

## Structured Questionnaire: Community Level

### Preamble and informed consent

Dear Respondent,

We are researchers from the Institute of Health Research, University of Health and Allied Sciences, Ghana and we wish to engage you briefly on your views and experiences with the COVID-19 pandemic in Ghana. You would be specifically asked questions on your knowledge of the COVID-19 pandemic, your views on the preventive measures put in place to prevent and control spread of the disease and your level of compliance with these measures. Additionally, we will ask questions on your views on the impact of government control measures such as lockdown, mandatory wearing of face masks, and social distancing. This exercise is mainly for academic purposes and no personal information is requested from you. Moreover, privacy and confidentiality of the process is highly guaranteed. Your responses will not be linked up to any personal information throughout the survey. The questionnaire will take approximately 5-10 minutes of your time.

If you are satisfied with the participant information and voluntarily agree to participate in this survey, please proceed to click “Yes, I voluntarily agree to participate”.

Yes, I Agree to participate [ ]

No, I am not interested [ ]

### Community/household questionnaire

	SECTION A: Background information/socio-demographics	Response
1	Sex <ul style="list-style-type: none"> <li>• Male _____ 1</li> <li>• Female _____ 2</li> </ul>	<input type="text"/>
2	Actual age (Please specify) _____	
3	Age range <ul style="list-style-type: none"> <li>• 18-23 _____ 1</li> <li>• 24-29 _____ 2</li> <li>• 30-35 _____ 3</li> <li>• 36-41 _____ 4</li> <li>• 42-47 _____ 5</li> <li>• 48 and above _____ 6</li> </ul>	<input type="text"/>
4	Highest educational qualification <ul style="list-style-type: none"> <li>• No formal education _____ 1</li> <li>• Primary _____ 2</li> <li>• Middle/JSS/JHS _____ 3</li> <li>• Secondary (SSS/SHS) _____ 4</li> <li>• Tertiary _____ 5</li> </ul>	<input type="text"/>
5	Current main occupation <ul style="list-style-type: none"> <li>• Artisan _____ 1</li> <li>• Farmer _____ 2</li> <li>• Health worker _____ 3</li> </ul>	<input type="text"/>

	<ul style="list-style-type: none"> <li>• Teacher _____ 4</li> <li>• Trader _____ 5</li> <li>• Other (please specify) _____</li> </ul>	
6	Current region of residence <ul style="list-style-type: none"> <li>• Please specify _____</li> </ul>	
7	Marital status <ul style="list-style-type: none"> <li>• Divorced _____ 1</li> <li>• Living together _____ 2</li> <li>• Married _____ 3</li> <li>• Never married _____ 4</li> <li>• Separated _____ 5</li> <li>• Widowed _____ 6</li> </ul>	<input type="checkbox"/>
8	Religious affiliation <ul style="list-style-type: none"> <li>• Christian _____ 1</li> <li>• Moslem _____ 2</li> <li>• Traditionalist _____ 3</li> <li>• Other (specify) _____</li> </ul>	<input type="checkbox"/>
<b>SECTION B: Knowledge and awareness of COVID-19</b>		<b>Response</b>
1	Coronavirus disease also called COVID-19 is caused by a virus <ul style="list-style-type: none"> <li>• Yes _____ 1</li> <li>• No _____ 2</li> </ul>	<input type="checkbox"/>
2	What is the period between getting infected with the COVID-19 and showing signs and symptoms (incubation period)? <ul style="list-style-type: none"> <li>• 6 days or less _____ 1</li> <li>• 7-14 days _____ 2</li> <li>• 15-21 days _____ 3</li> <li>• Over 21 days _____ 4</li> </ul>	<input type="checkbox"/>
3	COVID-19 is more severe and deadly for those with weakened immunity, the elderly and very young <ul style="list-style-type: none"> <li>• Yes _____ 1</li> <li>• No _____ 2</li> <li>• Don't know _____ 3</li> </ul>	<input type="checkbox"/>
4	Transmission of COVID-19 from one person to another happens when someone comes into contact with infected person's secretions/body fluids (e.g. saliva, aerosols etc.) <ul style="list-style-type: none"> <li>• Yes _____ 1</li> <li>• No _____ 2</li> </ul>	<input type="checkbox"/>
5	Which of these can expose you or someone to COVID-19? <b>(You can choose more than one)</b> <ul style="list-style-type: none"> <li>• Coughing _____ 1</li> <li>• Sneezing _____ 2</li> <li>• Handshakes with infected persons _____ 3</li> <li>• Touching infected surfaces _____ 4</li> <li>• Contacts with body fluids of infected persons _____ 5</li> </ul>	<input type="checkbox"/>
6	Which of the following may suggest someone has COVID-19? <b>(You can choose more than one)</b> <ul style="list-style-type: none"> <li>• Bodily pains _____ 1</li> <li>• Easy fatigue _____ 2</li> </ul>	<input type="checkbox"/>

