



SARS-COV-2 vaccine acceptance among caregivers of children younger than five years of age: A cross-sectional survey in Toronto – Supplemental material

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Section 1: General questions

Are you the parent or caregiver of a child between 5–11 years of age (born between April 2011 and April 2017)?

- ☐ Yes
☐ No

Are you the parent or caregiver of a child between 12–18 years of age (born between April 2004 and April 2010)?

- ☐ Yes
☐ No

Are you the parent or caregiver of a child less than 5 years of age (born after April 2017)?

- ☐ Yes
☐ No

Please indicate your relationship to the child:

- ☐ Father
☐ Mother
☐ Grandparent
☐ Sibling
☐ Other caregiver

Please specify your relationship:

To what age group do you belong?

- ☐ 15–19 years
☐ 20–29 years
☐ 30–39 years
☐ 40–49 years
☐ 50–59 years
☐ More than 60 years



We know that people of different races do not have significantly different genetics but our race still has important consequences, including how we are treated by different individuals and institutions. Which race category best describes you? (Select all that apply):

- ☐ Black (African, Afro-Caribbean, African Canadian descent)
- ☐ East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- ☐ Indigenous (First Nations, Inuk/Inuit, Métis)
- ☐ Latino (Latin American, Hispanic descent)
- ☐ Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- ☐ South Asian (South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- ☐ White (European descent)
- ☐ Another race category
- ☐ Do not know
- ☐ Prefer not to answer

Please indicate in which country you were born:

☐ Drop down list of countries

What language do you most frequently speak at home?

- ☐ English
- ☐ French
- ☐ Spanish
- ☐ Mandarin
- ☐ Cantonese
- ☐ Tamil
- ☐ Tagalog
- ☐ Urdu
- ☐ Italian
- ☐ Portuguese
- ☐ Persian (Farsi)
- ☐ Russian
- ☐ Arabic
- ☐ Vietnamese
- ☐ Other

Please specify the language:

What is the highest level of education that you have completed?

- ☐ No schooling completed
- ☐ Nursery school to Grade 8
- ☐ High school graduate, diploma or the equivalent (for example: GED)
- ☐ Community college diploma
- ☐ Academic degree (e.g. bachelor's, master's or doctorate degree)
- ☐ Other
- ☐ Prefer not to answer

To what school board do(es) your child(ren) belong?

- ☐ Toronto District School Board (TDSB)
- ☐ Toronto Catholic District School Board (TCDSB)
- ☐ Conseil scolaire Viamonde
- ☐ Conseil scolaire catholique MonAvenir
- ☐ Other
- ☐ Prefer not to answer

Please specify which school board:



Please indicate the first three digits of your postal code:

Do(es) your child(ren) currently have a family doctor or pediatrician?

- ☐ Yes
☐ No
☐ Do not know

In total, how many children do you have?

Section 2: COVID-19 vaccines

Have you received the COVID-19 vaccine?

- ☐ I am fully vaccinated and have received two doses of a Health Canada approved vaccine and I have received at LEAST one booster dose
☐ I have received two doses of a Health Canada approved vaccine
☐ I have received one dose and plan to receive at least one more dose
☐ I have received one dose, but do not plan to receive another dose
☐ I haven't received any dose, but plan to receive at least one more dose
☐ I haven't received any dose and do not plan to receive a COVID-19 vaccine

Have your child(ren) aged between 12 to 18 years old received at least one dose of the COVID-19 vaccine?

- ☐ Yes
☐ No

If you have multiple children aged between 12 to 18 years old, please answer for your child who has received the LEAST amount of doses.

Have your child(ren) aged between 5 to 11 years old received at least one dose of the COVID-19 vaccine?

- ☐ Yes
☐ No

If you have multiple children aged between 5 to 11 years old, please answer for your child who has received the LEAST amount of doses.

