

## Individual Interview Guide – Parents/Caregivers

**Note for the researcher:** *This guide is an orientation of the main themes that should be covered and it contains **potential** probes to guide the interview. The sequence of the questions, as well as the probes, presented in this guide is tentative and not determinative in any case. The aim of the interview is to foster a conversation that will allow the participant to tell their story in their own way.*

We are interested in hearing more about your perspectives around COVID-19 vaccination for your child/ren and for yourself. We recognize that these are very sensitive decisions for you and your family, and we aim to have a judgment-free and open discussion about how you are making COVID-19 vaccination decisions.

1. As a start, please tell me a little about yourself. Tell me about you, as much or as little as you feel comfortable.
  - a. *Researcher Note:* Leave it to the participants to present themselves in their own terms, if they struggle you may suggest talking about who they live with, their employment, what type of geographical area they live in, what do they enjoy doing in their free time, why they are interested in participating in this study, or other
  - b. Tell me a little bit about your family.
  - c. How many children do you have? What ages are they?
  - d. Who do you normally go to for healthcare for your child (i.e., family doctor, pediatrician, nurse practitioner, alternative medicine, walking clinic, other)
  - e. Do you have a family doctor or pediatrician that you feel you trust?
  
2. We are interested in the topic of COVID-19 vaccination. Tell me what you think about COVID-19 vaccination in general?
  - a. How do you feel about children (children in general) receiving COVID-19 vaccination?
  - b. (*If this did not come up*): and how do you feel about your children receiving the COVID-19 vaccine?
  
3. What do you think about recommendations for children ages 5-11 years to receive the COVID-19 vaccine?
  - a. Do you think these sorts of recommendations will influence your own decision about whether to vaccinate your child/ren against COVID-19? In what ways?
  - b. How do you feel about the government communication relating to COVID-19 vaccination (for adults and/or children)? What about for other public health measures?
  
4. Where do/did you go to get information about COVID-19 vaccination for you and your family?
  - a. **Who** do you go to for information/advice about COVID-19 vaccination for your child/ren?

- b. What information do you **trust** the most regarding COVID-19 vaccination decisions for your child/ren? Who do you typically go to for information or advice when deciding about **other** vaccinations for your child/ren? For other health care decisions related to your child/ren?
  - c. How has information about COVID-19 vaccination for children been shared with you so far? Was this helpful or how would you prefer to have information shared?
5. *[Depending on the direction of the interview]* What do you think of the scientific evidence and information you have heard regarding COVID vaccination?
- a. For adults and for youth over 12 years of age?
  - b. For younger children?
6. What do you think you will decide in terms of COVID-19 vaccination for your child/ren? Tell me about that. *[If they have older children re-word slightly and ask what they decided on for these child/ren]* *[If they have already received the vaccine, reword the question around their decision making process]*  
*Researcher Note:* Depending on what they say, the following questions will need to be adapted accordingly.

***[If IN FAVOUR of vaccination]***

7. What is your primary motivation for wanting to vaccinate your child/ren against COVID-19?
- a. What do you value the most in making this decision regarding COVID vaccination for your child? *[prompt for other motivations and factors if they don't mention them]*
  - b. What do your friends and family think about this? Is this something you can talk about with them? And has this supported your decision in any way?
  - c. Do you have any concerns about getting your child/ren vaccinated?

***[If NOT IN FAVOUR of vaccination for their child/ren]***

8. What is your primary motivation for not vaccinating your child/ren against COVID-19?
- a. What do you value in most in making this decision regarding COVID vaccination for your child? b. What do your friends and family think about this?
  - b. Is this something you can talk about with them? And has this supported your decision in any way?
  - c. Do you have any concerns about not getting your child/ren vaccinated against COVID-19?
9. We've been talking specifically about the COVID vaccines, but now I'd like to ask you, is your decision-making around COVID vaccination for your child/ren different in any way, compared to your decision-making about **other** childhood vaccinations for your family? Tell me about that.
10. I wanted to ask you whether you have received a COVID vaccine yourself? Tell me about that.

11. We're coming to the end of the interview. Is there anything else we haven't covered, or a story that you would like to share with me?

Thank you so much for sharing your perspectives, experiences and concerns related to COVID-19 vaccination. We just have a few short demographic questions for you before we end the interview.

### ***Demographic Questions***

Before we finish today, I have a few brief questions to ask for information on your age, education, and employment.

1. What is your age in years?
  - 16 to 20 years
  - 21 to 30 years
  - 31 to 40 years
  - 41 to 50 years
  - 51 – 60 years
  - ≥ 61 years
  
2. With which gender do you most identify?
  - Man
  - Woman
  - Gender fluid/non-binary
  - Transgender
  - Two-spirited
  - Other (please specify): \_\_\_\_\_
  - Prefer not to say
  
3. How many children do you have? \_\_\_\_\_
  
4. In what country were you born? \_\_\_\_\_
  
5. How long have you been living in Ontario? \_\_\_\_\_
  
6. How would you describe your ethnic/cultural background? \_\_\_\_\_
  
7. When you are at home, what language(s) do you speak most often?  
\_\_\_\_\_
  
8. To get a better idea of the area you live in Ontario (i.e. population size, remote or urban etc.), please state the first three letters of your postal code:  
\_\_\_\_\_

9. Which of the following beset describes your household?

- Mother, father, child(ren)
- Same sex couple with child(ren)
- Single parent family (mother lead)
- Single parent family (father lead)
- Grandparent(s) with grandchild(ren)
- Extended family with child(ren)
- Other- please explain

10. Which best describes your current work status? [Please select all that apply]

- Full-time
- Part-time
- Casual
- In-school
- Not currently working
- Volunteering
- Caregiving for children (under 18 years)
- Caregiving for adult family members
- Other (please describe): \_\_\_\_\_

11. What is the highest level of education you have completed? (Check only one box.)

- Elementary school
- High school
- Community college
- University:
  - Certificate
  - Bachelor's degree
  - Master's degree
  - Doctorate
  - Other, please specify:
- Trade apprenticeship
- Professional degree (e.g., MD, LLD, BScN, MSW)
- Prefer not to say

12. Have you tested positive for COVID-19 in the last year?

- Yes
- No