	<ul style="list-style-type: none"> <li>• Fever_____3</li> <li>• Headache_____4</li> <li>• Loss of smell_____5</li> <li>• Loss of taste_____6</li> <li>• Persistent cough_____7</li> <li>• Runny nose_____8</li> <li>• Shortness of breath_____9</li> <li>• Sneezing _____10</li> <li>• Sore throat_____11</li> </ul>	
7	<p>Which of these would you do <b>first</b> if you notice you are showing symptoms of COVID-19?  <b>(Choose only one option)</b></p> <ul style="list-style-type: none"> <li>• Go to hospital_____1</li> <li>• Go to chemical shop/pharmacy_____2</li> <li>• Call the police_____3</li> <li>• Call COVID-19 response team number_____4</li> <li>• Not disclose_____5</li> </ul>	<input type="text"/>
8	<p>Which of these would you do <b>first</b> if you notice a relative/friend/co-worker shows symptoms of COVID-19?  <b>(Choose only one option)</b></p> <ul style="list-style-type: none"> <li>• Take to hospital_____1</li> <li>• Take to chemical shop/pharmacy_____2</li> <li>• Call the police_____3</li> <li>• Call COVID-19 response team number_____4</li> <li>• Not disclose_____5</li> </ul>	<input type="text"/>
9	<p>COVID-19 has a vaccine</p> <ul style="list-style-type: none"> <li>• Yes_____1</li> <li>• No_____2</li> </ul>	<input type="text"/>
10	<p>COVID-19 has a cure</p> <ul style="list-style-type: none"> <li>• Yes_____1</li> <li>• No_____2</li> </ul>	<input type="text"/>
11	<p>How did you <b>first</b> hear of COVID-19?  <b>(Choose only one option)</b></p> <ul style="list-style-type: none"> <li>• Friend_____1</li> <li>• Relative_____2</li> <li>• Health worker_____3</li> <li>• Social media_____4</li> <li>• Radio_____5</li> <li>• Television_____6</li> <li>• News paper_____7</li> <li>• Official website of Ghana Health Service_____8</li> <li>• Other (please specify)_____</li> </ul>	<input type="text"/>
12	<p>Where do you <b>mostly</b> get information on COVID-19 on daily basis?  <b>(Choose only one option)</b></p> <ul style="list-style-type: none"> <li>• Friend_____1</li> <li>• Relative_____2</li> <li>• Health worker_____3</li> <li>• Social media_____4</li> </ul>	<input type="text"/>

	<ul style="list-style-type: none"> <li>• Radio_____5</li> <li>• Television_____6</li> <li>• News paper_____7</li> <li>• Official website of Ghana Health Service_____8</li> <li>• Other (please specify)_____</li> </ul>	
<b>SECTION C: Stigma and uptake of COVID-19 testing services</b>		<b>Response</b>
1	I will voluntarily test for COVID-19 <ul style="list-style-type: none"> <li>• Very unlikely_____1</li> <li>• Unlikely_____2</li> <li>• Undecided_____3</li> <li>• Likely_____4</li> <li>• Very likely_____5</li> </ul>	<input type="checkbox"/>
2	I will advise someone to test for COVID-19 <ul style="list-style-type: none"> <li>• Very unlikely_____1</li> <li>• Unlikely_____2</li> <li>• Undecided_____3</li> <li>• Likely_____4</li> <li>• Very likely_____5</li> </ul>	<input type="checkbox"/>
3	Do you think stigma against persons with COVID-19 is a big deal in Ghana? <ul style="list-style-type: none"> <li>• Yes_____1</li> <li>• No_____2</li> </ul>	<input type="checkbox"/>
3	Have you ever been tested for COVID-19? <ul style="list-style-type: none"> <li>• Yes_____1</li> <li>• No_____2</li> <li>• Prefer not to disclose_____3</li> </ul> (If your response to this question is Yes, please proceed to answer question 4)	<input type="checkbox"/>
4	What was the outcome of the test? <ul style="list-style-type: none"> <li>• Positive_____1</li> <li>• Negative_____2</li> <li>• Prefer not to disclose_____3</li> </ul> (If your response to this question is Positive, please proceed to answer question 5)	<input type="checkbox"/>
5	Did you experience stigma? <ul style="list-style-type: none"> <li>• Yes_____1</li> <li>• No_____2</li> </ul> (If your response to this question is Yes, please proceed to answer questions 6-8)	<input type="checkbox"/>
6	Who mostly stigmatized against you? <ul style="list-style-type: none"> <li>• Please specify_____</li> </ul>	
7	What was your personal experience after you were diagnosed of COVID-19? <ul style="list-style-type: none"> <li>• Please specify_____</li> </ul>	
8	What coping strategies did you use to cope with the situation? <ul style="list-style-type: none"> <li>• Please specify_____</li> </ul>	
9	Do you know someone who tested positive for COVID-19? <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> (If your response to this question is Yes, please proceed to answer questions 10-12)	<input type="checkbox"/>