What is/are the reason(s) why your child(ren) aged between 5 to 11 years old did not receive at least one dose of the COVID-19 vaccine? (Select all that apply)

- ☐ I had issues accessing the COVID-19 vaccine for my child
☐ I have not taken the time to book an appointment
☐ I have concerns about immediate side effects from COVID-19 vaccines
☐ I have concerns about long-term side effects from COVID-19 vaccines
☐ I or another family member experienced a side effect to the vaccine.
☐ I don't think that COVID-19 vaccines are effective
☐ I think that COVID-19 vaccines were developed too quickly
☐ I feel like my children are not at risk of becoming seriously ill from COVID-19
☐ My children already had COVID-19
☐ Concern about a specific vaccine ingredient
☐ I would like more information before I decide whether to vaccinate my child(ren)
☐ I want to wait for more experience on giving the vaccine to children.
☐ Other reasons

Please indicate what potential immediate side effect(s) from COVID-19 vaccines concern you:

Please indicate what potential long term side effect(s) from COVID-19 vaccines concern you:



Please indicate the family member and the side effect(s):

Please indicate your other reason why your child(ren) aged between 5 to 11 years old did not receive at least one dose of the COVID-19 vaccine:

Once a COVID-19 vaccine is available and approved for children less than 5 years old, how likely are you to have your child(ren) vaccinated?

- ☐ Very likely
☐ Likely
☐ Unlikely
☐ Very unlikely
☐ Unsure / undecided

What is/are the reason(s) why you are unsure or unlikely to have your child(ren) less than 5 years old vaccinated against COVID-19? (Select all that apply)

- ☐ I have concerns for potential immediate side effects from COVID-19 vaccines
☐ I have concerns for potential long-term side effects from COVID-19 vaccines
☐ I am concerned about the vaccine in children of this age
☐ I or another family member experienced a side effect to the vaccine.
☐ I don't think that COVID-19 vaccines are effective
☐ I think that COVID-19 vaccines were developed too quickly.
☐ I feel like my children are not at risk of becoming seriously ill from COVID-19
☐ My children already had COVID-19
☐ Concern about a specific vaccine ingredient
☐ I would like more information before I would decide whether to vaccinate my child(ren)
☐ I would want to wait for more experience on giving the vaccine to children.
☐ Other reasons

Please indicate what potential immediate side effect(s) from COVID-19 vaccines concern you:

Please indicate what potential long term side effect(s) from COVID-19 vaccines concern you:

Please indicate the family member and the side effect(s):

Please indicate your other reason(s) why you are unsure or unlikely to have your child(ren) under 5 years old vaccinated against COVID-19 vaccine:

In recent time, a new COVID-19 variant called Omicron has emerged and is thought to be more contagious than previous strains of the virus that causes COVID-19. Did the emergence of Omicron make you more or less likely to vaccinate your child(ren) against COVID-19?

- ☐ More likely
☐ Somewhat more likely
☐ Somewhat less likely
☐ Less likely
☐ Omicron has not influenced my decision to vaccinate my child



From where do you currently get information on COVID-19 vaccines? (Select all that apply)

- ☐ Family doctor or paediatrician
- ☐ Public Health (Public Health Ontario, Toronto Public Health, etc.)
- ☐ Government organization (Ontario Ministry of Health, Government of Canada)
- ☐ Professional group (Canadian Medical Association, Canadian Nurses Association, etc.)
- ☐ Social Media (Twitter, Facebook, WhatsApp, WeChat, etc.)
- ☐ Radio/Television
- ☐ Newspapers or news websites
- ☐ Social network (Family, friends, neighbours, co-workers)
- ☐ Other

Please specify the social Media (Twitter, Facebook, WhatsApp, WeChat, etc.):

Please specify where else you do currently get information on COVID-19 vaccines:

What would be your preferred method to receive information about COVID-19 vaccines for your child(ren)? (Select all that apply)

- ☐ In person at my child's school
- ☐ In my family doctor's or paediatrician's office
- ☐ In person, in another setting
- ☐ Online information events (webinar or town hall)
- ☐ Through newsletters sent by my child's school
- ☐ On a webpage
- ☐ On paper brochures
- ☐ On social media
- ☐ Other

Please specify the other preferred in person setting to receive information about COVID-19 vaccines for your child(ren):

Please specify the other method to receive information about COVID-19 vaccines for your child(ren):

Please feel free to write any further comments that you may have regarding COVID-19 vaccines for your child(ren):