

## **Hepatitis B vaccination coverage and associated factors questionnaire**

**Data from this questionnaire will be used for research purposes only.**

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**Questionnaire No:**.....

**Date of data collection (DD/MM/YY):** (.....)

**CONSENT (Please read before filling out this questionnaire):** By reading the research information contained in the participant information page, you are consenting to participate in this study by filling out this questionnaire.

**Please complete the questionnaire only if you are 19 years or older and are in your third year of study or higher in one of these departments/faculties: Medicine, Nursing, Midwifery, Clinical Officer, Clinical Laboratory or Dentistry.**

**Note:** Do not write your name on the questionnaire. Please answer all of the questions that pertain to you by following the instructions. Please answer truthfully.

Kindly check ( ✓ ) in the bracket of the option(s) that most correctly answers the question. Please make sure to choose only one option for each question unless the instruction advises otherwise.

## Section A: Sociodemographic questions

1. Age
  - a. 19 to 24 ( )
  - b. 25 to 30 ( )
  - c. 31 or older ( )
2. Sex
  - a. Male ( )
  - b. Female ( )
3. Occupation
  - a. Working in the clinical field (e.g., nurse/lab technician/midwife/dental/clinical officer, etc.) ( )
  - b. Working in non-medical field ( )
  - c. Unemployed ( )
4. Faculty/Department
  - a. Medicine ( )
  - b. Clinical laboratory ( )
  - c. Nursing ( )
  - d. Midwifery ( )
  - e. Clinical officer ( )
  - f. Dentistry ( )
5. Current year of study
  - a. Third year ( )
  - b. Fourth year ( )

- c. Fifth year ( )
  - d. Sixth year ( )
6. Monthly Income
- a. Less than \$100 ( )
  - b. \$100-150 ( )
  - c. \$151-250 ( )
  - d. >\$250 ( )
7. Marital Status
- a. Married ( )
  - b. Single ( )

**SECTION B: KNOWLEDGE ABOUT HBV**

1. HBV can be transmitted through contact with the blood and body fluids of an infected person.
- a. Yes ( )
  - b. No ( )
2. HBV can be transmitted through sexual contact.
- a. Yes ( )
  - b. No ( )
3. HBV can be transmitted from mother to baby during delivery.
- a. Yes ( )
  - b. No ( )
4. HBV can be transmitted through contaminated needle stick injury.

- a. Yes ( )
  - b. No ( )
5. HBV can cause chronic hepatitis.
- a. Yes ( )
  - b. No ( )
6. HBV can cause liver cirrhosis.
- a. Yes ( )
  - b. No ( )
7. HBV can cause hepatocellular carcinoma.
- a. Yes ( )
  - b. No ( )
8. HBV can cause hepatic failure.
- a. Yes ( )
  - b. No ( )
9. HBV can be prevented through immunization.
- a. Yes ( )
  - b. No ( )
10. HBV can be prevented by wearing appropriate personal protective equipment (PPE).
- a. Yes ( )
  - b. No ( )
11. HBV can be prevented by avoiding unsafe sex.
- a. Yes ( )
  - b. No ( )

**SECTION C: Exposure history at health facilities and HBV testing status**

1. Have you ever had an accidental needle injury at a health facility?
  - a. Yes ( )
  - b. No ( )
  
2. Have you ever had an accidental blood exposure at a health facility?
  - a. Yes ( )
  - b. No ( )
  
3. Have you ever been tested for HBV?
  - a. Yes ( )
  - b. No ( )
  
4. If yes, what was the reason?
  - a. Was donating blood ( )
  - b. Wanted to know my HBV status ( )
  - c. For an institutional obligation ( )
  - d. For marriage reasons ( )
  - e. I was giving birth ( )
  - f. Other (please state).....
  
5. Does your university have an HBV testing policy?
  - a. Yes ( )
  - b. No ( )
  
6. Does your workplace have an HBV testing policy? Skip if you are unemployed.
  - a. Yes ( )
  - b. No ( )

7. Is HBV vaccination available in your workplace? Skip if you are unemployed.

a. Yes ( )

b. No ( )

**SECTION D: HBV vaccination status and reasons for incomplete or no immunization.**

1. Have you ever received the HBV vaccine? (if no skip to question 4)

a. Yes ( )

b. No ( )

2. If yes, the vaccination was

a. Free ( )

b. Self-paid ( )

3. If you have undergone HBV vaccination, how many doses have you received?

a. One dose ( )

b. Two doses ( )

c. Three doses ( )

4. If you are not vaccinated against HBV, what is the reason(s)?

a. High cost of the vaccine ( )

b. Afraid of vaccine side effects ( )

c. Do not trust vaccine quality ( )

d. I do not know where to go to receive it ( )

e. Lack of time ( )

f. Not important ( )

g. Other

(please

state).....