

Appendix A. Questionnaire card

Questionnaire A

Date **District** **Age** **Sex**

Academic level
Illiterate Primary Secondary University Pharmacists
.....

Years of experience as an herbalist Between 03-10 years Between 10-20 years Over 20 years
.....

Questionnaire B

	Botanical name			Scientific name			Names		
		
Mode of preparation	Decoction	Infusion	Fumigation	Maceration	Powder	Cream	Bath	Plaster	Other

Part used	Root	Leaf	Seed	Fruit	Bulb	Rhizome	Flower	Whole plant	Other

Plant Type								
What is covid-19								
Covid-19 Symptoms								
Administration mode								
Treatment duration								
Dosage								