

This survey is part of the European Union-funded project called **PartnERship to Contrast HPV (PERCH)**, which is aimed at contributing to the implementation of the Europe's Beating Cancer Plan, with the goal of reducing the incidence and mortality of HPV-related cancers.

HPV, or human papillomavirus, is a very common infection, with some genotypes infecting a large proportion of people during their lives. Most HPV genotypes cause benign changes in the skin (e.g., warts) and mucous membranes (e.g., genital warts). Such HPV types are known as low-risk HPV genotypes. However, high-risk HPV genotypes can cause pre-cancerous conditions and malignancies in the genital area (e.g., cervical, vulvar, vaginal, anal, and penile) and oral cavity (e.g., oral, and pharyngeal). HPV infection can be successfully prevented by vaccination.

With this questionnaire, we would like to examine Your knowledge about HPV and the diseases it causes, Your opinion about HPV vaccines and the vaccination status of the child You represent.

The survey takes about ... minutes to complete. Participation in the study is voluntary and You can stop answering the questionnaire at any point without giving any explanations. Since IP addresses are not stored, we ask You to fill out the questionnaire in one go.

The questionnaire is anonymous.

Information about the respondent(s)

1. Person(s) responding to the survey.

- ☐ One parent (Age in years:__; Gender:____)
- ☐ Two parents (Age in years:__; Gender:____)
(Age in years:__; Gender:____)
- ☐ Legal guardian(s) (Age in years:__; Gender:____)
(Age in years:__; Gender:____)

2. What is Your nationality? If two parents/legal guardians are answering the questionnaire, please indicate the nationality of both respondents.

	First parent/legal guardian	First parent/legal guardian
Estonian		
Russian		
Other, please specify		
I prefer not to say		

3. What is the highest degree or level of education You have completed? If two parents/legal guardians are answering the questionnaire, please indicate the highest degree or level of education of both respondents.

	First parent/legal guardian	First parent/legal guardian
Primary or basic education		

Secondary education or equivalent vocational education		
Bachelor's degree or equivalent professional higher education		
Master's degree		
Doctoral degree		
I prefer not to say		

4. What is Your current employment status? If two parents/legal guardians are answering the questionnaire, please indicate the employment status of both respondents.

	First parent/legal guardian	First parent/legal guardian
Employed		
Unemployed		
Other (childcare leave, mandatory military service, etc.)		
I prefer not to say		

5. In which county/city do You reside in?

- ☐ Tallinn
- ☐ Harju County (excluding Tallinn)
- ☐ Hiiu County
- ☐ Ida-Viru County
- ☐ Jõgeva County
- ☐ Järva County
- ☐ Lääne County
- ☐ Lääne-Viru County
- ☐ Põlva County
- ☐ Pärnu County
- ☐ Rapla County
- ☐ Saare County
- ☐ Tartu
- ☐ Tartu County (excluding Tartu)
- ☐ Valga County
- ☐ Viljandi County
- ☐ Võru County
- ☐ I currently reside outside of Estonia

6. **The following two questions are meant to be answered only by women.**

6.1. Have You ever participated in cervical cancer screening?

- ☐ Yes, regularly
- ☐ Yes, at least once

- ☐ No, never
- ☐ I don't know
- ☐ I prefer not to say

6.2. How often do You visit the gynecologist for check-ups?

- ☐ Yearly
- ☐ Have visited at least once
- ☐ Never
- ☐ I don't know
- ☐ I prefer not to say

Information about the child this questionnaire is referring to.

7. What is the gender and age of the child this questionnaire is referring to? Please respond separately for each child.

Gender:____; Age in years:___.

7.1. Do You have any other children (that this questionnaire is not referring to)? (Yes/No)

7.2. Please mark the gender and age of the other children. Respond separately for each child.

Gender:____; Age in years:___.

The following questions are related to the availability of information regarding HPV infection and HPV vaccination.

8. Please indicate the sources of information from which You have received information on HPV and HPV vaccination (please indicate all appropriate responses).

