## Annex 1: English version questionnaires for mothers/care takers

**Part I: Questions to assess the socio-demographic characteristics of respondents**

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| S.no | Questions | Response |
| 101 | Age of mother/care taker | \_\_\_\_\_\_\_\_\_\_years |
| 102 | Sex child | 1. Male 2. Female |
| 103 | Residence come from | 1. Urban 2. Rural |
| 104 | What is your religion? | 1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 105 | What is your educational status? | 1. No formal education 2. Primary level 3. Secondary level 4. College and higher |
| 106 | What is your occupation? | 1. Government employee 2. Private employee 3. Merchant 4. House wife 5. Student 6. Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 107 | Marital status | 1. Married 2. Single 3. Divorced 4. Widowed |
| 108 | If the response is “married” to Q107, what is your spouse’s occupation? | 1. Government employee 2. Private employee 3. Farmer 4. Merchant 5. Daily laborer 6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 109 | If the response is “married” to Q107, what is your spouse’s educational status? | 1. No formal education 2. Primary level 3. Secondary level 4. College and higher |
| 110 | Average monthly income of the family | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in ETB) |

**Part II: questions to assess maternal knowledge about immunization**

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| S.no | Questions | Response |
| 201 | Do you know the EPI targeted diseases? | 1. Yes 2. No |
| 202 | If ‘yes’ for Q 201, which diseases are targeted with EPI? | 1. Diphtheria,   2. Tetanus   1. Pertussis, 2. Polio, 3. Measles, 4. Hepatitis b and h. 5. Influenza type b 6. Tuberculosis 7. Meningitis 8. Diarrhea |
| 203 | Which type of diseases that vaccine can prevent? | 1. Infectious diseases   2. Non-communicable diseases   1. Evil sprits |
| 204 | Is it necessary to vaccinate breast feeding child? | 1. Yes 2. No |
| 205 | Do you know that that vaccination is not harmful | 1. Yes 2. No |
| 206 | Do you know the next vaccination schedule of  your child | 1. Yes 2. No |
| 207 | Do you know about the side effects of EPI vaccines? | 1. Yes 2. No |
| 208 | What are the side effects of EPI vaccines? | 1. Fever 2. Diarrhea 3. Vomiting 4. Un able to feeding |
| 209 | Did your child face any health problem after taking vaccination? | 1. Yes 2. No 3. I don’t know |
| 210 | If yes to question 209, would you tell me that? | 1.--------------- |

Part III: Questions to assess maternal attitude towards childhood immunization

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| S.no | Questions | Response |
| 301 | Compliance to immunization schedule is important. | 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree |
| 302 | Vaccination is beneficial for the wellbeing of  your children. | 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree |
| 303 | Vaccination makes infants sick | 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree |
| 304 | Vaccination could bring the infants to death | 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree |
| 305 | Did you belief vaccine protect all infection disease? | 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree |
| 306 | Did you think vaccine protect infection disease than political implication? | 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree |

**Part IV: Questions to assess maternal access to immunization services**

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| S.no | Questions | Response |
| 401 | Have you ever visited the health facility to get vaccination services? | 1. Yes 2. No |
| 402 | If yes to Q 401, for how many times you have visited the hospital including today? | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 403 | How long time it takes to go to the health facility? | \_\_\_\_\_\_\_\_\_\_\_\_ minutes |
| 404 | How much time you are waiting in the health facility to get the vaccine? | \_\_\_\_\_\_\_\_\_\_ minutes |
| 405 | What are you means of transportation to the health facility? | 1. On foot 2. By vehicles |

**Part V: Questions to assess the immunization process**

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| S.no | Questions | Response |
| 501 | Are you happy when your child got a vaccine? | 1. Yes 2. No |
| 502 | Did the health worker greet you? | 1. Yes 2. No |
| 503 | Are you given information about the current vaccine? | 1. Yes 2. No |
| 504 | Did the health care worker tell you the type of the vaccine your child taken? | 1. Yes 2. No |
| 505 | Did the health care worker tell you the dose of the vaccine your child was taken? | 1. Yes 2. No |
| 506 | Did the health care worker tell you the next immunization schedule? | 1. Yes 2. No |
| 507 | Did your child develop a problem after vaccination? | 1. Yes 2. No |

**Part VI: Questions to assess the level of maternal satisfaction towards childhood immunization services**

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| S.no | Question | Alternative |
|  | Health workers’ relationship, attitude, and communication | |
| 601 | How much are you satisfied with the approach of service providers? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 602 | How much are you satisfied with the behavior of health care provider? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 603 | How much are you satisfied with the health care provider’s greeting? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 604 | How much are you satisfied with the health care providers being respectful, compassionate, and polite? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 605 | How much are you satisfied with the information given by health worker regarding vaccines and benefits of vaccinations? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 606 | How much are you satisfied with the description given by health worker regarding the possible side effects of the vaccines | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 607 | How much are you satisfied with the attitude of service providers towards clients | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 608 | How much are you satisfied with the competence of health care provider | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 609 | How much are you satisfied with the confidentiality discussion providers with clients | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 610 | How much are you satisfied with the health care provider respecting your decision | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 611 | How much are you satisfied with the health workers’ adherence to COVID 19 preventive measures protocols? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
|  | Physical environment | |
| 612 | How much are you satisfied with the sanitation and hygiene of the facility? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 613 | How much are you satisfied with the building and infrastructure? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 614 | How much are you satisfied with the waiting place clean and comfortable? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 615 | How much are you satisfied with the cleanness of immunization room? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 616 | How much are you satisfied with the access to drinking water, latrine, and hand-washing facility? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 617 | How much are you satisfied with the cleanness of toilet and washroom? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
|  | Immunization system | |
| 618 | How much are you satisfied with the convenience of immunization service to working hours? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 619 | How much are you satisfied with immunization appointment day? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 620 | How much are you satisfied with the availability of service with respect to the previous appointment? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |
| 621 | How much are you satisfied with the waiting time to get service in the health center? | 1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied |

Thank you for your valuable information and participation!!!