

KAP Questionnaire of COVID-19

Do you live or work in Saudi Arabia?

- 1 Yes (please continue to the next question)
- 2 No (you may stop here, thank you)

Do you agree to participate in this study?

- 1 Yes (please start the questionnaire on the next section)
- 2 No (you may stop here, thank you)

Answering all questions will enable us to analyse the data of this questionnaire and to obtain accurate findings. Please ensure your full participation. Thank you.

PART ONE: Background Information

1. Your gender?

- 1 Male
- 2 Female

2. Your age? (_____)

3. Your marital status?

- 1 Married
- 2 Never-married
- 3 Other (Please specify_____)

4. Your nationality?

- 1 Saudi
- 2 Non-Saudi (Please specify_____)

5. Your HIGHEST level of education?

- 1 Primary
- 2 Intermediate
- 3 Secondary / High school
- 4 Post-secondary Diploma

- 5 Bachelor's degree
- 6 Master's degree
- 7 Doctoral degree (PhD / Professional Doctorate)
- 8 Other (Please specify_____)

6. Your occupation? (_____)

7. Income per month in Saudi Riyal, SR?

- 1 SR 10,000 or less
- 2 > SR 10,000 to 20,000
- 3 > SR 20,000

8. Did you attend an online/onsite health education activity related to COVID-19?

- 1 Yes
- 2 No

9. Which province / region do you live in? (_____)

10. Which city / governorate do you live in? (_____)

11. What are your sources of information about COVID-19? (Please choose the appropriate answers).

- 1 Social Media
- 2 Public News
- 3 Ministry of Health Website
- 4 World Health Organization Website
- 5 Internet Search Engines
- 6 Family
- 7 Ministry of Health Mobile Messages
- 8 Other (Please specify_____)

PART TWO: Knowledge, Attitudes and Practices

Knowledge (K): Personal knowledge regarding COVID-19.

	Yes	No	Not sure
K1: Have you heard about COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K2: COVID-19 has spread in many countries worldwide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K3: Have you heard about the self-assessment tool for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K4: There is a licensed vaccine available for protection from COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K5: All cases of COVID-19 develop to severe conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K6: The probability of getting COVID-19 increases in mass gathering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K7: Are there any confirmed cases or deaths of COVID-19 in this country (Saudi Arabia)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K8: It is believed that the primary source of COVID-19 is zoonotic (emerged from an animal source).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K9: There are diagnostic tests available for COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K10: Where did COVID-19 appear for the first time?

- 1 Bangkok in Thailand
- 2 Wuhan in China
- 3 Seoul in South Korea
- 4 Beijing in China
- 5 Rome in Italy
- 6 I do not know

K11: Which of the following is the cause of COVID-19?

- 1 Fungus
- 2 Bacteria
- 3 Virus
- 4 I do not know

K12: What is the confirmed incubation period so far for COVID-19 disease?

- 1 Less than 2 days
- 2 2 -5 days
- 3 2-14 days
- 4 I do not know

K13: COVID-19 symptoms may include: (Please choose the appropriate answers).

- 1 Fever
- 2 Dry cough
- 3 Shortness of breath
- 4 Tiredness
- 5 Sore throat
- 6 Congested or runny nose
- 7 Diarrhea
- 8 Loss of taste or smell
- 9 I do not know

K14: COVID-19 may affect all age groups, but which groups are at increased risk for this disease? (Please choose the appropriate answers).

- 1 Older people
- 2 People with pre-existing medical conditions
- 3 Pregnant women
- 4 Young people
- 5 Children
- 6 I do not know

K15: Is there a specific medication for COVID-19? (Please choose the appropriate answers).

- 1 There is no specific medication
- 2 Medical and nursing care with supportive medications can help most patients recover from COVID-19
- 3 I do not know

K16: In more severe cases of COVID-19, infection can cause:

- 1 Pneumonia
- 2 Acute respiratory distress syndrome
- 3 Death
- 4 I do not know

K17: People should wear face masks: (Please choose the appropriate answers).

- 1 If they suffer from respiratory symptoms (coughing or sneezing)
- 2 During a direct contact with someone who has respiratory symptoms

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3 If they stay at home

4 I do not know

K18: Anyone during the pandemic of COVID-19 with fever, cough or shortness of breath, must: (Please choose the appropriate answers).

1 Wear a face mask

2 Isolate himself/herself away from others

3 Call the Ministry of Health hotline (937)

4 Visit nearest health facility while taking the necessary precautions

5 Live a usual social life

6 I do not know

K19: Which of the following are prevention measures of COVID-19? (Please choose the appropriate answers).

1 Wash hands with water and soap for 40 seconds / rub hands with alcohol-based sanitisers for 20 seconds

2 Avoiding touching the eyes, nose and mouth with unwashed hands

3 Avoiding contacts with infected people

4 Covering mouth and nose when coughing or sneezing

5 Avoiding shaking hands

6 Wash hands or using hand sanitiser after touching items in public places

7 Closing windows at home

8 Wearing gloves all times

9 I do not know

Attitudes (A): Personal attitudes towards COVID-19. - Please answer according to your attitudes towards the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A1: I am worried about myself or a family member being infected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2: If a vaccine is available, I will take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3: If I developed symptoms of COVID-19, I will inform the health authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4: I am confident that the current protection measures taken by the government are sufficient to control the disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practices (P): Personal practice towards COVID-19 - Please respond according to your actual practices.

	Yes	No
P1: I avoid leaving the house except for necessity.	<input type="checkbox"/>	<input type="checkbox"/>
P2: I wear a face mask in crowded places.	<input type="checkbox"/>	<input type="checkbox"/>
P3: I avoid touching or shaking hands of others.	<input type="checkbox"/>	<input type="checkbox"/>
P4: I am doing my best to keep social distancing.	<input type="checkbox"/>	<input type="checkbox"/>
P5: I do not touch my mouth, nose or eyes with unwashed hands.	<input type="checkbox"/>	<input type="checkbox"/>
P6: I wash my hands with soap and water for 40 seconds / I rub my hands with alcohol-based sanitisers for 20 seconds.	<input type="checkbox"/>	<input type="checkbox"/>

In the space below, please write any additional notes or information that you believe will enhance the results of the study.

THANK YOU FOR COMPLETING THIS SURVEY.