- ☐ Pediatrician, general practitioner
- ☐ Gynecologist
- ☐ Other health care professionals
- ☐ Pharmacist
- ☐ Mother and child health centers
- ☐ Estonian Health Board (Terviseamet)
- ☐ Estonian Health Insurance Fund (Haigekassa)
- ☐ Other Internet websites excluding websites of Estonian Health Board and Estonian Health Insurance Fund
- ☐ School
- ☐ Other parents
- ☐ Friends
- ☐ Family members
- ☐ Social media
- ☐ Newspapers, leaflets, and posters
- ☐ Radio, television
- ☐ Other, please specify:_____
- ☐ I don't know
- ☐ I prefer not to say

- ☐ I have never heard of HPV infection before
- ☐ I have never heard of HPV vaccination before

9. Please indicate the most reliable sources of information for You from which information on HPV vaccination can be obtained (please indicate up to three response options).

- ☐ Pediatrician, general practitioner
- ☐ Gynecologist
- ☐ Other health care professionals
- ☐ Pharmacist
- ☐ Mother and child health centers
- ☐ Estonian Health Board (Terviseamet)
- ☐ Estonian Health Insurance Fund (Haigekassa)
- ☐ Other Internet websites excluding websites of Estonian Health Board and Estonian Health Insurance Fund
- ☐ School
- ☐ Other parents
- ☐ Friends, relatives, and family members
- ☐ Social media
- ☐ Newspapers, leaflets, and posters
- ☐ Radio, television
- ☐ Other, please specify: _____
- ☐ I don't know
- ☐ I prefer not to say

10. Please indicate the most important sources of information for You from which You would like to receive information about vaccination (please indicate all appropriate responses).

- ☐ Pediatrician, general practitioner
- ☐ Gynecologist
- ☐ Other health care professionals
- ☐ Pharmacist
- ☐ Mother and child health centers
- ☐ Estonian Health Board (Terviseamet)
- ☐ Estonian Health Insurance Fund (Haigekassa)
- ☐ Other Internet websites excluding websites of Estonian Health Board and Estonian Health Insurance Fund
- ☐ School
- ☐ Other parents
- ☐ Friends, relatives, and family members
- ☐ Social media
- ☐ Newspapers, leaflets, and posters
- ☐ Radio, television

- ☐ Other, please specify:_____
- ☐ I don't know
- ☐ I prefer not to say

11. Do you feel sufficiently informed on HPV vaccination?

- ☐ Yes, absolutely, and do not require additional information
- ☐ Yes, sufficiently, but would require more information
- ☐ Insufficiently
- ☐ Absolutely not
- ☐ I don't know
- ☐ I prefer not to say

12. Which social media platforms and webpages do You use daily or most often?

- ☐ Facebook
- ☐ Instagram
- ☐ TikTok
- ☐ Reddit
- ☐ Snapchat
- ☐ Pinterest
- ☐ Twitter
- ☐ LinkedIn
- ☐ YouTube
- ☐ Blogs
- ☐ Vlogs (video blogs)
- ☐ Podcasts
- ☐ Wikipedia or other Wiki pages
- ☐ Other, please specify:_____
- ☐ I do not use social media
- ☐ I prefer not to say

With the following questions, we would like to examine Your knowledge of HPV and HPV vaccines.

13. Please indicate, whether You think the following claims are true or false. (True/False/I don't know)

1. HPV may cause cancers of the cervix, vagina and vulva
2. HPV may cause cancers of penis
3. HPV may cause anal cancer
4. HPV may cause cancers of the back of the throat, including the base of the tongue and tonsils
5. HPV is a sexually transmitted disease
6. HPV may infect You without symptoms
7. HPV infections are rare
8. Most cervical cancers are not caused by HPV infections
9. HPV vaccines work better if they are administered before the age of 15
10. HPV vaccines protect against all HPV genotypes
11. Early sexual intercourse increases the risk of contracting HPV
12. HPV infection is treated with antibiotics
13. HPV vaccines protect against all sexually transmitted diseases
14. HPV vaccines provide 100% protection against cancer and anogenital warts
15. HPV vaccines cause fertility problems
16. Sometimes HPV infections can last for years
17. Only women can be infected by HPV
18. Genital warts are caused by HPV
19. Most HPV infections resolve spontaneously

14. What do You think are the benefits of HPV vaccination for the society? Please indicate all appropriate responses.

- ☐ Reduces cancer incidence
- ☐ Reduces cancer mortality
- ☐ Reduces potential complications arising from HPV
- ☐ No benefits exist
- ☐ Only pharmaceutical companies benefit from HPV vaccines
- ☐ I don't know
- ☐ I prefer not to say

Vaccination status of the child(ren) this questionnaire is referring to.

