

	immunized but behind schedule 4. Not immunized								
(K2) Do you have your child's immunization card?	1=Yes, 0=No								
(K3) Polio 1	Date								
	Source								
(K4) Polio 2	Date								
	Source								
(K5) Polio 3	Date								
	Source								
(K6) Measles	Date								
	Source								
(K7) DTaP3 or DTP3	Date								
	Source								
(K8) Fully immunized before two years of age	1=Yes, 0=No								
Obstacles and Costs									
(O1) How difficult was it for you to get your child immunized	1. Very convenient 2. Somewhat convenient 3. Not convenient								
(O2) How much did you have to pay to get your child immunized?	1=travel 2=fee to provider 3=lost wages 4=other								

(O3) Do you have health insurance?	1=Yes, 0=No								
(O4) Were the costs of your child's immunizations covered by your insurance?	1= All 2= Some 3= None								
Experience									
(E1) At the place where your child was immunized, how were you treated?	1=Courteous 2=Indifferent 3=Not well treated								
(E2) How did the place appear to you?	1=Clean, orderly 2= Unorganized but acceptable 3= Unacceptable								
(E3) How long did you have to wait to get the last vaccination for your child?	1= 0-15 mins 2= 15-30 mins 3= more than 30 mins								
Fear and Rejection									
(F1) Do you believe that minor side effects occur with immunizations always, often, sometimes, rarely, never	1=Always 2=Often 3= Sometimes 4= Rarely 5= Never								
(F2) If you had another baby today would you want him/her to get all the recommended vaccinations?	1=Yes, 0=No								

(F3) How safe do you think immunizations are for children?	1=Very safe 2= Some misgivings 3=Some or all vaccines are unsafe								
(F4) Has your child had a side effect or reaction to an immunization?	1=Yes, 0=No 2= Don't know								

Thank you for your time and consideration