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