STUDY QUESTIONNAIRE

Evaluation of *Streptococcus pneumoniae* Serotype Epidemiology and Anti-Microbial Susceptibility Profiles among PCV-10 Vaccinated and Unvaccinated Children in Nairobi County.

QUESTIONNAIRE NUMBER	HOSPITAL NAME

INSTRUCTIONS

1. Please do not write your name anywhere in the questionnaire.
2. Put a tick (√) in box next to the right response.
3. Where no responses/choices are provided please write the response in the spaces provided

SECTION 1: ABOUT MOTHER

ITEM NUMBER	QUESTION	RESPONSE
1.	What is your age in years?	i. 18-24..... ii. 25-29..... iii. 30-34..... iv. 35-39..... v.40.45..... vi. Other (specify).....
2.	What is your level of education?	i. Primary School..... ii. Secondary School..... iii. Tertiary College..... iv. ≥University..... v. Other (Specify).....

3.	What is your family's average income per month (Ksh)?	i. 7,000-14,000 ii. 15,000-25,000 iii. 26,000-35,000 iv. 36,000-45,000 v. ≥ 46,000 (Specify) .....
4.	Do you (Mother) smoke?	i. Yes..... ii. No.....
5.	Do you (Mother) consume alcohol?	i. Yes..... ii. No.....
6.	What factors predispose a child to pneumonia?	i. Dirt..... ii. Cold..... iii. Crowding..... iv. Poor Nutrition..... v. Other (Specify).....
7.	Where did you first learn about pneumococcal conjugate vaccine? (Tick one)	i. Radio..... ii. Newspaper..... iii. Health workers..... iv. Family/friends.... v. Religious leaders..... vi. Teachers..... vii. Other.....

8.	How many injections of vaccine does the child receive to protect them or her from pneumonia? (Tick one)	.....i.One ii. Two..... iii. Three..... iv. Four..... v. Other (Specify)....
9.	How big is the house you live in?	i. Single room ii. One bedroom..... iii. Two bedroom.... iv. Three bedroom.... v. Four bedroom..... vi.Other (Specify).....
10.	How do you dispose waste?	i. Public sewerage system..... ii. Private septic tank..... iii.Other (Specify).....
11.	What kind of fuel do you use to cook?	i. Firewood..... ii. Stove..... iii. Charcoal..... iv. Gas..... v. Electricity..... vi. Other (specify).....

12.	What is your occupation?	i. Teacher..... ii. Nurse..... iii. Banker..... iv. Business person..... v. Farmer..... vi. Other (Specify).....
13.	What is the occupation of the head of your household?	i. Teacher..... ii. Nurse..... iii. Banker..... iv. Business person v. Farmer..... vi. Other (Specify).....
14.	Which method do you use to light your house?	i. Candle..... ii. Small traditional lamp..... iii. Lantern..... iv. Solar..... v. Electricity.... vi. Other (Specify).....

SECTION II: ABOUT CHILD

ITEM NUMBER	QUESTION	RESPONSE
1.	What is your child's age in months?	i. 06..... ii. 07 iii. 08..... iv. 09..... v. 10..... vi. 11..... vii. 12.....
2.	What is your child's gender?	i. Male..... ii. Female.....
3.	Has your child used any anti-biotics recently?	i. Yes..... ii. No..... If yes, Specify.....
4.	Does your child attend a day-care center?	i. Yes..... ii. No.....
5.	Other than you, how many other people share the same household as the child under study?	i. One..... ii. Two..... iii. Three..... iv. Four..... v. ≥ Five.....

6.	How many times a day does your child breast feed?	i. One time..... ii. Two times..... iii. Three times..... iv. Four times..... v.Other (Specify).....
7.	What type of breastfeeding do you practice?	i. Exclusive..... ii. Moderate..... iii. Other (Specify).....
7.	What was your child's birth weight?	i. ≤ 1 Kgs ii. 1-1.5 Kgs iii. 1.6-2.0 Kgs iv. 2.1-2.5 Kgs v. ≥2.6 (Specify)..... vi. Pre-term.....
8.	What is your child's current weight (BMI)?	i. Very low for age..... ii. Low for age ..... iii. Normal for age..... iv. High for age..... v. Very high for age.....

9.	What is this child's position in the family?	i. One.... ii. Two..... iii. Three..... iv. Four..... v. Five..... vi. Other (specify).....
10.	Was your child immunized against Pneumonia? (Verify with card)	i. Yes..... ii. No.....
11.	Did the child miss any injection? (Tick one)	i. Yes..... ii. No..... If yes, explain why.....
12.	Has your child been diagnosed with pneumonia or any other respiratory disease?	i. Yes..... ii. No..... If yes, specify disease according to Dr.'s report.....

Thank you for participating in this study