

Questionnaire (English Version)

A. Sociodemographic		
1	Gender:	1. Male 2. Female
2	Age	----- in years
3	Marital status	1. Single 2. Married 3. Widowed 4. Divorced
4	Educational status	1. illiterate 2. can read and write 3. 1-8 th grade 4. 9-12 th grade 5. Technique 6. Higher education
5	Religion	1. Christian 2. Muslim 3. Other
	Occupation	1. Merchant 2. Gov't employee 3. Private employee 4. House wife 5. Daily laborer 6. Police/ Solidier 7. Unemployed 8. janitor 9. student 10. Other -----
6	Family monthly income	1. ≤1650 ETB 2. 1651 – 3200 ETB 3. 3201 – 5800 ETB 4. 5801 – 7800 ETB 5. 7801 – 10400 ETB 6. >10400 ETB
B. Source of information		

	What is the source of your information about COVID-19	<ol style="list-style-type: none"> 1. Social media (SNS) 2. TV/Radio (New Media) 3. Religious leaders 4. Friends/ Family/ Neighbors 5. Directly from healthcare workers 6. Others-----
C. Knowledge (please tick what is/are applicable)		
1	Mode of transmission:	<ol style="list-style-type: none"> 1. Respiratory droplets 2. Airborne 3. Fecal-Oral route 4. Blood transmission 5. Contact with contaminated surfaces 6. Contaminated food 7. Contact with a COVID-19 positive patient 8. Skin contact 9. Breast milk 10. Vertical transmission
2	Symptoms (that can be expected from a Covid-19 patient)	<ol style="list-style-type: none"> 1. Fever 2. Muscle pain 3. Fatigue 4. Diarrhea 5. Sneezing 6. Loss of smell 7. Vomiting 8. Runny nose 9. Shortness of Breath 10. Cough 11. Loss of taste 12. Stuffy nose 13. Conjunctivitis 14. Skin rash 15. No symptom
3	Are asymptomatic patients capable of transmitting the disease?	<ol style="list-style-type: none"> 1. Yes 2. No

4	Which group of population has likelihood of developing severe disease? (please tick what is/are applicable)	<ol style="list-style-type: none"> 1. Elderly 2. Pregnant women 3. Children 4. Smoker 5. People with co-morbid (DM, HTN, asthma) conditions 6. Obesity 7. I don't know
5	Prevention methods: Are you aware of that hand washing is one of the primary methods of preventing COVID-19 infection?	<ol style="list-style-type: none"> 1. Yes 2. No
6	What is/are the preferable methods of preventing COVID-19 transmission?	<ol style="list-style-type: none"> 1. Hand wash with soap & water 2. Hand wash with water only 3. Use of hand sanitizers
7	Duration of handwashing (minimum duration):	<ol style="list-style-type: none"> 1. 10 seconds 2. 20 seconds 3. 30 seconds 4. 40 seconds 5. I don't know
8	Do you think use of face masks can prevent COVID-19 transmission?	<ol style="list-style-type: none"> 1. Yes 2. No
9	Do you think double-mask use is effective in prevention?	<ol style="list-style-type: none"> 1. Yes 2. No
10	What is the recommended minimum distance to maintain adequate social distancing?	<ol style="list-style-type: none"> 1. <2 meter 2. >2 meter 3. I don't know
11	In order to prevent spread, do you think individuals should avoid going to crowded places and taking public transportation?	<ol style="list-style-type: none"> 1. Yes 2. No
12	Do you think you should stop to maintain social distancing if you are wearing a mask?	<ol style="list-style-type: none"> 1. Yes 2. No
13	Do you think you should avoid shaking hands and hugging while greeting people?	<ol style="list-style-type: none"> 1. Yes 2. No

14	Provided that your family member is COVID-19 positive, would you put yourself in self-quarantine?	1. Yes 2. No
15	How long should people in contact with COVID-19 positive put into self-quarantine?	()

