

**Evaluation of the knowledge and attitude of primary care physicians towards adult
immunization**

Dear Participant,

I am going to give you information and invite you to be part of this research. This questionnaire was organized by the collaboration of two departments (Department of Microbiology and Infectious Diseases; Department of Family Medicine) at Istanbul Medeniyet University Göztepe Training and Research Hospital. With this questionnaire we aim to investigate the levels of knowledge, attitude and behavior of primary care physicians about adult immunization. The results of this research, which you will contribute on a voluntary basis as a primary care physician, will be evaluated in accordance with scientific ethics. Data collected will be evaluated individually and will be kept confidential. Completing the questionnaire is based on volunteerism and this form will be sent to the e-mail address of the people.

We thank you for accepting to participate in the study and hope that you will answer all the questions in the survey sincerely. We thank you for your contributions and the time you have given us.

First Section

1. Gender

- Female Gender

2. Age (years)

- 20-25 26-30 31-40 41-50 51-60 > 60

3. How long have you been working ? (years)

- 0-1 1-5 6-10 11-15 16-20 >20

4. You are working as a.....?

- Family physician Practitioner

5. In which area do you work?

- 1.Region : Major cities (provinces with metropolitan municipality)
 2.Region : Other cities
 3.Region : District
 4.Region: Town
 5. Region: Village

6. How many patients do you have to follow up?

- < 2000 2001-3000 3001-4000 >4000

7. How many patients do you visit daily at the age of 18 and over?

8. How many patients do you visit daily at the age of 65 and over?

9. How many patients do you visit with diabetes mellitus, chronic obstructive pulmonary disease, chronic renal failure, chronic liver disease or history of splenectomy daily ?

Second Section

10. Have you been vaccinated for tetanus ?

- Yes No

11. Have you been vaccinated for Hepatitis B ?

- Yes No Resolved hepatitis B Chronic hepatitis B

12. Have you been vaccinated for influenza this year ?

- Yes No

13. How do you follow current information on adult immunization?

- Regulations of the Ministry of Health
 Advisory Committee on Immunization Practices (ACIP) Recommendations
 Journal about Vaccination
 Vaccination companies visits / promotion
 Others

Third Section

14. Which vaccines do you recommend for healthy adults aged 65 and over?

- | | | |
|-------------------------------------|---------------------------|--------------------------|
| <input type="radio"/> Tetanus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Influenza | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Meningococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> H.influenza | <input type="radio"/> Yes | <input type="radio"/> No |

15. Which vaccines do you recommend for patients with diabetes mellitus ?

- | | | |
|-------------------------------------|---------------------------|--------------------------|
| <input type="radio"/> Tetanus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Influenza | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Meningococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> H.influenza | <input type="radio"/> Yes | <input type="radio"/> No |

16. Which vaccines do you recommend for patients with chronic obstructive pulmonary disease?

- | | | |
|-------------------------------------|---------------------------|--------------------------|
| <input type="radio"/> Tetanus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Influenza | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Meningococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> H.influenza | <input type="radio"/> Yes | <input type="radio"/> No |

17. Which vaccines do you recommend for patients with chronic renal failure ?

- | | | |
|-------------------------------------|---------------------------|--------------------------|
| <input type="radio"/> Tetanus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Influenza | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Meningococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> H.influenza | <input type="radio"/> Yes | <input type="radio"/> No |

18. Which vaccines do you recommend for patients with chronic liver disease?

- | | | |
|-------------------------------------|---------------------------|--------------------------|
| <input type="radio"/> Tetanus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Influenza | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Meningococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> H.influenza | <input type="radio"/> Yes | <input type="radio"/> No |

19. Which vaccines do you recommend for patients with history of splenectomy ?

- | | | |
|-------------------------------------|---------------------------|--------------------------|
| <input type="radio"/> Tetanus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Influenza | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Meningococcal | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> H.influenza | <input type="radio"/> Yes | <input type="radio"/> No |

20. For which group of patients have you prescribed tetanus vaccine last month?

- | | | |
|---|---------------------------|--------------------------|
| <input type="radio"/> Healthy adults age ≥ 65 years | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic renal failure | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Diabetes mellitus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Splenectomy | <input type="radio"/> Yes | <input type="radio"/> No |

21. For which group of patients have you prescribed influenza vaccine last month?

- | | | |
|---|---------------------------|--------------------------|
| <input type="radio"/> Healthy adults age ≥ 65 years | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic renal failure | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Diabetes mellitus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Splenectomy | <input type="radio"/> Yes | <input type="radio"/> No |

22. For which group of patients have you prescribed hepatitis B vaccine last month?

- | | | |
|---|---------------------------|--------------------------|
| <input type="radio"/> Healthy adults age ≥ 65 years | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic renal failure | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Diabetes mellitus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Splenectomy | <input type="radio"/> Yes | <input type="radio"/> No |

23. For which group of patients have you prescribed hepatitis A vaccine last month ?

- | | | |
|---|---------------------------|--------------------------|
| <input type="radio"/> Healthy adults age \geq 65 years | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic renal failure | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Diabetes mellitus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Splenectomy | <input type="radio"/> Yes | <input type="radio"/> No |

24. For which group of patients have you prescribed pneumococcal vaccine last month?

- | | | |
|---|---------------------------|--------------------------|
| <input type="radio"/> Healthy adults age \geq 65 years | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic renal failure | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Diabetes mellitus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Splenectomy | <input type="radio"/> Yes | <input type="radio"/> No |

25. For which group of patients have you prescribed meningococcal vaccine last month?

- | | | |
|---|---------------------------|--------------------------|
| <input type="radio"/> Healthy adults age \geq 65 years | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic renal failure | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Diabetes mellitus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Splenectomy | <input type="radio"/> Yes | <input type="radio"/> No |

26. For which group of patients have you prescribed *H. Influenza* tybe b vaccine last month?

- | | | |
|---|---------------------------|--------------------------|
| <input type="radio"/> Healthy adults age \geq 65 years | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic renal failure | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Diabetes mellitus | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Splenectomy | <input type="radio"/> Yes | <input type="radio"/> No |

