

Annex I - Structured questionnaire for study participants

English version questionnaires

Participant Information Sheet and Informed Consent Form:

Dilla University College of medicine and health science.

My Name is _____ I am working as a data collector for the study being conducted on Knowledge, attitude and practice of Ethiopia health worker towards COVID-19 and its prevention techniques in Ethiopia by a research team from college of medicine and health science. I kindly request you to give me your attention to explain you about the study and being selected as a study participant.

The study title: Assessment of Knowledge, attitude and practice of Ethiopia health worker towards COVID-19 and its prevention techniques in Ethiopia. A national wide crosssectional study.

Purpose of the study: the main objective of this study is to assess knowledge, attitude and practice level of health worker about COVID-19. Globally the outbreak of this disease is increasing though there is no confirmed treatment developed yet. Thus prevention is the main stay of this deadly disease. Worldwide a number of strategies is on implementation to increase awareness on the disease and its prevention. Thus, the information obtained from this study is expected help policy makers to plan for the better prevention techniques.

Procedure and duration: I am interviewing you using questionnaire to assess your knowledge, attitude and practice level towards COVID-19 and its prevention techniques. Therefore, provide me with pertinent data that is helpful to the study. All of your responses and procedures done are completely confidential. You are kindly requested to answer every question, but you may stop at any time you want to. However, your honest answers to these questions will help us to achieve the research objective. The total time needed for answering the questions will be about 20minutes. Data collectors will wear face masks and also provide for the participant before the data collection begins to prevent infection transmission. Data collector will also provide sanitizer for participant at the end of data collection. There is no need have a hand shake with the data collectors and it is strictly forbidden

Risks and benefits: The risk of participating in this study is almost none, but only taking 20 minutes from your time. There would not be direct payment for participating in this study. The information you provide used as an input for COVID-19 prevention strategies by filling knowledge gaps on the specific areas. All necessary infection prevention techniques recommended by Ethiopian Ministry of Health will be done throughout the data collection procedure. After data collection additional 10 minutes will be used to provide data collectors with necessary information about COVID-19 and its preventions techniques according to the national and international guidelines.

Confidentiality: The information you provide us will be confidential. There is no information that is identifying in particular. The findings of the study are general for the study community and will not reflect anything particularly of individual persons. The questionnaire is coded to exclude showing names. No reference is made in oral or written reports that could link participants to the research.

Rights to participate, refuse and withdraw: Participation for this study is fully voluntary. You have the right to declare to participate or not in this study. If you decide to participate, you have also the right to withdraw from the study at any time and this is not labelling you for any loss of benefits which you otherwise are entitled. You do not have to answer any question that you do not want to answer.

Contact address: Zemedu Aweke (Principal Investigator)

Email: zemeduawoke@gmail.com or Mob. +251912406236

Verbal consent, Do you agree to participate in the study? (Encircle) 1. Yes 2. No

Signature of data collector _____ **if respondent disagree, stop here.**

Part I Sociodemographic variables of study participants

| + N | Question | Response | Skip |
|--------|--|--|------|
| 101 | What is the age of participant? | ----- years | |
| | Gender | 1. Male 2. Female | |
| 102 | Educational status of participant? | 1. Diploma 2. Degree 3. Masters/specialist | |
| 103 | What is the religion of the participant? | 1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Other(Specify)_____ | |
| 104 | Profession | 1. Nurse 2. Physician 3. Pharmacy 4. Anesthetist 5. Others specify | |

| | | | |
|------------|--|---|--|
| | | | |
| 105 | Marital status | <ol style="list-style-type: none">1. Married2. Not married3. Divorced4. Separated5. Widowed | |
| 106 | Work experience | <ol style="list-style-type: none">1. >2 year2. 2-5 year3. >5 year | |
| 107 | Have you attend any training regarding COVID-19? | <ol style="list-style-type: none">1. Yes2. No | |

Part I: Medical and information variables of study participants

| + N | Question | Response | Skip |
|--------|---|--|------|
| 201 | Do you have a travel history | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 202 | If the answer for Question '201' is Yes, where did you went? | <ol style="list-style-type: none"> 1. Within the region 2. Out of the region 3. International | |
| 203 | History of chronic medical illness | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 204 | Do you have information about COVID-19 and its prevention | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 205 | If the answer for question '204' is Yes, what is the sources of information | <ol style="list-style-type: none"> 1. Internet 2. Health workers/Government 3. Television/Radio 4. Telecommunication 5. From peer/family 6. Religious places | |
| 206 | Sufficiency of information | <ol style="list-style-type: none"> 1. Yes 2. No | |

