**Appendix II**

**Study questionnaire in English Language**

**IMMUNOGENICITY OF 10-VALENT PNEUMOCOCCAL CONJUGATE VACCINE AMONG INFANTS AT MBAGATHI DISTRICT HOSPITAL**

**I appreciate your response. I am seeking to understand the level of protection conferred by pneumonia vaccine among children. Thank you for your time.**

This is an educational as well as a research study which will be carried out by a researcher from Kenyatta University. You may ask any question concerning the purpose of the research, procedures that will be followed, your rights as a participant in the study, risks and benefits of the study.

This survey will take about 20 minutes to complete.

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1. **AGE**
2. How many months is your child?....................................
3. How old were you when you got the child?...........................
4. Did you have any other child before you got this one?...........
5. If yes, how old was the child at the time you delivered this one?.........
6. **CONSUMPTION OF ALCOHOLIC DRINKS**
7. Do you drink alcohol or use any other non-prescriptive drugs?.....................
8. If yes, how frequent?.................................
9. Do any other member of your household drink alcohol or any other non-prescriptive drugs?....................., if yes, how frequent?................................
10. **DIET**
11. Write briefly on the kind of food you were eating while pregnant…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
12. How frequent do you breastfeed your baby?..................................................................................................................................................................................................................................................................
13. Write briefly about your diet while breastfeeding…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….
14. **HOSPITALIZATION**
15. Has your child been hospitalized recently?.......................................................................
16. If yes, for how long?..............................................................................................................
17. B. which hospital?....................................................
18. Were you hospitalized during pregnancy?......................................................, if yes, for how long?.........................................................................................................?
19. **HOUSING**
20. Where do you stay (which estate)?.....................................................................................
21. How big is your house?...............................................................................
22. How many people do you share your house with?............................................
23. **MEDICAL HISTORY**
24. Does your child suffer from any chronic illness?....................................................................
25. If yes, which one?...................................................................................................
26. For how long has the child been sick?...............................................
27. **MEDICATION**
28. Is your child taking any anti-biotic drugs?..............................................................
29. If yes, for how long has your child been using the drugs?..................................