**Appendix 3: Survey questionnaire**

First and Last Name of subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female

Date of sampling­­­­­:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Vaccinated with PPSV23 or PCV13 (any previous administration)? Yes No (if No, please go to question number 2)

Date of application of last dose of PPV23 or PCV13: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contact with children aged 0-10 years in the family: 0 1 2 3 4 5 or more

3. If children aged under two years, please note if they vaccinated with PCV (if you know):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do your family members smoke at home? Yes No