

Informed Consent form

Prospective COVID-19 Vaccine: Knowledge, and Perception of community members in Oyo State

Dear respondent,

My name is _____. I am part of a group of researchers from the University of Ibadan. In response to the outbreak of COVID-19 in Nigeria and as part of the government’s effort to curtail the spread of the disease, we are conducting this study to assess the knowledge, attitude, and practices of community members regarding COVID-19 vaccine in Nigeria. The result of the study will be used to guide the development and dissemination of appropriate public health messages that will address knowledge gaps, correct misconception, and improve practices that will improve the uptake of COVID-19 vaccine when available.

We kindly request you to respond to the following questions to the best of your knowledge. Be assured that all your responses will be treated with utmost confidentiality. Your participation in the study will be highly appreciated.

You are free to refuse to take part in the study. You have the right to withdraw at any given time if you choose to.

Now that the study has been well explained to you and you fully understand the content of the process, are you willing to take part in the study?

1. Yes 2. No

If no give reasons _____

Signature/ thumbprint of participant..... Interview date

Questionnaire

Prospective COVID-19 Vaccine: Knowledge, and Perception of community members in Oyo State

Name of Interviewer		Serial Number			
LGA		Date of interview (dd/mm/yyyy)			
Name of street					
Sociodemographic characteristics					
1.Age (at last birthday):					
2. Sex	1 Male		2 Female		
3. Occupation:					
4. Religion:	1 Christian	2 Islam	3 Traditional	4 Others	
5. Highest level of education:	1 None	2 Primary	3 Secondary	4 Tertiary	
6. Ethnic group	1. Yoruba	2. Igbo	3. Hausa	4. Other (specify)	
7. Marital status	1. Married	2. Single	3. Widowed	4. Divorced	
8. Average monthly income	_____				
9. Do you own the house that you live in?	1. Yes			2. No	
10. Which of the following items do you have in your house? (the interviewer should mention the items one after the other)					
Items		Present		Items	
1. Stove				8. Piped water in your household	
2. Fan				9 .Bicycle	
3. Refrigerator				10. Motorcycle	
4. Air Conditioner				11. Motor vehicle	
5. Radio				12. Upholstered chairs	
6. Television				13. Sewing machine	
7. Generator				14. Washing machine	
Knowledge of COVID-19					
11. Have you ever heard about COVID-19?			1 Yes		2 No
12. What causes COVID-19? (Do not read options, tick what is mentioned. Multiple responses allowed)					
1. Contact with saliva from a person who is sick with COVID-19		3. Contact with beddings, clothing and other personal utensils (plates, cups) of a person who is sick of COVID-19			
2. Participating in burial rites of a person who has died from COVID-19		4. Mosquito bites			
6. Other ways (pls specify)		5. Respiratory droplets of an infected persons			

