**SUPPLEMENT 1:** Questionnaire

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| **SECTION A: SOCIODEMOGRAPHIC CHARACTERISTICS**  **This section gathers information about the participants’ socio-demographic characteristics.** | | | |
| **SN** | **QUESTION** | **TICK RESPONSE** | |
| A1 | Which age group were you in on your last birthday? |  | Below 30 years |
|  | 30 – 40 years |
|  | Above 40 years |
| A2 | What is your marital status? |  | Married |
|  | Unmarried |
|  | Divorced/Widowed |
| A3 | Are you a resident of Kanyama Township? |  | Yes |
|  | No |
| A4 | What is the highest level of formal education you have attained? |  | None |
|  | Primary education |
|  | Secondary education |
|  | Tertiary education |
| A5 | What is your religion? |  | Christian |
|  | Muslim |
|  | Hindu |
|  | Other |
| A6 | What is your level of income? |  | Less than ZMW1000/month |
|  | ZMW1000 - 5000/month |
|  | More than ZMW5000/month |
| A7 | What is your employment status? |  | Employed |
|  | Unemployed |

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| **SECTION B: UPTAKE AND ACCEPTANCE OF THE ORAL CHOLERA VACCINE**  **This section is designed to gather information about your vaccination status** | | | |
| **SN** | **QUESTION** | **TICK RESPONSE** | |
| B1 | Are you vaccinated against cholera? |  | Yes **[Go to B2]** |
|  | No **[Go to B3]** |
| B2 | If vaccinated, how many doses of the oral cholera vaccine have you received? |  | One dose |
|  | Two doses |
| B3 | If not vaccinated, would you accept taking the oral cholera vaccine if made available to you? |  | Yes |
|  | No |
|  | Don’t know |

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| **SECTION C: KNOWLEDGE ABOUT THE ORAL CHOLERA VACCINE**  **This section assesses the participants’ basic knowledge about the oral cholera vaccine.** | | | |
| **SN** | **QUESTION/STATEMENT** | **TICK RESPONSE** | |
| C1 | Have you ever heard about the oral cholera vaccine? |  | Yes **[Go to C2]** |
|  | No **[Go to Section D]** |
| C2 | The oral cholera vaccine is given to people living in areas at risk of cholera outbreaks. |  | Agree |
|  | Disagree |
|  | Don’t know |
| C3 | All age groups can receive the oral cholera vaccine. |  | Agree |
|  | Disagree |
|  | Don’t know |
| C4 | The cholera vaccine can prevent someone from contracting cholera for a few years. |  | Agree |
|  | Disagree |
|  | Don’t know |
| C5 | The cholera vaccine is used with other public health measures to prevent cholera. |  | Yes |
|  | No |
|  | Don’t know |
| C6 | Vaccination against cholera is beneficial for public health. |  | Agree |
|  | Disagree |
|  | Don’t know |

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| **SECTION D: ATTITUTE TOWARD ORAL CHOLERA VACCINE**  **This section gathers information about the participant’s attitudes towards the oral cholera vaccine.** | | | |
| **SN** | **STATEMENT** | **TICK RESPONSE** | |
| D1 | Do you consider taking the oral cholera vaccine important for your health? |  | Yes |
|  | No |
|  | Uncertain |
| D2 | Do you fear taking the cholera vaccine? |  | Yes |
|  | No |
|  | Uncertain |
| D3 | Would you encourage my family/friends/neighbours to take the cholera vaccine? |  | Yes |
|  | No |
|  | Uncertain |
| D4 | Do you have confidence in the cholera vaccine and support the vaccination campaigns to control cholera? |  | Yes |
|  | No |
|  | Uncertain |

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| **SECTION E: PERCEPTION ABOUT ORAL CHOLERA VACCINE**  **This section is designed to gather information about your perception towards the oral cholera vaccine. Answer all the questions.** | | | |
| **SN** | **STATEMENT** | **TICK RESPONSE** | |
| E1 | Do you feel taking the cholera vaccine is not safe? |  | Yes |
|  | No |
|  | Uncertain |
| E2 | Do you feel the cholera vaccine can be harmful to one’s health in future? |  | Yes |
|  | No |
|  | Uncertain |
| E3 | Do you feel that, generally, few vaccines used in Africa are effective? |  | Yes |
|  | No |
|  | Uncertain |
|  | No |
|  | Uncertain |