## **Informed Consent form**

## Prospective COVID-19 Vaccine: Knowledge, and Perception of community members in Oyo State

Dear respondent,								
My name is				•	I am part of a gr	oup of researchers	from the	University
of Ibadan. In response to the out	break of	COVID-1	19 in Niger	ia and	as part of the go	vernment's effort	to curtail t	the spread
of the disease, we are conducting	g this stu	dy to asse	ess the know	vledge	e, attitude, and pr	ractices of commu	inity memb	pers
regarding COVID-19 vaccine in	Nigeria.	The resul	lt of the stu	dy wil	ll be used to guid	le the developmer	nt and disse	emination
of appropriate public health mes	sages tha	nt will add	lress knowl	edge g	gaps, correct mis	conception, and in	mprove pra	actices that
will improve the uptake of COV	TD-19 va	ccine wh	en available	e.	-	-	-	
We kindly request you to respon	nd to the	following	questions t	to the	best of your know	wledge. Be assure	ed that all	your
responses will be treated with ut	most cor	fidentiali	ty. Your pa	rticipa	tion in the study	will be highly ap	preciated.	,
You are free to refuse to take pa	rt in the	study. Yo	u have the	right to	o withdraw at an	y given time if yo	u choose to	0.
Now that the study has been well		•		_				
take part in the study?	•	•	•	•		•	•	C
1. Yes			2. N	O				
If no give reasons								
Signature/ thumbprint of particip	pant		Int	terviev	v date			
			O o 45	:				
			Questi	onnai	re			
Prospective COVID-19 Vaccine	e: Know	ledge, and	d Perceptio	on of o	community mer	nbers in Oyo Sta	te	
-					C : 1 N 1			
Name of Interviewer LGA					Serial Number			
Name of street					Date of intervi	iew (dd/mm/yyyy)		
Name of street		Socio	demograni	hic ch	aracteristics			
<b>1.Age</b> (at last birthday):		BUCIU	ucmograpi	inc cir	ar acteristics			
2. Sex	1 Male 2 Female							
3. Occupation:	1 Male 2 Female							
4. Religion:	1 Chris	tian		2 Isla	am	3 Traditional 4 Others		
5. Highest level of education:	1 None				mary	3 Secondary	4 Tertiary	
6. Ethnic group	1. Yoruba		2. Igbo	2. Igbo 3. Hausa		4. Other (specify)		
7. Marital status	1. Marr		2. Single 3. Widowed		4. Divorced			
8. Average monthly income					1	-1		
9. Do you own the house that yo	ou live i	1.	Yes			2. No		
20 you own the nouse that y		1				2.110		
10. Which of the following item	ıs do you	have in	your house	? (the	interviewer show	ıld mention the ite	ms one afte	r the other)
Items	Pre	esent	Items			1 11	Present	
	1. Stove			Piped water in your household     Bicycle				
2. Fan 3. Refrigerator			9 .Bicycle 10. Motorcycle				+	
4. Air Conditioner					Aotor vehicle			
5. Radio 6. Television			_		Jpholstered chairs Sewing machine			-
7. Generator					Vashing machine			
	Know	ledge of	COVID-19	)				
11. Have you ever heard about	COVID	-19?		1 Ye	es		2 No	
12. What causes COVID-19? (1	Do not re	ad option	s, tick what	is me	ntioned. Multipl	e responses allow	ed)	
1. Contact with saliva from	a persor	who is				ning and other pers	sonal utens	sils (plates,
sick with COVID-19			cups) of a person who is sick of COVID-19					
2. Participating in burial rites of a person			4. Mosquito bites					
who has died from COVID-19 5. Respiratory droplets of an infect					fected persons			
6. Other ways (pls specify)								

Knowledge	of C	OVID	-19	vaccine

- 13. Have you heard of the prospective COVID-19 vaccine? 1. Yes 2. No
- 14. If yes, what are your sources of information? (Do not read options, tick what is mentioned. Multiple responses allowed)
  - 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 (Facebook, Twitter, WhatsApp) 15. GSM/SMS 16. Neighborhood 17. Others (pls state)

SN	Perception questions	SA	A	N	D	SD
15	COVID-19 is a major public health problem requiring vaccine					
16	COVID-19 vaccine will prevent COVID-19					
17	COVID-19 vaccine should get administered to everyone					
18	COVID-19 vaccine is against our cultural belief					
19	COVID-19 vaccine will save productive hours lost to COVID-19 illness					
20	COVID-19 vaccine will save money spent on COVID-19 treatment					
21	I will take the COVID-19 vaccine when produced					
22	COVID-19 vaccine will not have adverse health effect					

## Willingness to pay for COVID-19 vaccine

- 23. Are you willing to pay for the COVID-19 vaccine?
  - 1. Yes 2. No 3. I don't know
- 25. If yes to Q23, specify reasons for your willingness (Do not read options, tick what is mentioned. Multiple responses allowed)
  - 1. To stay healthy

- 2. To prevent loss of productive hours
- 3. To prevent further treatment expenses
- 4. To promote social acceptability of COVID-19 vaccines
- 5. Other (*please state*) ......
- 26. If no to Q23, specify (Do not read options, tick what is mentioned. Multiple responses allowed)
  - 1. Costs not affordable by
- 2. Fear of adverse effects
- 3. Fear of inaccessibility of vaccine

- households
- 4. Contrary to religious beliefs
- 5. Contrary to culture
- 6. Other (please state)

## Intent to comply with the prospective COVID-19 vaccine

- 27. Would you allow members of your household to take the COVID-19 vaccine? 1. Yes 2. No 3. Don't know
- 28. If no to 27, specify

reasons....

- 29. Would you require any specific information on the COVID-19 vaccine before accepting the vaccine?1. Yes 2. No
- 30. If yes to 29, specify (Do not read options, tick what is mentioned. Multiple responses allowed)
  - 1. Whether the vaccine would prevent or cure COVID-19
  - 2. Number of doses needed
  - 3. Route of administration
  - 4. Age range of individuals to be vaccinated
  - 5. Vaccine collection points
  - 6. Manufacturer of the vaccine
  - 7. Whether payments would be required
  - 8. Whether vaccination would be accompanied by incentives
  - 9. Side effects of the vaccine
  - 10. Others (please state)