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							
Knowledge, attitude,	, and practices of commit	imity members regar	aing COVID-19 in	Oyo State			
Name of Interviewer LGA Name of street	, and practices of comme	Date of intervie		TOyo State			
Name of Interviewer LGA Name of street	-	Date of intervie	w (dd/mm/yyyy)	TOyo State			
Name of Interviewer LGA Name of street 1.Age (last birthday):	-	Date of intervie		TOyo State			
Name of Interviewer LGA Name of street 1.Age (last birthday): 3. Occupation:	Sociodemogra	Date of intervie	w (dd/mm/yyyy) 1 M 2 F				
Name of Interviewer LGA Name of street 1.Age (last birthday): 3. Occupation: 4. Religion:	Sociodemogra 1 Christian	Date of intervie	w (dd/mm/yyyy) 1 M 2 F 3 Traditional	4 Others			
Name of Interviewer LGA Name of street 1.Age (last birthday): 3. Occupation: 4. Religion: 5. Highest level of education:	Sociodemogra	Date of intervie	w (dd/mm/yyyy) 1 M 2 F				
Name of Interviewer LGA Name of street 1.Age (last birthday): 3. Occupation: 4. Religion: 5. Highest level of education: 6. Ethnic group:	Sociodemogra 1 Christian 1 None Knowledg	Date of intervie	w (dd/mm/yyyy) 1 M 2 F 3 Traditional	4 Others			
Name of Interviewer LGA Name of street 1.Age (last birthday): 3. Occupation: 4. Religion: 5. Highest level of education: 6. Ethnic group:	Sociodemogra 1 Christian 1 None Knowledg	Date of intervie	w (dd/mm/yyyy) 1 M 2 F 3 Traditional 3 Secondary	4 Others 4 Tertiary			
Name of Interviewer LGA Name of street 1.Age (last birthday): 3. Occupation: 4. Religion: 5. Highest level of education: 6. Ethnic group:	Sociodemogra 1 Christian 1 None Knowledg COVID-19? not read options, tick who man 6. Contact ool, or saliva c with cups) of a saliva 8. Through the saliva on the saliva cups of a saliva cup	Date of intervie	1 M 2 F 3 Traditional 3 Secondary Yes ple responses allow as sick of COVID-1 hing and other person of COVID-19	4 Others 4 Tertiary 2 No ved)			

9. How	can COVID-19 be s	pread? (Do not red	ad options, tick wh	iat is mentio	nea. Multiple respoi	ises allowea)	
3. 4. 5.	From infected animal man Touching blood, urin Contact with beddin Through insect bites	ne, stool, or saliva f ags, clothing and otl 6.	her personal utens Through the air	is sick with	COVID-19 ups) of a person who 7. Throu	o is sick of COV	
8.	Participating in buria	al rites of a person v	who has died from	COVID-19			
9.	 Sharing sharp objects such as razors, needles etc with a person who has CC 19 					10. I don't know	7
11.	Other ways (please s	specify)					
10. Wł	nat are the signs of C	OVID-19? (Do not	t read options, tick	k what is me	ntioned. Multiple res	sponses allowed)	
1.		neral feeling unwell	3. Weakness	4. He	eadache	5. Sore throa	t
6.	Abnormal bleeding	from any part of the	e body		ash on the	8. Body pain	S
9.	Vomiting (with or w	ithout blood)			arrhoea (with or wit	hout blood)	
11.	Others (please state)					12.I don't know	
11. Wł	nen do signs of illness	s begin after the C	OVID-19 enters	the body?			
	Less than 1 day	2. Between 1	•	3.More tha	an 14 days	3. I don't kn	low
12. Is t	here a specific drug/	remedy to treat C	OVID-19?				
1.	Yes	2. No			1. I don't kno	W	
	What is the drug?						
