

## Appendix G. Participant Follow-up Survey – Parents

### CHICOS

#### Follow-Up Survey – Parents

Several weeks ago you agreed to participate in a research study being conducted at the SALUD clinics related to HPV Vaccination. Please take a few moments to answer the following questions that are part of this study.

**Make sure to fill out your contact information at the end of the survey so that we can send you your \$10 gift card as a thank you for your participation.**

1) When you enrolled in this study, you said that your adolescent (ages 9-17 years) son or daughter had not received all three doses of the HPV vaccine. Thinking back to that specific visit, did your adolescent receive an HPV vaccine dose **on that day**?

- a. Yes
- b. No
- c. I don't remember

→If you answered **YES**, go to question 2

→If you answered **No**, or **I don't remember**:

Did your adolescent get any HPV vaccine doses **after** that visit?

- a. Yes
- b. No
- c. I don't remember

2) Please indicate how many HPV vaccine doses your adolescent has received so far. If you are not sure, make your best guess.

- a. None
- b. 1
- c. 2
- d. 3 or more

3) Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I know how to go about getting my adolescent the HPV vaccine.					
I have time to take my adolescent to get the vaccine.					
I can afford the HPV vaccine.					

4) Please answer the following questions related to your opinions about the HPV vaccine for your adolescent:

	Yes	No
Do you feel like you can make the best choice regarding the vaccine for your adolescent?		
Do you feel like you know enough about the benefits and risks of getting the vaccine versus not getting the vaccine?		
Are you clear about which benefits and risks matter most to you?		
Do you feel like you have enough support and advice to make a decision about whether to have your adolescent get the vaccine?		

5) **Since the time of the visit when you enrolled in this study,** has a health care provider offered your adolescent the HPV vaccine?

- a. Yes
- b. No
- c. I don't remember

→If you answered **YES**, go to question 6.

→If you answered **No**, or **I don't remember**, skip to question 8.

6) When the health care provider offered your adolescent the HPV vaccine, did you agree to let your adolescent get it?

- a. Yes
- b. No
- c. I don't remember

7) Please answer how much you agree or disagree with the following statements about your decision on the HPV vaccine that you marked in Question 6:

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I am satisfied that I was given enough information about the issues important to my decision.					
The decision I made was the best one for me personally.					
I am satisfied that my decision matched my personal values.					
I am satisfied that this was my decision to make.					
I am satisfied with my decision.					

8) How likely is your adolescent to get a dose of HPV vaccine in the next 12 months?

- a. Doesn't apply – My adolescent has already received all 3 doses of the vaccine
- b. Very likely
- c. Somewhat likely
- d. Somewhat unlikely
- e. Very unlikely

9) Please tell us briefly why you answered question 8 this way:

This doesn't apply to me – my child already got all 3 doses, **OR** describe your reason below:

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10) Please provide your name and mailing address so that we can send you your \$XX gift card.

THANK YOU for your participation in this important study!