Part III: Knowledge, attitude and practice questions

| + N | Question | Response | Skip |
|----------------------------|--|---|------|
| Knowledge questions | | | |
| 301 | The patient with COVID-19 present as | <ol style="list-style-type: none"> 1. Cough 2. Fever 3. Headache 4. Fatigues 5. Shortness of breath | |
| 302 | Treatability of COVID-19 | <ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure | |
| 303 | Availability of a vaccine for COVID-19 prevention as of today | <ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure | |
| 304 | Knowing the major signs and symptoms of COVID-19 infection | <ol style="list-style-type: none"> 1. Not correct 2. Correct | |
| 305 | Way of transmission of COVID-19 | <ol style="list-style-type: none"> 1. Contact 2. Droplet 3. Airborne 4. Others specify..... | |
| | Did you think age affect prognosis of patient with COVID-19? | <ol style="list-style-type: none"> 1. Yes 2. No | |
| | If yes which age groups are more vulnerable? | <ol style="list-style-type: none"> 1. Child 2. Adolescent 3. Adult 4. Old age | |
| 306 | Who is vulnerable for COVID-19 | <ol style="list-style-type: none"> 1. Only white people 2. Only old age 3. All people | |
| 307 | Do you know the national COVID-19 response phone address? | <ol style="list-style-type: none"> 1. Yes 2. No | |
| | Does comorbid illness affect prognoses of COVID-19? | <ol style="list-style-type: none"> 1. Yes 2. No | |
| | If yes which comorbidity affect prognosis of COVID-19? | <ol style="list-style-type: none"> 1. Respiratory 2. Cardiac 3. Endocrine 4. Gastrointestinal 5. Others specify..... | |
| Attitude questions | | | |

| | | | |
|-----|--|--|--|
| 308 | Perception of the dangerousness of COVID-19 | <ol style="list-style-type: none"> 1. Seriously dangerous 2. Very dangerous 3. Dangerous 4. Like the common flu 5. Not dangerous | |
| 309 | Worrying about COVID-19 | <ol style="list-style-type: none"> 1. Most worried 2. Very worried 3. Worried 4. Worried about it as if it were the common flu 5. Not worried | |
| 310 | Perception level of risk of contracting COVID-19 infection | <ol style="list-style-type: none"> 1. Mild risk 2. High risk 3. Moderate risk 4. Risk similar to that of contracting the common cold 5. No risk | |
| 311 | Do you think all white peoples can transmit COVID-19 | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 312 | Do think herbal medication can cure COVID-19? | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 313 | Do you think COVID-19 is a curse? | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 314 | Do think COVID-19 will spread in hot climate? | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 315 | Do you think taking hot drinks will prevent COVID-19 | <ol style="list-style-type: none"> 1. Yes 2. No | |
| 316 | What you will do if you had a symptoms COVID-19? | <ol style="list-style-type: none"> 1. Visit hospital 2. Go to traditional/religious healer 3. Nothing 4. Others (specify)..... | |
| | If you encountered a patient tested positive for COVID-19 are you going to treat a patient? | <ol style="list-style-type: none"> 1. Yes 2. No | |

Practice questions

| | | | |
|------------|---|---|--|
| 318 | Are you using Surgical mask for prevention | 1. Yes 2. No | |
| | Are you using glove for prevention throughout your practice in hospital? | 1. Yes 2. No | |
| 319 | Frequency of washing hands per day | 1. No 2. 1-2 times 3. More than 3 times a day | |
| 320 | Are you using soap to wash hands | 1. No 2. Sometimes 3. Every time | |
| 321 | Are you using antiseptic/sanitizer? | 1. No 2. Sometimes 3. Every time | |
| 322 | Are you practicing a social distance? | 1. No 2. Sometimes 3. Every time | |
| 323 | Are you using handshaking? | 1. Yes 2. No | |
| 324 | Are you practicing self-quarantine | 1. Yes 2. No | |