13. Is t	here a specific vaccii	ne to treat COVID	-19?				
1.Yes		2. No			3. I don't kno	W	
(If yes)	What is the vaccine?		d GOVID 4	00 (D			
(If yes) 14. Ho	w can you prevent yo		acting COVID-1	9? (Do not r			Multiple
(If yes) 14. Ho respon		ourself from contr	J	9? (<i>Do not r</i> 2. By stayi	ead options, tick wh		Multiple
(If yes) 14. Ho respon 1.	w can you prevent yo ses allowed)	ourself from contr	COVID-19	2. By stayi	ead options, tick wh	at is mentioned.	Multiple
(If yes) 14. Ho respond 1. 3.	w can you prevent you ses allowed) By not touching a personal content of the cont	ourself from contr son with suspected g with soap and wa	COVID-19 ter	 By stayi Regular 	ead options, tick wh	at is mentioned.	Multiple
(If yes) 14. Ho respond 1. 3.	w can you prevent you see allowed) By not touching a personal Regular handwashing	ourself from contr son with suspected g with soap and wa	COVID-19 ter	 By stayi Regular 	ead options, tick wh ng at home handwashing with a use of hand sanitize	at is mentioned.	Multiple
(If yes) 14. Ho respond 1. 3. 5.	w can you prevent you ses allowed) By not touching a personal Regular handwashing Regular handwashing	son with suspected g with soap and wag with water only	COVID-19 ter	 By stayi Regular Regular Eating b 	ead options, tick wh ng at home handwashing with a use of hand sanitize	at is mentioned.	Multiple
(If yes) 14. Ho respon 1. 3. 5. 7.	w can you prevent you see allowed) By not touching a personal Regular handwashing Regular handwashing Drinking salt water	son with suspected g with soap and wag with water only	COVID-19 ter	 By stayi Regular Regular Eating b Going for 	ng at home handwashing with a use of hand sanitize	at is mentioned ash	
(If yes) 14. Ho respon 1. 3. 5. 7. 9.	w can you prevent your ses allowed) By not touching a personal Regular handwashing Regular handwashing Drinking salt water Avoid eating bushmed Bathing with salt was	son with suspected g with soap and wa g with water only eat	COVID-19 ter	 By stayi Regular Regular Eating b Going fo By not t 	ead options, tick who ng at home handwashing with a use of hand sanitize witter kola or special prayers	at is mentioned. ssh r th suspected CO	VID-19
(If yes) 14. Ho respon 1. 3. 5. 7. 9. 11.	w can you prevent your ses allowed) By not touching a personal Regular handwashing Regular handwashing Drinking salt water Avoid eating bushme	son with suspected g with soap and wa g with water only eat ter	COVID-19 ter person that dies of	 By stayi Regular Regular Eating b Going fo By not t COVID-19 	ead options, tick who ng at home handwashing with a use of hand sanitize witter kola or special prayers ouching a person wi	at is mentioned ash	VID-19
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(If yes) 14. Ho respon 1. 3. 5. 7. 9. 11. 13. 15. Pro 1 Wash	w can you prevent you ses allowed) By not touching a personal Regular handwashing Regular handwashing Drinking salt water Avoid eating bushmed Bathing with salt water By not participating oper hand washing in	son with suspected g with soap and wa g with water only eat ter in burial rites of a packet of the color of t	COVID-19 ter person that dies of the time of time of time of the time of time	2. By stayi 4. Regular 6. Regular 8. Eating b 10. Going fo 12. By not t COVID-19 ptions, tick	ead options, tick who ng at home handwashing with a use of hand sanitize witter kola or special prayers ouching a person with what is shown)	at is mentioned. ash th suspected CO 14. I don't known that the base of thumb	VID-19
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(If yes) 14. Ho respon 1. 3. 5. 7. 9. 11. 13. 15. Pro 1 Wash 4 Wash	w can you prevent you sees allowed) By not touching a personal Regular handwashing Regular handwashing Drinking salt water Avoid eating bushmed Bathing with salt was By not participating oper hand washing in hing between the finger hand washing in the back of finger with wall washing with wall washing the back of finger with wall washing with wall washing with wall washing washing the back of finger wall washing wall washing	son with suspected g with soap and wa g with water only eat ter in burial rites of a package the following sources and chapt COVID-19? (Do	covident dies of the dies of t	2. By stayi 4. Regular 6. Regular 8. Eating b 10. Going fo 12. By not t COVID-19 ptions, tick hand tion regard tick what is	ng at home handwashing with a use of hand sanitize of special prayers ouching a person wi what is shown) 3 Washing the 6 Washing the 1 Washing the 1 Multiple 1 Newspaper 2 Family	at is mentioned. ash th suspected CO 14. I don't known that the palm responses allow	VID-19 ow red)
