I. Pregnancy status, health history and antenatal care visits

1. How many weeks/months pregnant are you? _____________ weeks/months (circle one)
   □ I don’t know

2. In which month of pregnancy did you have your first antenatal care visit?
   ________________ (months)

3. Including this visit, how many times have you had an antenatal care visit during this pregnancy?
   ________________________________

4. Including this pregnancy, how many times have you been pregnant?
5. Have you ever had a pregnancy that was miscarried, was aborted, or ended in stillbirth?
   a. □ Yes
   b. □ No
   c. □ I don’t want to answer

6. How many children do you have? ________________________________

7. **BEFORE** this pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following conditions? (Check all that apply)
   a. □ Diabetes / “sugar”
   b. □ Heart Disease/Condition
   c. □ High blood pressure
   d. □ Anemia / low iron
   e. □ Asthma / wheezing
f. ☐ Allergies

g. ☐ Other condition: ________________________

h. ☐ I don’t know

i. ☐ I don’t want to answer

j. ☐ No health condition

8. **DURING** this pregnancy, did a doctor, nurse or other health care worker tell you that you have any of the following conditions? (Check all that apply)

a. ☐ Diabetes / “sugar ”

b. ☐ Heart Disease/Condition

c. ☐ High blood pressure

d. ☐ Anemia / low iron

e. ☐ Asthma / wheezing

f. ☐ Allergies

g. ☐ Other condition: ________________________

h. ☐ I don’t know

i. ☐ I don’t want to answer

j. ☐ No health condition

9. *(If health condition exists): Are you seeking care for this/these health condition(s) during this pregnancy?*

a. ☐ Yes

b. ☐ No

c. ☐ I don’t want to answer

10. Have you been hospitalized during this pregnancy?

a. ☐ Yes

b. ☐ No

c. ☐ I don’t want to answer

11. **Using your typical method of travel. how many minutes does it take you to get to your antenatal care clinic from your home?**

a. ☐ Less than 15 minutes

b. ☐ 16-30 minutes

c. ☐ 31-45 minutes

d. ☐ 46-60 minutes
e. ☐ 61-90 minutes
f. ☐ More than 90 minutes
g. ☐ I don’t know
h. ☐ I don’t want to answer

General history, knowledge, attitudes regarding influenza and influenza vaccine in pregnancy

12. Have you ever heard of seasonal influenza or the flu before?
   a. ☐ Yes
   b. ☐ No (skip to the question 27)

13. Do you know anyone who has been severely ill with influenza?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t remember

14. Have you ever heard of the vaccine against influenza?
   a. ☐ Yes
   b. ☐ No (skip to question 27)

15. If YES: Where did you learn about the influenza vaccine?
   a. ☐ Family member, precise _______________________
   b. ☐ Friend
   c. ☐ Doctor
   d. ☐ Pharmacist
   e. ☐ Midwife
   f. ☐ Other health care worker(s): _______________________
   g. ☐ Television or radio
   h. ☐ Printed materials (newspapers, magazines, leaflets)
   i. ☐ Internet
   j. ☐ Other ________________________________
   k. ☐ I don’t remember

16. Did you receive the influenza vaccine at least once at the past?
   a. ☐ Yes
   b. ☐ No (Skip to question 19)
17. Did you receive the influenza vaccine during this pregnancy?
   a. ☐ Yes
   b. ☐ No

18. How many times have you received the influenza vaccine in the last 5 years?
   a. ☐ 0
   b. ☐ 1
   c. ☐ 2-4
   d. ☐ 5
   e. ☐ I don’t remember

19. Has anyone recommended you receive the influenza vaccine during this pregnancy?
   a. ☐ Yes
   b. ☐ No (Skip to question 21)
   c. ☐ I don’t know (Skip to question 21)

20. Who recommended you receive influenza vaccine during this pregnancy?
   a. ☐ Doctor (Obs/Gyn)
   b. ☐ Other doctor
   c. ☐ Pharmacist
   d. ☐ Nurse
   e. ☐ Midwife
   f. ☐ Social worker
   g. ☐ Friend
   h. ☐ Family member. precise ____________________________
   i. ☐ Through Radio or TV
   j. ☐ Internet
   k. ☐ Other____________________________
   l. ☐ I don’t know

