

APPENDIES

Appendix NO.1

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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.....

Appendix NO.2