15. Has the child this questionnaire is referring to been vaccinated against HPV? Please answer separately for each child.

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

16. Do you plan to vaccinate Your child(ren) against HPV in the future?

- ☐ Yes, definitely
- ☐ Rather yes
- ☐ Undecided
- ☐ No, rather not
- ☐ Definitely not
- ☐ I prefer not to say

17. Regardless of HPV vaccination, has Your child(ren) been previously vaccinated under the national immunization schedule? For reference: <https://ta.vaktsineeri.ee/en/vaccinating-children/schedule>

- ☐ Yes, all vaccines covered in the national immunization program have been administered
- ☐ Yes, but only some of the vaccines covered in the national immunization program have been administered
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

18. In the future, do you plan to vaccinate Your child(ren) with all the vaccines covered in the national immunization program ?

- ☐ Yes, definitely
- ☐ Rather yes
- ☐ Undecided
- ☐ No, rather not
- ☐ Definitely not
- ☐ I prefer not to say

19. Do you agree, that your child(ren) may be at risk of HPV infection in the future?

- ☐ Completely agree
- ☐ Partially agree
- ☐ Partially disagree

- ☐ Completely disagree
- ☐ I don't know
- ☐ I prefer not to say

20. With the following questions, we would like to examine the reasons for NOT getting vaccinated against HPV. (Completely disagree/Partially disagree/I don't know/Partially agree/Completely agree)

1. Fear of adverse effects
2. No confidence in HPV vaccines
3. Information regarding HPV vaccination is confusing
4. Information regarding HPV vaccination is scarce
5. No confidence in vaccines in general
6. Girls do not have to be vaccinated against HPV because cervical cancer can be prevented by regular cervical cancer
7. HPV vaccination is not necessary because our child is young and sexually inactive
8. HPV vaccination is not useful
9. HPV vaccination is not mandatory
10. General practitioner advice was against HPV vaccination
11. Other health care worker's advice was against HPV vaccination
12. Relatives or friends' advice was against HPV vaccination
13. HPV vaccination is not promoted enough
14. HPV vaccination promotes riskier sexual behavior
15. Fear of injection
16. HPV vaccination is not severe
17. Child has contraindications against HPV vaccine, which are confirmed by his/her doctor
18. I support alternative approaches instead of vaccination
19. We were not able to respect the vaccination date
20. We were not aware, that HPV vaccination was free of charge (for children aged 12-14 in Estonia)
21. Religious restrictions prevent vaccination
22. The effectiveness of HPV vaccines is questionable, and they only benefit pharmaceutical companies
23. I prefer not to say

21. What advice has your pediatrician/general practitioner/school nurse given you about HPV vaccination?

- ☐ Encouraged HPV vaccination
- ☐ Discouraged HPV vaccination
- ☐ Didn't express any opinions about HPV vaccination
- ☐ Suggested to delay HPV vaccination
- ☐ Didn't address the topic of HPV vaccination at all
- ☐ Encouraged HPV vaccination, but did not provide adequate information/clarifications
- ☐ Different pediatrician/general practitioner gave us discordant opinion about HPV vaccine
- ☐ We have not consulted with the pediatrician/general practitioner on the topic of HPV vaccination
- ☐ I don't know
- ☐ I prefer not to say

22. Would you agree to have your child vaccinated against HPV at school?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

23. Would you agree to have your child vaccinated against HPV at a pharmacy?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

24. Would you agree to have your child vaccinated against HPV at a private clinic or any other healthcare facility?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

25. Would you agree to have your child vaccinated against HPV by your general practitioner?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

Thank you for answering the survey! Your answers will hopefully contribute to reducing cancer burden.