**Perception of Ophthalmologists to COVID-19 using Health Belief Model**

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| **Supplementary Table 1. Health Belief Model Categories Variables Statements in questionnaire.** | |
| **Variables** | **Statements** |
| **Perceived Susceptibility** | 1. Working with many people each day increases my chances in getting the virus. 2. If I have contact with patients, I increase my risk of contracting the virus. 3. If I Examine patients at near distance without appropriate precautions I increase my chances of getting infected. 4. If I examine non-emergent routine cases I’ll increase my chances in contracting the virus. 5. If I delay and reschedule elective surgeries as well as clinic appointments of non-emergent ocular cases I’ll decrease my chances in contracting the virus. 6. If I use slit lamp barrier or breath shield, wash my hand frequently, wear gloves and disinfect my instruments I’ll decrease my chance of contracting the virus as well as it transmission to other patients. 7. I believe that patient’s accumulation in the waiting area and lack of social distance increases the chance of virus transmission among them and my chance of getting the virus. 8. I am  concerned about getting infected with COVID-19 9. I have a feeling that COVID-19 is a big threat within this institute. 10. I think I will be infected |
| **Perceived Severity** | 1. The virus is a serious disease. 2. If I get infected with the virus I can have fatal complications. 3. If I get infected it will affect my job and activities. 4. If I contract the virus I can transmit it to other patients as well as my family members. 5. The thought of getting the virus makes me anxious |
| **Perceived Benefits** | 1. If I comply to health precautions (masks, washing hands,etc.), it will protect me and others from getting the virus. 2. If I frequently disinfect my tools and use slit lamp shield, it will protect me and others from getting the virus. 3. If I cancel non urgent cases in my clinics/OR, it will protect myself and others from getting the virus. 4. If I would work from home I would reduce my risk of getting infected. |
| **Perceived Barriers** | 1. I find it difficult to comply with the recommended preventive measures. 2. It takes too much time to apply precaution measures against infection. 3. Preventive measures such as sanitary wipes, protective slit lamp shield, gloves, masks and sanitary gels are not adequately provided by the institute/ or vastly consumed. 4. I can't cancel elective surgeries and appointments and reschedule them because it is not encouraged by the institute 5. It takes me too much time and effort to cancel elective surgeries and appointments and reschedule them |
| **Self-Efficacy** | 1. I am able to recognize any signs/symptoms of infection with the virus. 2. I can do anything to protect myself against the virus. 3. I know how to recognize risks of contracting the virus 4. I can stay away from patients who have symptoms of illness |
| **Cues to action** | 1. This institute provided me with enough information about the virus and preventive measures (posters, E-posters, emails). 2. I have read enough information about COVID-19 in the newspaper, television and social media 3. I have obtained information about COVID-19 through published scientific articles, WHO website and/or CDC website 4. I have received enough information from my family and friends about the virus. 5. The nurse frequently reminds me to take precautions ( wear my mask, wash hands, etc). |
| **Actions** | 1. I will use my mask while at work. 2. I will wash my hands regularly. 3. I will use slit lamp shield regularly. 4. I will avoid touching my eyes, nose and mouth with unwashed hand. 5. I will cover my mouth when I am coughing and sneezing. 6. I will keep distance from possible sick people. 7. I will disinfect my instruments regularly. 8. I will cancel non urgent appointments and surgery. |
| *The 5-point scale for the categories ranged from : Strongly disagree agree (1), disagree (2), neither (3), agree (4) and strongly agree (5).*  . | |