VAXCOV STUDY QUESTIONNAIRE

Title: Compliance to hepatitis B vaccination and post-vaccination guidelines as well as incidence of needlestick injuries among healthcare workers in Ashanti region, Ghana: a cross-sectional study

You have been invited in a research study that seeks to assess compliance to hepatitis B vaccination and post-vaccination guidelines as well as incidence of needlestick injuries among healthcare workers. Please note that by completing this questionnaire you are voluntarily agreeing to participate in this research study. You will remain anonymous and your data will be treated with great confidentiality at all times.

The researchers will be glad if you could complete the questionnaire in full. Please tick the appropriate box (es) and/or fill the blank spaces provided.

DEMOGRAPHICS

1. Sex

Male [ ]

Female [ ]

2. Age

……..

3. Which region in Ghana do you come from? (your hometown)

Upper West [ ]

Upper East [ ]

North East [ ]

Savannah [ ]

Northern [ ]

Oti [ ]

Bono East [ ]

Bono Ahafo [ ]

Ahafo [ ]

Western North [ ]

Ashanti [ ]

Eastern [ ]

Volta [ ]

Greater Accra [ ]

Central [ ]

Western [ ]

Other: [ ]

4. Marital status

Divorced [ ]

Single [ ]

Married [ ]

Widowed [ ]

5. Religion

Christianity [ ]

Islam [ ]

Traditional [ ]

Other: [ ]

6. Educational level

None [ ]

Basic [ ]

Secondary [ ]

Certificate [ ]

Diploma [ ]

HND [ ]

Ist degree [ ]

Masters' degree [ ]

PhD [ ]

Other: [ ]

7. Profession

Nurse/Midwife [ ]

Lab Scientist [ ]

Pharmacist [ ]

Clinician [ ]

Cleaner/Orderly [ ]

Records [ ]

Security [ ]

Administrative staff [ ]

Other: [ ]

8. Duration of work in hospital settings (work experience)

<1year [ ]

1-2 years [ ]

3-4 years [ ]

5- 10 years [ ]

>10 years [ ]

9. Status in the hospital

Clinical Student [ ]

National Service [ ]

Temporary staff [ ]

Permanent Staff [ ]

Other: [ ]

10. Name of health facility where you currently work

Suntreso Government Hospital [ ]

Kumasi South Hospital [ ]

Manhyia Government Hospital [ ]

African Diaspora Clinic [ ]

M.C.H Hospital [ ]

Other: [ ]

HEPATITIS B TESTING, VACCINATION AND POST-VACCIANTION COMPLIANCE AS WELL AS INCIDENCE OF NEEDLESTICK INJURIES

1. Have you done hepatitis B test before?

Yes [ ]

No [ ]

Other: [ ]

2. If yes, when was the last time you did the hepatitis B test?

Less than 1 month [ ]

Between 1-6 months [ ]

Between 6 months – 1 year [ ]

1-2 years [ ]

Between 2-5 years [ ]

Between 5 – 10 years [ ]

More than 10 year [ ]

3. If yes, what was your reason for testing:

Through donating blood [ ]

Just wanted to know my hepatitis B status (Self initiative) [ ]

It was an institutional requirement [ ]

Marriage reason [ ]

Testing in order to take the vaccine [ ]

Requested by a health professional [ ]

Other: [ ]

4. If no, what was your reason for not testing for hepatitis B?

Do not have any reason [ ]

Do not have the money [ ]

Do not know where to go [ ]

Do not get time [ ]

Fear of positive test result [ ]

Other: [ ]

5. How many times have you done the hepatitis B test (to the best of your knowledge)?

0 [ ]

1 [ ]

2 [ ]

3 [ ]

≥4 [ ]

6. If you have done the hepatitis B test, what was your test result?

Positive (HBsAg) [ ]

Negative (HBsAg) [ ]

Don’t remember the results [ ]

Other: [ ]

7. How expensive do you think is the testing and vaccination of Hepatitis B?

Cheap [ ]

Reasonable [ ]

Somewhat expensive [ ]

Expensive [ ]

Don't know [ ]

Other: [ ]

9. Have you taken Hepatitis B vaccine before?

Yes [ ]

No [ ]

Maybe [ ]

Other: [ ]

10. If no, what was your reason for not getting vaccinated

Do not have any reason [ ]

Cost of the vaccination [ ]

Busy schedule [ ]

Not sick [ ]

Afraid of getting the infection from the vaccine [ ]

Fear of vaccine side effects [ ]

Do not think hepatitis B vaccine is important [ ]

Do not know where to go to get vaccinated [ ]

I always forget to take it [ ]

Vaccine not available in my hospital [ ]

Other: [ ]

11. If no, (not vaccinated), will you take the hepatitis B vaccine if it were given free of charge?

Yes [ ]

No [ ]

Other: [ ]

12. If yes, how many doses of the hepatitis B vaccine have you taken?

0 [ ]

1 [ ]

2 [ ]

3

>=4 [ ]

13. If vaccinated, what was your source of hepatitis B vaccination?

Organised by Church [ ]

Organised by school [ ]

Organized by parents [ ]

By self-initiative [ ]

Organized by my hospital [ ]

Other: [ ]

14. If vaccinated, when was the last time you took the Hepatitis B vaccine?

Less than 1 month [ ]

Between 1-6 months [ ]

Between 6 months – 1 year [ ]

1-2 years [ ]

Between 2-5 years [ ]

Between 5 – 10 years [ ]

More than 10 year [ ]

15. Do you know if there is a test that has to be done to confirm immunity, antibody production or to check for the requisite protection after completing your vaccination?

Yes [ ]

No [ ]

Other:

16. If you have completed your vaccination, have you done this hepatitis B post vaccination testing (antibody titre) to check for immunity?

Yes [ ]

No [ ]

Other: [ ]

17. What is your source of information about Hepatitis B?

School [ ]

Hospital [ ]

Friends [ ]

Media [ ]

Other: [ ]

18. Have you ever been injured (eg needlestick injury) in the course of performing a procedure?

Yes [ ]

No [ ]

Other: [ ]

19. How many times have you injured yourself or gotten needlestick injury since you started work in the hospital (estimate)?

0 [ ]

1 [ ]

2-5 [ ]

6-10 [ ]

more than 10 times [ ]