10	Did they experience stigma? <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<input type="text"/>				
11	What was their experience? <ul style="list-style-type: none"> <li>• Please specify_____</li> </ul>					
12	What coping strategies did they use to cope with the condition? <ul style="list-style-type: none"> <li>• Please specify_____</li> </ul>					
<b>SECTION D: Adherence to COVID-19 prevention measures</b>		<b>Response</b>				
<i>Instruction: Kindly rate your level of compliance with the following COVID-19 preventive measures on a scale of 1 – 5 where 1 means very rarely, 2 means rarely, 3 means average, 4 means most times, 5 means all the time</i>						
1	Handwashing with soap under running water	1	2	3	4	5
2	Use of alcohol-based sanitizer	1	2	3	4	5
3	Wearing of face masks	1	2	3	4	5
4	Proper hand washing	1	2	3	4	5
5	Proper wearing of face mask	1	2	3	4	5
6	Stay at home	1	2	3	4	5
7	Social distancing and gathering restrictions	1	2	3	4	5
8	Eating balanced diet to boost immunity	1	2	3	4	5
9	Taking vitamin C supplements	1	2	3	4	5
10	Physical exercises	1	2	3	4	5
11	Regular intake of water	1	2	3	4	5
12	Sufficient sleep	1	2	3	4	5
<b>SECTION E: Impact of the COVID-19 on livelihood</b>		<b>Response</b>				
<i>Instruction: Kindly rate the impact of the COVID-19 on your life using the scale of 1 – 5 where 1 means very high negative impact, 2 means high negative impact, 3 means minimal negative impact, 4 means no negative impact, 5 means no negative impact at all</i>						
1	Business or work (e.g. reduced income, laid off from work)	1	2	3	4	5
2	Education (e.g. schooling, disrupted studies, personal/career development)	1	2	3	4	5
3	Family life (e.g. family bonding, disrupted family roles, care for children and aged)	1	2	3	4	5
4	Child's education (e.g. teaching at home, babysitting)	1	2	3	4	5
5	Religious life (e.g. unable to pray effectively, cannot pray with family)	1	2	3	4	5
6	Access to healthcare (e.g. fear of going to hospital)	1	2	3	4	5
7	Food (e.g. food shortage, expensive foodstuffs)	1	2	3	4	5
8	Water (e.g. water shortage, expensive water)	1	2	3	4	5
9	Electricity (e.g. electricity cuts)	1	2	3	4	5
10	Emotional/psychological wellbeing (e.g. depression and/or anxiety)	1	2	3	4	5
<b>SECTION F: Satisfaction with government response to COVID-19</b>		<b>Response</b>				
<i>Instruction: Kindly rate your level of satisfaction with the way government handled the COVID-19 using the scale of 1 – 5 where 1 means very dissatisfied, 2 dissatisfied, 3 means average, 4 satisfied, 5 means very satisfied</i>						
1	Border closure and suspension of flights	1	2	3	4	5
2	Contact tracing	1	2	3	4	5
3	Mandatory quarantine (suspected to have COVID-19)	1	2	3	4	5
4	Mandatory isolation (confirmed to have COVID-19)	1	2	3	4	5

5	Imposition of partial lockdown in Greater Accra and Greater Kumasi	1	2	3	4	5
6	Closure and reopening of tertiary and secondary schools for final year students	1	2	3	4	5
7	Closure and restrictions of churches/mosques/places of workshop	1	2	3	4	5
8	Treatment/care for Coronavirus infected persons	1	2	3	4	5
9	Provision of personal protective equipment to health workers	1	2	3	4	5
10	Provision of personal protective equipment to citizens	1	2	3	4	5
11	Public education/health communication on Coronavirus disease	1	2	3	4	5
12	Psychosocial/emotional support for Coronavirus infected persons	1	2	3	4	5
13	Managing impact of the Coronavirus disease on livelihoods	1	2	3	4	5
14	What recommendation/suggestion do you have regarding Coronavirus disease? (Please specify)					
<b>SECTION F: Perceptions on COVID-19 Vaccine and Update</b>						<b>Response</b>
1	Would you participate in COVID-19 vaccine trial? • Yes • No	<input type="checkbox"/>				
2	If No to question 1 why? <b>Please specify</b> _____					
3	Would you advise someone (friend, relative) to participate in a COVID-19 vaccine trial? • Yes • No	<input type="checkbox"/>				
4	If No to question 3 why? <b>Please specify</b> _____					
5	Would you accept to be immunized with a COVID-19 vaccine? • Yes • No	<input type="checkbox"/>				
6	If No to question 5, why? <b>Please specify</b> _____					
7	Would you allow someone (friend, relative) to be immunized with a COVID-19 vaccine? • Yes • No	<input type="checkbox"/>				
8	If No to question 7, why? <b>Please specify</b> _____					
9	Would be willing to pay for COVID-19 vaccine? • Yes • No	<input type="checkbox"/>				
10	If yes to question 9, how much in GHC are you willing to pay per immunization? <b>Please specify</b> _____					

**MANY THANKS FOR YOUR TIME**