Appendix NO.1

بسم الله الرحمن الرحيم

Sudan University of Science and Technology
College of Graduate Studies

Questionnaire

Sample NO (  )

Name………………………………………………………………………. 

Gender: Male (  ) Female (  )

Completed the vaccine

YES (  )    NO (  )

Age…………………………………….

Address…………………………….

Are you affected with any disease: Yes (  ) NO (  )

If you are affected mention the type of disease
…………………………………………………………………….

Did you have any type of infection during the course of vaccine?

YES (  )    NO (  )

Are you transfused blood before: Yes (  ) NO (  )

Mention the times………………………………………………...

Have you done surgical operation before: Yes (  ) NO (  )

If yes mention the types…………………………………………………………………….

If yes mention the types…………………………………………………………………….

If yes mention the types…………………………………………………………………….

If yes mention the types…………………………………………………………………….
Appendix NO.2