 11-12 year-olds | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Recommend vaccines for 11-12 year-olds during routine **non**-well child visits | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Order for appointments to be scheduled for 2nd and 3rd doses of HPV vaccine when giving 1st dose | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Tell parents suggested dates to return for 2nd and 3rd doses of HPV vaccine when giving 1st dose | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

*6. After recommending HPV vaccine, how do* ***you******respond*** *to a parent who is hesitant about the vaccine?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Never**  **(0%)** | **Rarely**  **(1-25%)** | **Sometimes**  **(26-50%)** | **Often**  **(51-75%)** | **Always**  **(>75%)** |
| I offer reassurance that the HPV vaccine is safe | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| I provide printed educational materials | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| I ask questions to explore parents’ concerns | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| I tell parents that I have vaccinated (or would vaccinate) my own child | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| I strongly urge parents to initiate the HPV vaccine series at this time | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| I suggest delaying HPV vaccination until a future visit | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

*7. What types of patient education materials would be* ***helpful to you*** *for counseling parents/patients about adolescent vaccines (HPV, Tdap, Meningococcal)? (Mark all that apply)*

🞏 Print materials for waiting room 🞏 A link to refer parents to a patient education website

🞏 Educational videos to show in waiting room 🞏 Materials to send to parents before child turns 11

🞏 Print materials to give in exam room 🞏 Other:

🞏 Educational videos to show in exam room 🞏 Other:

*8. Please indicate how much you agree or disagree with the following statements.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Strongly Agree** |
| 1. I think parents are concerned that getting HPV, Tdap, and Meningococcal is too many shots for the same visit | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am confident that I can strongly recommend for 11-12 year-olds to get HPV, Tdap, and Meningococcal at the **same** visit | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am confident that I can address parental questions about getting the HPV vaccine for **boys** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am confident that I can overcome parental concerns about HPV vaccine safety | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am confident that I can address parental questions about whether HPV vaccine increases sexual activity | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I have enough time during visits to probe parents about their reasons for wanting to refuse or delay HPV vaccine | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am influential in parents’ final decision about whether to get the HPV vaccine for their adolescent child | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. When parents wish to delay or refuse HPV vaccination, there is not much I can say to change their minds | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am usually able to convince hesitant parents to get the HPV vaccine | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am usually able to convince parents of 11-12 year-olds to get HPV, Tdap, and Meningococcal at the **same** visit | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I would be interested in our practice being part of a quality improvement research study to increase adolescent vaccine uptake | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

*9. Are you interested in obtaining* ***CME / CEU training*** *on any of the following topics?*

|  |  |  |
| --- | --- | --- |
| **Yes** | **Maybe** | **No** |
| Quality improvement strategies to increase adolescent vaccine uptake | 🞏 | 🞏 | 🞏 |
| Quality improvement strategies to increase completion of HPV vaccine series | 🞏 | 🞏 | 🞏 |
| Talking points to recommend getting **all three** adolescent vaccines (HPV, Tdap, Meningococcal) at the same visit for patients ages 11-12 | 🞏 | 🞏 | 🞏 |
| Effective communication tips to make strong recommendations for HPV vaccine | 🞏 | 🞏 | 🞏 |
| Talking points to explain to parents why to give child the HPV vaccine at **ages 11-12** | 🞏 | 🞏 | 🞏 |
| Information about the safety of the HPV vaccine | 🞏 | 🞏 | 🞏 |
| Information about **all** HPV-related cancers covered by the HPV vaccine | 🞏 | 🞏 | 🞏 |
| Recommendation guidelines for the recently-approved 9-valent HPV vaccine | 🞏 | 🞏 | 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |

*10. Any additional* ***challenges*** *for adolescent vaccination or suggestions for helpful* ***resources or assistance****?*