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

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

|  |  |  |
| --- | --- | --- |
| 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**

|  |  |  |
| --- | --- | --- |
| 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 ofyour 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

|  |  |  |
| --- | --- | --- |
| 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 ofyour 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**

|  |  |  |
| --- | --- | --- |
| 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**

|  |  |  |
| --- | --- | --- |
| 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**

|  |  |  |
| --- | --- | --- |
| 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!!!