(If yes) 14. Ho respon 1. 3. 5. 7. 9. 11. 13. 15. Pro 1 Wash 4 Wash 16. Ho 6.	w can you prevent you ses allowed) By not touching a personal Regular handwashing Regular handwashing Drinking salt water Avoid eating bushmed Bathing with salt was By not participating oper hand washing in hing between the finger hand you hear about Radio Town announcer	son with suspected g with soap and wa g with water only eat ter in burial rites of a policy term 2 Washings 5 Washings 5 Washings 5 COVID-19? (Do 2. Television	covident dies of the dies of t	2. By stayi 4. Regular 6. Regular 8. Eating b 10. Going fo 12. By not to COVID-19 options, tick hand tion regard tick what is 4	ng at home handwashing with a use of hand sanitize of special prayers ouching a person wi what is shown) 3 Washing the 6 Washing the ing COVID-19 mentioned. Multiple	at is mentioned. ash th suspected CO 14. I don't know the base of thumb the palm responses allow 5. Health	VID-19 ow red)

Attitude	and percentian regarding COVID-10						
Attitude and perception regarding COVID-19							
17. Do you think COVID-19 is a problem in 1. Yes 2.	No 3. I don't know						
	what is mentioned. Multiple responses allowed)						
1. It is just being exaggerated	2. People just want to make money with COVID-19 drug						
3. There are only few cases	4. I do not believe that there are cases of EVD						
5. Other (please state)							
17b. If yes, specify (Do not read options, tick	what is mentioned. Multiple responses allowed)						
1. It is a deadly disease 2.	It has no cure 3. It is highly infectious						
4. It is an attack by the 5.	It creates a lot of panic						
Western world							
6. Other (please state)							
18. Do you think you can contract COVID-1	19?						
1. Yes 2.	No 3. I don't know						
18a. If no, why not?							
19. Do you think government is doing enoug	gh to contain the COVID-19 outbreak?						
1. Yes 2. No	3 I don't know						
19a. If no, what other things do you think go	overnment should do to contain the COVID-19 outbreak?						
Practices regarding COVID-19							
	of COVID-19? (Do not read options, tick what is mentioned. Multiple						
responses allowed)	or co vib 15. (Be not read options, new man is mentioned. Intimple						
<u>*</u>	Call the COVID-19 help number 3. Go to a traditional healer						
	Treat myself (specify type of treatment)						
	Go to religious centre 9. Do nothing						
10. Other (please state)	of to lengious centre 7. Do nothing						
	evelops signs of COVID-19, what advice will you give? (Do not read						
options, tick what is mentioned. Multiple respo							
	Call the COVID-19 help number 3. Go to a traditional healer						
•	Home treatment (specify type of treatment)						
	Go to religious centre 9. Do nothing						
10. Other (please state)	of to lengious centre 9. Do nothing						
	a since the COVID 10 outbreek started?						
22. Is there anything you have stopped doin 1. No 2. No (if yes,	_						
	, please state)						
23. Is there anything you have just started of	loing since the COVID-19 outbreak started?						
1. Yes 2. No (if yes, please ask). Fr	requent hand washing 2. Social distancing 3. Use of face mask						
4. cough etiquette 5. C	Others (specify)						
24. Would you eat with a person with COVI	ID-19 who has been treated and discharged? 1 Yes 2 No						
25. Would you talk to a person with COVID	D-19 who has been treated and discharged? 1 Yes 2 No						
26. Have you heard of the COVID-19 alert 1							
26a. (if yes) What is it?							
27. Have you heard of the COVID-19 alert v	website? 1 Yes 2 No						
27a. (if yes) What is it?	1100 2110						
28. Has COVID-19 affected you in any way? 1. Yes 2. No (If yes specify)							
20. Mas Co. 12 12 affected you in any way. 1. 165 2. 110 (if yes specify)							
29. What do you think the government shou	ald do to control COVID-19?						