Questionnaire English version

Section: Demographic and clinical information:

Patient ID

Serial No.	Questions	Coding categories
Q 001	Age	_____
Q 002	Sex	1.Male 2. Female
Q 003	Birth of place	1. Rural 2. Urban
Q 004	Professions	1. Nursing 2. Midwife 3. Doctor 4. Laboratory professional 5. Pharmacy professional 6. Radiology 7. Anesthesia 8. Environmental health
Q 005	Educational status	1. Diploma 2. Degree 3. Masters 4. specialist

Q 006	Full dose of hepatitis B vaccine	1. Yes 2. No
Q 007	Weight	
Q 008	Height	
Q 009	Do you Have history of chronic disease?	1.yes 2. no
Q 010	Do you smoke?	1.Yes 2.No
Q 011	Are you currently on medications?	1.Yes 2. No
Q012	Did you take steroidal drugs?	1.Yes 2. No
Q013	Do you have history of Hospital admission?	1.Yes 2.No
Q014	Do you have history of Blood transfusion?	1. Yes 2. No
Q015	Do you have history of injectable medications?	1. Yes 2. No
Q016	Do you have history of Body piercing?	1. Yes 2. No
Q017	Do you have history of tattooing?	1. Yes 2. No

Q018	Do you have history of history of dialysis?	1. Yes 2. No
Q019	Do you have history of history history of surgery?	1. Yes 2. No
Q020	Do you have history of history dental extraction?	1. Yes 2. No
Q021	Laboratory results	1. HBsAg (+ or-) 2. Anti-HBs (MIU/ml) 3. Anti-HBc (+ or-)