APPENDICES

Appendix 1: Questionnaire

PARENT/GUARDIAN QUESTIONNAIRES

Respondent ID_____

Date_____

No.	Questions	Terms and conditions	Answers
Section 1: Sociodemographic Data			
S1Q1	Age		
S1Q2	Sex of the person in charge of vaccinating the child.	1- Man 2- Women	
Connection with the child.	1- Parent 2- Tutor		
S1Q3	Marital status	1- Bride) 2- Single 3- Free Union 4- Widower	
S1Q4	Occupation	1- Public sector employee 2- Private sector employee 3- Housewife 4- Independent 5- Unemployed 6- Others	
S1Q5	household income	1. Less than 50,000 FCFA 2. Between 50,000 and 100,000 FCFA 3. Between 100,000 and 200,000 FCFA 4. More than 300,000 FCFA	
S1Q6	Level of education	1- Superior 2- Secondary 3- Primary 4- None	
S1Q7	Area of responsibility	1- Abena 2- Ambatta 2	

		3- Atrone 4- Boutalbagara 2 5- Boutalbagara Henry 6- Dembe 7- Evangelical Ephraim 8- Military family 9- Gassi 10- Leprosarium 11- Nda 12- Ndjari 13- Order of Malta Amtou	
S1Q8	Neighborhood		

SECTION 2: Determining the prevalence of incomplete vaccination in children			
S2Q1	Sex of the child	1- M 2- F	
S2Q2	How old is your child?		
S2Q3	Have you had your child vaccinated against childhood diseases?	1- Yes 2- No	

NOTEBOOK REVIEW					
Contacts	Age		Vaccines	Answers	
1	At birth		BCG, Vpo0	Yes	No
2	At 6 weeks		Penta1, Vpo1, Pneumo 1, Rota1	Yes	No
3	At 10 weeks		Penta2, Vpo2, Pneumo2, Rota2	Yes	No
4	At 14 weeks		Penta 3, Vpo3, VpI , Pneumo 3	Yes	No
5	At 6 months		Malaria 1, VitA	Yes	No
6	At 7 months		Palu2	Yes	No
7	At 9 months		RR1, VAA, MenA, VPI2, Palu 3	Yes	No
8	At 15 months		RR2	Yes	No
9	At 18 months		Malaria 4	Yes	No
Final status	Vaccinated	Zero dose		Under-vaccinated	Incompletely vaccinated
1- YES 2- NO					

SECTION 3 **:** Determining whether low parental education level, lack of knowledge of the vaccination schedule, and low income increase the chances that a child will remain under-vaccinated			
S3Q1	Could you tell me when your child had their first vaccination?	1- Yes 2- No	
S3Q2	Could you tell me when your child had their last vaccination?	1- Yes 2- No	
S3Q3	Could you tell me when you need to take him for his next appointment?	1- Yes 2- No	
S3Q4	Do you think vaccines kill, paralyze, or cause sterility?	1- Yes 2- No 3- Others	
S3Q5	What sources of information do you use to make decisions regarding your children's vaccinations?	1- Television 2- Radio 3- Brochure 4- Internet 5- Social media (Facebook, TikTok , Instagram, etc.) 6- Word spreads in the neighborhood 7- Healthcare staff	
SECTION 4: Identifying structural barriers to access to vaccination			
S4Q1	Availability of vaccination services at your center	1- Yes 2- No	
S4Q2	How far do you have to travel to reach the nearest health center?	1- <5km 2- ≥ 5km	
S4Q3	Do you offer a paid service for vaccinating your child?	1- Yes 2- No	
S4Q4	What difficulties do you encounter in accessing vaccination for your children?	1- Poor reception 2- Cost of vaccines 3- Vaccine unavailability 4- Dissatisfaction	

		5- Other details to be specified	