

**Inform Consent form**

**Knowledge, attitude, and practices of community members regarding COVID-19 in Oyo State**

Dear respondent,

My name is \_\_\_\_\_. I am part of a group of researchers from the University of Ibadan. In response to the outbreak of COVID-19 in Nigeria and as part of the government effort to curtail the spread of the disease, we are conducting this study to assess the knowledge, attitude, and practices of community members regarding COVID-19 in Nigeria. The result of the study will be used to guide the development and dissemination of appropriate public health messages that will address knowledge gaps, correct misconception, and improve practices that will halt further spread of COVID-19.

We kindly request you to respond to the following questions to the best of your knowledge. Be assured that all your responses will be treated with utmost confidentiality. Your participation in the study will be highly appreciated.

You are free to refuse to take part in the study. You have a right to withdraw at any giving time if you choose to.

Now that the study has been well explained to you and you fully understand the content of the process, are you willing to take part in the study?

1. Yes 2. No

If no give reasons \_\_\_\_\_

Signature/ thumbprint of participant..... Interview date .....

**Questionnaire**

**Knowledge, attitude, and practices of community members regarding COVID-19 in Oyo State**

|   |   |                                      |               |            |
|---|---|--------------------------------------|---------------|------------|
| Name of Interviewer _____   |   | Date of interview (dd/mm/yyyy) _____ |               |            |
| LGA _____   |   |                                      |               |            |
| Name of street _____  |   |                                      |               |            |
| <b>Sociodemographic characteristics</b>   |   |                                      |               |            |
| <b>1.Age (last birthday):</b>   |   | <b>2. Sex</b>                        |               | 1 M    2 F |
| <b>3. Occupation:</b>   |   |                                      |               |            |
| <b>4. Religion:</b>   | 1 Christian   | 2 Islam                              | 3 Traditional | 4 Others   |
| <b>5. Highest level of education:</b>   | 1 None  | 2 Primary                            | 3 Secondary   | 4 Tertiary |
| <b>6. Ethnic group:</b>   |   |                                      |               |            |
| <b>Knowledge of COVID-19</b>  |   |                                      |               |            |
| <b>7. Have you ever heard about COVID-19?</b>   |   |                                      | 1 Yes         | 2 No       |
| <b>8. What causes COVID-19? (Do not read options, tick what is mentioned. Multiple responses allowed)</b> |   |                                      |               |            |
| 1. From infected animals to man   | 6. Contact with a person who is sick of COVID-19  |                                      |               |            |
| 2. Touching blood, urine, stool, or saliva from a person who is sick with COVID-19                        | 7. Contact with beddings, clothing and other personal utensils (plates, cups) of a person who is sick of COVID-19 |                                      |               |            |
| 3. Through insect bites   | 8. Through the air  |                                      |               |            |
| 4. Through spiritual attack   | 9. Participating in burial rites of a person who has died from COVID-19   |                                      |               |            |
| 5. Sharing sharp objects such as razors, needles etc with a person who has COVID-19                       | 10. I don't know  |                                      |               |            |
| 11. Other ways (please specify) _____   |   |                                      |               |            |

|   |  |                             |   |                    |
|---|--|-----------------------------|---|--------------------|
| <b>9. How can COVID-19 be spread?</b> <i>(Do not read options, tick what is mentioned. Multiple responses allowed)</i>                              |  |                             |   |                    |
| 1. From infected animals to man   | 2. Contact with a person who is sick of COVID-19     |                             |   |                    |
| 3. Touching blood, urine, stool, or saliva from a person who is sick with COVID-19  |  |                             |   |                    |
| 4. Contact with beddings, clothing and other personal utensils (plates, cups) of a person who is sick of COVID-19                                   |  |                             |   |                    |
| 5. Through insect bites   | 6. Through the air                                   | 7. Through spiritual attack |   |                    |
| 8. Participating in burial rites of a person who has died from COVID-19   |  |                             |   |                    |
| 9. Sharing sharp objects such as razors, needles etc with a person who has COVID-19   |  | 10. I don't know            |   |                    |
| 11. Other ways <i>(please specify)</i>  |  |                             |   |                    |
| <b>10. What are the signs of COVID-19?</b> <i>(Do not read options, tick what is mentioned. Multiple responses allowed)</i>                         |  |                             |   |                    |
| 1. Fever  | 2. General feeling of unwell                         | 3. Weakness                 | 4. Headache   | 5. Sore throat     |
| 6. Abnormal bleeding from any part of the body  |  |                             | 7. Rash on the body                                   | 8. Body pains      |
| 9. Vomiting <i>(with or without blood)</i>  |  |                             | 10. Diarrhoea <i>(with or without blood)</i>          |                    |
| 11. Others <i>(please state)</i>  |  |                             |   | 12. I don't know   |
| <b>11. When do signs of illness begin after the COVID-19 enters the body?</b>   |  |                             |   |                    |
| 1. Less than 1 day  | 2. Between 1 and 14 days                             | 3. More than 14 days        | 3. I don't know                                       |                    |
| <b>12. Is there a specific drug/remedy to treat COVID-19?</b>   |  |                             |   |                    |
| 1. Yes  | 2. No  |                             | 1. I don't know                                       |                    |
| <i>(If yes) What is the drug?</i>   |  |                             |   |                    |
| <b>13. Is there a specific vaccine to treat COVID-19?</b>   |  |                             |   |                    |
| 1. Yes  | 2. No  |                             | 3. I don't know                                       |                    |
| <i>(If yes) What is the vaccine?</i>  |  |                             |   |                    |
| <b>14. How can you prevent yourself from contracting COVID-19?</b> <i>(Do not read options, tick what is mentioned. Multiple responses allowed)</i> |  |                             |   |                    |
| 1. By not touching a person with suspected COVID-19   | 2. By staying at home                                |                             |   |                    |
| 3. Regular handwashing with soap and water  | 4. Regular handwashing with ash                      |                             |   |                    |
| 5. Regular handwashing with water only  | 6. Regular use of hand sanitizer                     |                             |   |                    |
| 7. Drinking salt water  | 8. Eating bitter kola                                |                             |   |                    |
| 9. Avoid eating bushmeat  | 10. Going for special prayers                        |                             |   |                    |
| 11. Bathing with salt water   | 12. By not touching a person with suspected COVID-19 |                             |   |                    |
| 13. By not participating in burial rites of a person that dies of COVID-19  |  |                             |   | 14. I don't know   |
| <b>15. Proper hand washing include the following?</b> <i>(Do not read options, tick what is shown)</i>  |  |                             |   |                    |
| 1 Washing between the fingers   | 2 Washing the back of the hand                       | 3 Washing the base of thumb |   |                    |
| 4 Washing the back of fingers   | 5 Washing the fingernails                            | 6 Washing the palm          |   |                    |
| <b>Sources and channels of information regarding COVID-19</b>   |  |                             |   |                    |
| <b>16. How did you hear about COVID-19?</b> <i>(Do not read options, tick what is mentioned. Multiple responses allowed)</i>                        |  |                             |   |                    |
| 1. Radio  | 2. Television  | 3. Journal                  | 4. Newspaper  | 5. Health Educator |
| 6. Town announcer   | 7. Mosque  | 8. Church                   | 9. Family member                                      | 10. Peers          |
| 11. Health facility   | 12. Flyer  | 13. Internet sites          | 14. Social media <i>(Facebook, Twitter, WhatsApp)</i> |                    |
| 15. GSM/SMS   | 16. Market   | 17. Neighbourhood           | 18. Others <i>(please state)</i>                      |                    |