D. Attitude

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1	Do you agree that COVID-19 will be successfully controlled?	1. Yes 2. No
2	I have no concern of being infected with COVID-19	1. Yes 2. No
3	Do you have confidence that Ethiopia will win the battle against COVID-19?	1. Yes 2. No
4	Is the Ethiopian government handling the COVID-19 health crisis well?	1. Yes 2. No
5	Do you think that wearing a face mask will effectively prevent COVID-19?	1. Yes 2. No
6	Do you think that adequate social distancing will effectively prevent COVID-19?	1. Yes 2. No
7	Do you think washing hands with soap and water helps to prevent COVID-19?	1. Yes 2. No
8	Would you be willing to tell people if you were having COVID-19 symptoms?	1. Yes 2. No
9	Would you inform the health authorities if a family member exhibits the symptoms?	1. Yes 2. No
10	Do you think traditional medicine can prevent or treat COVID-19?	1. Yes 2. No
11	Do you think COVID-19 doesn't affect youngsters?	1. Yes 2. No

E. Practice		
1	In recent days have you worn a mask leaving home?	<ol style="list-style-type: none"> 1. Always 2. Sometimes 3. Never
2	Do you wash your hands before putting your mask on?	<ol style="list-style-type: none"> 1. Yes 2. No
3	What kind of mask do you use?	<ol style="list-style-type: none"> 1. surgical 2. N-95 3. cloth
4	If cloth, how often do you wash and reuse it?	<ol style="list-style-type: none"> 1. Everyday 2. Weekly 3. monthly
5	-If surgical mask, how often do you change?	<ol style="list-style-type: none"> 1. Everyday 2. Weekly 3. monthly
6	If you reuse a mask, where/ how do you store it?	<ol style="list-style-type: none"> 1. In the pocket 2. plastic bag 3. Holding on hands
7	Do you touch your face while wearing a mask?	<ol style="list-style-type: none"> 1. Always 2. Sometimes 3. Never
8	Do you avoid touching your mask?	<ol style="list-style-type: none"> 1. Yes 2. No
9	How do you take off your mask?	<ol style="list-style-type: none"> 1. from the front of mask 2. from the string of mask
10	How do you greet your friends?	<ol style="list-style-type: none"> 1. hand shake 2. hugging 3. elbow touching 4. waving hand/without contact
11	In recent days have you practiced maintain your distance at 2m?	<ol style="list-style-type: none"> 1. Yes 2. No
12	When do you wash your hands?	<ol style="list-style-type: none"> 1. After I touch dirty materials such as Birr, door handles 2. After I touch my nose or ears or skin parts

		<ol style="list-style-type: none"> 3. Before putting on a mask and after taking off a mask 4. After coughing and sneezing into hands 5. When entering and leaving a public place
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F. Vaccine		
1	Have you heard about any prospective COVID-19 vaccine?	<ol style="list-style-type: none"> 1. Yes 2. No
2	If yes, where did you get the information from?	<ol style="list-style-type: none"> 1. Internet/social media 2. Mass media (Television, radio) 3. Newspapers 4. Other sources If other sources, specify ()
3	Will you get vaccinated, if possible?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure
4	If no, why?	<ol style="list-style-type: none"> 1. The vaccine itself might cause the infection 2. I'm worried about the side effects 3. I believe it will be used as a biological weapon to serve those who produce vaccine 4. I don't find it reliable as it took a short time to get developed 5. I don't think the vaccines produced will be effective 6. I don't think I have enough information about the vaccines 7. I believe COVID-19 is exaggerated, it is not a risky disease, so no vaccine is needed 8. I prefer other ways of protection 9. In general, I have doubts about the vaccine 10. Other
5	Should children be vaccinated too?	<ol style="list-style-type: none"> 1. Yes 2. No

6	If the answer is no, explain why?	
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Questions for the in-depth interview

1. How do you know about COVID-19? (Probe: transmission mechanisms, prevention strategies, vaccines availability, perceptions towards the vaccines)
2. What were your initial reactions towards COVID-19 when you first heard about it? How about now?
3. What are your thoughts on the COVID-19 vaccine? (Probe: availability, efficacy, perceptions on quality, side effects)
4. What factors do you think will hinder people from receiving COVID-19 vaccines?