QUESTIONNAIRE

Dear Respondents,

This questionnaire is designed to assess your knowledge and perception of routine childhood immunization and identify factors affecting your children's immunization uptake. Please complete the questionnaire as honestly as possible. The information collected will be used for research purposes only and will be treated with strict confidentiality and anonymity.

I appreciate your time and effort required to fill out this questionnaire.

Thank you.

SECTION A: RESPONDENTS' SOCIO-DEMOGRAPHICS

INSTRUCTIONS: Please fill in all that apply

1. Gender: Male ☐ Female ☐
2. How old are you? _____
3. Marital status: Single ☐ Married ☐ Divorced ☐ Widowed ☐
4. How many under-five children do you have? _____
5. What is your relationship to child: Father ☐ Mother ☐ Guardian ☐
6. How many are you in your family? _____
7. Where do you live? _____
8. What is your educational status? No education ☐ Primary ☐ Secondary ☐ University ☐ Postgraduate ☐
9. What do you do for a living? Trader ☐ Civil servant ☐ Employed ☐ self-employed ☐ Unemployed ☐ Student ☐
10. Religion: Christianity ☐ Islam ☐ Traditional ☐

SECTION B: IMMUNIZATION STATUS OF THEIR CHILDREN

11. Before the COVID-19 pandemic, did you have any child/children who needed immunization? Yes ☐ No ☐
12. If yes, did they receive the immunization? Yes ☐ No ☐
13. During the COVID-19 pandemic, did you have any child/children who needed immunization? Yes ☐ No ☐
14. If yes, did they receive the immunization? Yes ☐ No ☐
15. Currently, are your children up to date with their immunization uptake? Yes ☐ No ☐

16. Which of the following immunizations did your child/children miss during the COVID-19 pandemic? (You can select as many as applicable) At Birth ☐ 6 Weeks ☐ 10 Weeks ☐ 14 Weeks ☐ 6 Months ☐ 9 months ☐ 15 Months ☐ Others…… NONE ☐
17. Which of the following immunizations did your child/children miss after the COVID-19 pandemic in Nigeria? (You can select as many as applicable) At Birth ☐ 6 Weeks ☐ 10 Weeks ☐ 14 Weeks ☐ 6 Months ☐ 9 months ☐ 15 Months ☐ Others…… NONE ☐

SECTION C: KNOWLEDGE ON ROUTINE CHILDHOOD IMMUNIZATION

18. Immunization is the process of giving a vaccine to a person to protect them against a disease. Yes ☐ No ☐
19. Vaccine is a biological preparation that provides immunity to a particular infectious disease. Yes ☐ No ☐

The following diseases can be prevented by a vaccine;

20. Polio? Yes ☐ No ☐
21. Measles? Yes ☐ No ☐
22. Hepatitis B? Yes ☐ No ☐
23. Tuberculosis? Yes ☐ No ☐
24. In Nigeria, childhood Immunization is given at birth, 6 weeks, 10 weeks, 14 weeks, 9 months and 15 months. Yes ☐ No ☐
25. OPV, BCG and Hepatitis B vaccine are given to the child at birth. Yes ☐ No ☐
26. Oral polio vaccine (OPV) is given through the mouth. Yes ☐ No ☐
27. Some common side effects of vaccination are; fever, restlessness, pain and swelling of injection site. Yes ☐ No ☐
28. Where do you get most of your information about childhood immunizations? (Select all that apply) Healthcare providers ☐ Community health workers ☐ Media (TV, radio, newspapers) ☐ Internet ☐ Friends and family ☐
    Other (Please specify): _____
29. Vaccines are important for preventing diseases and protecting public health? Yes ☐ No ☐

SECTION D: PERCEPTION TOWARDS ROUTINE CHILDHOOD IMMUNIZATION

	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
30	Routine childhood immunization is crucial for protecting children from diseases that vaccines can prevent.					
31	Routine childhood immunization provides a lot of health benefits for my child.					
32	Allowing my child to receive vaccines will also help protect other children from illnesses.					
33	The importance of routine childhood immunization is often exaggerated.					
34	Vaccines are generally not safe for children					
35	Routine childhood immunization is likely to cause harm to my child.					
36	Routine childhood immunization does not prevent any diseases.					
37	My religious beliefs do not allow my child to receive vaccines.					
38	I trust healthcare providers to give accurate and reliable information about vaccines.					
39	My past experiences with vaccinations for my child have been positive.					
40	I believe the information about vaccines I receive from the media is trustworthy.					

SECTION E: FACTORS AFFECTING CHILDHOOD IMMUNIZATION COVERAGE

The following are possible factors that can affect immunization coverage. (Tick as many that you think are correct)

41**. Service Delivery Factors:** Poor service quality ☐ Shortage of health workers ☐ . Vaccines not being available ☐

42. **Access and Availability:** Lack of transportation ☐ Long distance to health facilities, and inconvenient clinic hours ☐

43. **Economic Factors:** Financial constraints ☐ High cost of service ☐ Loss of income due to taking time off work ☐

44. **Awareness and Knowledge:** Lack of awareness about immunization schedules ☐ . Misconceptions about vaccines ☐ low perceived importance of immunization ☐

45. **Socio-cultural Factors:** Cultural beliefs and practices ☐ Religious beliefs ☐ Influence of community leaders ☐

46. **Communication and Information:** Poor communication from health providers . ☐ k of reminders or follow-up ☐

47. **Environmental and Security Factors:** Insecurity in the area ☐ Natural disasters ☐ Seasonal migration patterns ☐