**Knowledge, Perception and Control measures on COVID-19**

*Socio Demographic information:*

1.Your profession: ………………..

2. Place of residence (Country):

3. Place of residence (province & city):

4. Highest Level of education:

5. Which setting do you work?....................................

6. Sex:  □Female □Male

7. Age (years):

8. Marital status: □Single □Married　□Divorced/Separated

9. Monthly total Income/family income in local currency (optional)

**Part 1: Knowledge/ Awareness**

1.1 Have you heard about COVID-19?　？

□No □Yes

1.2 Where did you hear about Coronavirus (COVID-19) most? (multiple answer acceptable)

□Television/Radio

□Newspaper/ Magazines

□Social media (Facebook/ twitter/ YouTube/ Instagram etc.)

□Colleagues/workplace

□Neighbors

□ Others (answer if others)

1.3 How would you rate the extend of your knowledge of COVID-19?

1 2 3 4 5

very limited □ □ □ □ □ good understanding

1.4 How does COVID19 Spread/Transmitted (multiple answer acceptable)

|  |  |  |
| --- | --- | --- |
| **Spread/Transmissions** | **Yes** | **No** |
| Contact with respiratory droplets of infected persons | □ | □ |
| Touching and shaking hands with an infected person | □ | □ |
| The use of objects used by an infected person | □ | □ |
| Sexual route | □ | □ |
| Close contact with asymptomatic infected persons | □ | □ |
|  | □ | □ |
| COVID-19 can float on air almost 30 minutes | □ | □ |
| Others (answer if others) |  |  |

1.5 In your opinion, what are the signs and symptoms of COVID-19 (check all that apply)

|  |  |  |
| --- | --- | --- |
| **Signs & Symptoms** | **Yes** | **No** |
| Fever | □ | □ |
| Tiredness | □ | □ |
| Dry cough | □ | □ |
| Shortness of breath/Breathing difficulties | □ | □ |
| Aches and pains | □ | □ |
| Nasal congestion | □ | □ |
| Runny nose | □ | □ |
| Sore throat | □ | □ |
| Diarrhea | □ | □ |
| Others |  |  |

1.6 Which mask(s) do you think is best to control the spread of the COVID-19?

□N95 Mask

□Surgical Mask

□Reusable Mask

□Any Mask

□Masks are not required

□Usage of masks depends on the situation and guidelines

□Other (answer if others)

1.7 How long is the incubation period for COVID-19?

□2-14 days

□1-7 days

□Don’t know/ Not sure

□ Other (answer if others)

1.8 Are there any vaccines, drugs or treatments for COVID-19?

□No

□Yes

□Don't know/Not sure

1.9 Are you familiar with the bellow terms? (check all that apply)

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Lock-down | □ | □ |
| Self-isolation | □ | □ |
| Home quarantine） | □ | □ |

1.10 Are you concerned about anyone in your immediate environment (workplace/family e.g. parents, siblings, close friends/colleagues) at risk of infection with COVID-19 due to the following factors? (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** |
| age (over 60 years) | □ | □ | □ |
| severe pre-existing conditions (e.g. Respiratory diseases, heart diseases, cancer, immune deficiency problem) | □ | □ | □ |
| work environment (e.g. Working in the health care environment and involving in contact with patients) | □ | □ | □ |
| exposure to a risk zone/areas/country (e.g. China, Italy etc.) | □ | □ | □ |

**Part 2. Attitudes/Opinions**

2.1 Do you think the government should lock-down/restrict travel areas to avoid spread of COVID-19?

□Strongly agree

□Agree

□Neutral

□Disagree

□Strongly disagree

2.2 Do you think home quarantine can reduce COVID-19 outbreaks?

□Strongly agree

□Agree

□Neutral

□Disagree

□Strongly disagree

2.3 Isolation and treatment of infected people are effective ways to reduce the spread of the virus?

□Strongly agree

□Agree

□Neutral

□Disagree

□Strongly disagree

2.4 Do you think personal hygiene is important in controlling the spread of COVID-19?

□Strongly agree

□Agree

□Neutral

□Disagree

□Strongly disagree

2.5 Media should take a leading role in raising awareness coronavirus risk reduction and prevention issues?

□Strongly agree

□Agree

□Neutral

□Disagree

□Strongly disagree

2.6 Do you think you are at increased personal risk of infection with COVID-19 due to any of the following factors? (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** |
| age (over 60 years) | □ | □ | □ |
| severe pre-existing conditions (e.g. Respiratory diseases, heart diseases, cancer, immune deficiency problem) | □ | □ | □ |
| work environment (e.g. Working in the health care environment and involving in contact with patients) | □ | □ | □ |
| exposure to a risk zone/areas/country (e.g. China, Italy etc.) | □ | □ | □ |
| Others (answer if others) |  |  |  |

**Part 3. Protection measures**

3.1 Do you have any of the following practices to prevent COVID-19 transmission (check all that apply)?

|  |  |  |
| --- | --- | --- |
| **Practices** | **Yes** | **No** |
| Practicing self-isolation/Home quarantine | □ | □ |
| Practicing respiratory hygiene | □ | □ |
| Washing hand frequently using hand sanitizer (alcohol based) | □ | □ |
| Using face mask (Surgical) | □ | □ |
| Avoiding touching nose, mouth and eyes | □ | □ |
| Maintaining social distance (min 1 meter) | □ | □ |

3.2 Have you been provided with personal protection equipment (PPE) in your workplace?

□Yes □No □Maybe

3.3 Have you tested yourself for COVID-19?

□Yes, it was requested by the public health department

□Yes, voluntarily

□No

3.4 Do you have any of the following practices during COVID-19 pandemic? (check all that apply)

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| any handshake? | □ | □ |
| Hug | □ | □ |
| Visiting public places | □ | □ |
| Contact with infected person | □ | □ |
| You/your family members going church/ mosque/ temple/synagogue/ pagoda for prayer | □ | □ |

3.5 How many times you washed hand in last 12 hours or 24 hours:

3.6 What is your normal health seeking behavior regarding primary symptoms (fever/cough/pain/difficulty in breathing etc.)?

□Hide symptoms

□Seek immediate medical attention / treatment

□Wait for symptoms to go away

□Other

3.7 Are service providers of nearby health center available when necessary?

□No □Yes

**Source of Information**

3.8 Do you or your household members use internet?

□No □Yes

3.9 Please indicate which of the following do you use for COVID-19 update (check all that apply)?

|  |  |  |
| --- | --- | --- |
| **Media** | **Yes** | **No** |
| Newspaper | □ | □ |
| TV (local/ international) | □ | □ |
| Social media (Facebook, Instagram, Line, YouTube etc.) | □ | □ |
| Internet (WHO websites) | □ | □ |
| Radio |  |  |
| Others |  |  |

3.10 How much time, on average, per day do you spend on the topics related to COVID-19 (e.g. due to news coverage, work, conversations, thoughts)? Please indicate a daily average for the last seven days.

□Not at all

□1-30 minutes

□31-60 minutes

□1 - 3 hours

□More than 3 hours per day

□Other:

4.1 What are your mental health/psychological problems regarding COVID-19? (check all that apply)

|  |  |  |
| --- | --- | --- |
| **Psychological aspects** | **Yes** | **No** |
| Fear of falling ill and dying | □ | □ |
| Anxiety | □ | □ |
| Depression | □ | □ |
| Fear of being socially excluded/placed in quarantine | □ | □ |
| Feelings of helplessness, boredom, loneliness | □ | □ |

**Any Questions or Concerns about COVID-19, please do share:**