

Questionnaire

Date: _____ Tel: _____ S/N _____

Instruction: Tick where necessary and fill all blank spaces

A- Demographic Data

- 1) Age: _____ Sex: Male Female
- 2) Where do you live? _____
- 3) Is it an urban, semi-urban or a rural setting: _____
- 4) Religion: _____ Denomination (If any): _____
- 5) Profession (specify) _____
- 6) Duration in the occupation: _____
- 7) Level of education: Primary O'level A'level HND BSc MSc PhD
Diploma

B- Sexuality

- 8) Age of first sexual intercourse _____
- 9) Have you ever had sex with someone you did not know (one-night stand)? Yes No
- 10) Have you ever had sex with a prostitute? Yes No
- 11) Have you had more than 10 sex partners in your lifetime? Yes No

C- Knowledge on HBV

- 12) Have you heard of hepatitis B viral infection before now? Yes No
- 13) Can HBV be transmitted sexually? Yes No
- 14) Can HBV be transmitted through kissing? Yes No
- 15) Can HBV be transmitted from a mother to her unborn child? Yes No
- 16) Can HBV be transmitted through contact with body fluid like blood? Yes No

Questionnaire

D- Exposure to nosocomial infection

- 17) How often do you wear gloves when administering treatment? Rarely Often
- 18) Have you ever pricked yourself while administering treatment? Yes No
- 19) If yes, how often? Rarely Often
- 20) What is your attitude towards HBV positive patients? Same as towards other patients
Discreet and scared
- 21) How often do you wash your hand? After every patient If I don't put on gloves
When I remember
- 22) How often do you use a disinfectant? Rarely Often

E- Medical History

- 23) Have you been vaccinated against HBV? Yes No
- 24) If yes, did you take the complete dose? Yes No
- 25) How many times have you been tested for HBV? _____
- 26) Have you ever been tested positive for HBV? _____
- 27) Month and year _____

F- Serology Result (Please do not fill)

HBsAg: _____

Thanks for your cooperation