Supplementary material 2_ Questionnaire at baseline visit

Version 2.1 – 29th January 2019

MRC Unit The Gambia at the
London School of Hygiene
and Tropical Medicine

Study Title: The Vaccines Speaking Book Project
SCC: 1598 Version: 2.1

Sponsor & Funder: MRC & Bull City Learning

Primary Care Givers for the Implementation Study: Section A

Record ID:

Facility name:

Field worker initials:

Participants ID:

Date of entry:

Primary Care Givers (PCGs)

1. Full Name:

2. Contact details (Please collect all available numbers):

3. Detailed Address (You can draw behind):

4. Age (years):

5. Sex:
   □ 1. Female
   □ 2. Male

6. Religion:
   □ Muslim
   □ Christian
   □ Others

6a. If others, specify

7. Marital status:
   □ Single
   □ Married
   □ Widowed
   □ Others

7a. If others, specify

8. Highest level of Education (Primary care giver):
   □ No education
   □ Primary (Grade 1-6)
### Secondary (Grade 7—9)
- [ ]

### Higher Secondary (Grade 10—12)
- [ ]

### Tertiary (University education)
- [ ]

### Others
- [ ]

- **8a. If others, specify:** ______________________________

- **9. Education level of other parent (If applicable):**
  - [ ]

- **10. Employment status:**
  - [ ]

- **11. Employment status of other parent (If applicable):**
  - [ ]

- **12. Occupation:**
  - [ ]

- **13. Occupation of other parent if applicable:**
  - [ ]

- **14. Monthly household income:**
  - [ ]

- **15. Presence of a working radio in the house:**
  - [ ]

- **16. Presence of a working television in the house:**
  - [ ]

- **17. Family size (number of people eating from one pot):**
  - [ ]

- **18. Mothers age at marriage (years):**
  - [ ]

- **19. Age at first child (years):**
  - [ ]

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### IMMUNISATION

- **20. Mothers receipt of Tetanus Toxoid during pregnancy:**
  - [ ]

- **21. How many times:**
  - [ ]

- **22. Distance from home to Health Facility (Minutes/hours):**
  - [ ]

- **23. Source of information regarding Immunisation:**
  - [ ]

  - [ ] Healthcare Worker
  - [ ] Information written on the vaccination cards
  - [ ] Family member or friends
  - [ ] Radio/TV
  - [ ] Poster
  - [ ] Others

- **23a. If others, specify:** ______________________________
24. What do you consider to be the challenge or problem you face attending immunization clinic

_______________________________________________________________________________________
_______________________________________________________________________________________

CHILD

25. Age: ____________________________________

26. Date of Birth: (DD/MON/YEAR) ________________________________

27. Sex:                      ☐ Female  ☐ Male

28. Birth order: ____________________________________

29. Date of starting vaccination: ________________________________

30. Evidence of completeness of immunizations if available:  ☐ Yes  ☐ No  ☐ Information not available

31. Place of Delivery of this child:

31a. If others, specify: ________________________________

32. Mother’s utilization of ANC during the pregnancy:  ☐ Yes  ☐ No

33. How many visits?

_______________________________________________________________________________________
Primary Care Givers for the Implementation Study: Section B

Record ID: ______________________________ ______
Facility name: ____________________________________
Field worker initials: ______________________________ ______
Participants ID: ________________________ ____________
Date of entry: ____________________________________

1. How do vaccines work?
   - [ ] Vaccines help a baby or a pregnant woman’s body fight illness and diseases
   - [ ] Vaccines work by making security guards in the body called ‘anti-bodies’
   - [ ] I don’t know
   - [ ] Others
   1a. If others specify: ______________________________________ __________________________________

2. Why are vaccines given to pregnant women?
   - [ ] Vaccines ensure mother and child are protected against infectious diseases
   - [ ] If the pregnant woman is vaccinated, the baby is also protected for a little while after birth
   - [ ] I don’t know
   - [ ] Others
   2a. If others, specify: _____________________________________ ___________________________________

3. What do you do if your child is not well on the day the vaccines need to be given?
   - [ ] I will take my child to the hospital for the doctor or nurse to decide if my child can be immunised
   - [ ] I will wait at home until my child is well
   - [ ] I don’t know
   - [ ] Others
   3a. If others, specify: ____________________________________ ____________________________________

4. Do you think it is proper for your child to be given more than one vaccine at a visit?
   - [ ] Yes, different vaccines prevent different infections/diseases
   - [ ] No, administering more than one vaccine at a time prevents the vaccine from working effectively
   - [ ] I don’t know
   - [ ] Others
   4a. If others, specify: ______________________________________

5. Why do you think your child is sometimes given the same vaccines more than once?
   - [ ] Repeat doses are needed to make the antibodies (body soldiers) stronger
   - [ ] Repeat doses help the baby’s body learn to be strong against infections for a long time
   - [ ] I don’t know
   - [ ] Others

5a. If others, specify: _____________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

6. When do I need to consider the adverse event of a vaccine serious?
☐ If my baby has high fever for more than a day
☐ If my baby is sleeping a lot
☐ I don’t know
☐ Others

6a. If others, specify: _____________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

7. What vaccines does your baby receive at each visit? Tick all applicable

7a. At birth
☐ Tuberculosis
☐ Polio
☐ Hepatitis B
☐ Diphtheria
☐ Whooping Cough
☐ Meningitis
☐ Pneumonia
☐ Diarrhoea
☐ Measles
☐ Yellow Fever
☐ I don’t know

7b. At 2 Months
☐ Tuberculosis
☐ Polio
☐ Hepatitis B
☐ Diphtheria
☐ Whooping Cough
☐ Meningitis
☐ Pneumonia
☐ Diarrhoea
☐ Measles
☐ Yellow Fever
☐ I don’t know

7c. At 3 Months
☐ Tuberculosis
☐ Polio
☐ Hepatitis B
☐ Diphtheria
☐ Whooping Cough
☐ Meningitis
☐ Pneumonia
☐ Diarrhoea
☐ Measles
☐ Yellow Fever
☐ I don’t know

7d. At 4 Months
☐ Tuberculosis
☐ Polio
8. What other ways can you keep your baby healthy apart from vaccination?
- Exclusive breast feeding for 6 months
- Keeping baby warm
- Regular hand washing with soap and water
- Regular weighing of the baby at the clinic
- Others

8a. If others, specify: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________