21. Has anyone discouraged you from receiving the influenza vaccine during this pregnancy?
   a. ☐ Yes
   b. ☐ No (Skip to question 23)
   c. ☐ I don’t know (Skip to question 23)
22. Who discouraged you from receiving the influenza vaccine during this pregnancy?
   a. ☐ Doctor (Obs/Gyn)
   b. ☐ Other doctor
   c. ☐ Pharmacist
   d. ☐ Nurse
   e. ☐ Midwife
   f. ☐ Social worker
   g. ☐ Friend
   h. ☐ Family member. precise _______________________
   i. ☐ Through Radio or TV
   j. ☐ Internet
   k. ☐ Other_______________________
   l. ☐ I don’t know

23. Have you heard or read reports in the media or social media that would make you hesitate to be vaccinated with influenza vaccine?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t know

24. Do you know anyone who has ever had a bad reaction to influenza vaccine, which may discourage you from getting vaccinated?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t know

25. Do you have enough information about the safety and the side effects of influenza vaccines?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t know

26. I’m going to quote 8 general information about the influenza and influenza vaccine, please indicate your views regarding these statements
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Influenza is more dangerous for pregnant women than no pregnant women</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>b. Influenza vaccine can be dangerous for pregnant women</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Influenza vaccine can be dangerous for the fetus</td>
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</tr>
<tr>
<td>d. Influenza vaccine can be dangerous for the newborn</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>e. Influenza vaccine helps protect pregnant women against influenza.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>f. When a pregnant woman gets the influenza vaccine, it helps protect her unborn baby.</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
<td>g. When a pregnant woman gets the influenza vaccine, it helps protect her newborn baby.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>h. Women should receive influenza vaccine during each pregnancy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

27. Would you want to receive the vaccine against influenza?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t know

28. If seasonal influenza vaccine was recommended for pregnant women. and provided for free. would you accept to receive the vaccine?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t know

29. In your opinion, what are the main 3 reasons you would accept to receive the influenza vaccine during your pregnancy?
   1-______________________________
   2-______________________________
   3-______________________________
30. In your opinion, what are the main 3 reasons you would refuse to receive influenza vaccine during your pregnancy?
   1- _________________________
   2- _________________________
   3- _________________________

31. Who (or what source) would you trust the most to give you the most accurate information about influenza vaccines?
   a. ☐ Doctor
   b. ☐ Pharmacist
   c. ☐ Midwife
   d. ☐ Nurse
   e. ☐ Social worker
   f. ☐ Friend
   g. ☐ Family member(s): _________________________
   h. ☐ Media
   i. ☐ Internet
   j. ☐ Other: _______________________________
   k. ☐ I don’t know

32. In general, do you feel you get enough information about vaccines, their safety and their side effects?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t know

33. In general, do you trust the advice of your health care provider (Doctor/Nurse/Midwife)?
   a. ☐ Yes
   b. ☐ No
   c. ☐ I don’t know

34. Do you believe that there are other (better) ways to prevent diseases than through vaccination?
   a. ☐ Yes
   b. ☐ No
c.  □ I don’t know

II. General and Demographic Questions

35. What is your age? Date of birth ________________________________

36. What is your marital status?
   a. □ Single / never married
   b. □ Married / civil partnership / cohabitating
   c. □ Divorced / separated
   d. □ Widowed
   e. □ Other: ________________________________
   f. □ I don’t want to answer

37. What is the highest level of education you have completed?
   a. □ Illiterate
   b. □ No formal education but can read and write (Kotteb)
   c. □ Elementary / Primary school
   d. □ High School / Secondary school
   e. □ Professional training
   f. □ University level
   g. □ I don’t want to answer

38. Are you currently working in a job that results in regular pay or salary?
   a. □ Yes
   b. □ No
   c. □ I don’t want to answer

Thank you for answering our questions. Your answers will help us understand how best to respond to the needs of pregnant women in Tunisia.