**QUESTIONAIRE ON KNOWLEDGE AND ATTITUDES TOWARDS HBV**

Hello. You have been invited to participate in a survey on the knowledge and attitudes with respect to hepatitis B, its prevention, and its treatment. This study is being done by KnowHep Foundation in Freetown, Sierra Leone and Case Western Reserve University in Cleveland, Ohio, USA. Your answer will be important for us to understand what people in Sierra Leone think about HBV.

This is an anonymous study, and your participation is completely voluntary. We will not disclose your answers to anyone else outside our research team. We will do our best to keep your information safe by not writing down your name and using a special code on the questionnaire. We will also keep all questionnaire locked in a filing cabinet at infectious department. If we share your information with other researchers, they will use the same protections.

It will take about 10 minutes to answer the questions. It is OK to choose “don’t know” if you don’t know the answer. If you have any questions during the survey, you may ask the study coordinator to explain/clarify. You do not have to answer all the questions and you may stop at any time.

If you have any questions after the survey, you may contact Dr. George Yendewa (gay7@case.edu) or Dr. Manal Ghazzawi (knowhepfoundation.sl@gmail.com)

Thank you!

**DEMOGRAPHICS AND BASIC INFORMATION**

**Age: ---**

**Do you have Hepatitis B infection?**  Yes No Don’t know

**Relationship status**: Single Married Widowed Divorced

**No. of sexual partners in last year**: 0 1 2 3+

**No. of children:** 0 1 2 3+

**Education:**  None Primary school Secondary school College or tertiary

**Monthly earnings:** < 500,000 Leones >500,000 Leones

**HIV Status**: Positive Negative Do not know

**Family member with Hepatitis B**: Yes No Don’t know

**Family member with HIV**: Yes No Don’t know

**History of blood transfusion:** Yes No

**History of body piercing or tattoos:** Yes No

**History of sharp or needle injury:**  Yes No

**History of Hepatitis B vaccination**: Yes No

**KNOWLEDGE AND RISK ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| Hepatitis B is caused by a virus  |  |  |  |
| Hepatitis B can be caused by a curse or evil spirits |  |  |  |
| Hepatitis B affects both males and females |  |  |  |
| Hepatitis B is common in Sierra Leone |  |  |  |
| Hepatitis B can be transmitted through blood transfusion  |  |  |  |
| Hepatitis B can be transmitted through unprotected sex |  |  |  |
| Hepatitis B can be transmitted from mother to child |  |  |  |
| Hepatitis B can be transmitted through use of unsafe needles or sharps (e.g., razors and toothbrushes) |  |  |  |
| Hepatitis B can be transmitted through a handshake |  |  |  |
| Hepatitis B can be transmitted through mosquito/insect bites |  |  |  |
| Hepatitis B can be transmitted through coughing or sneezing |  |  |  |
| Hepatitis B can be acquired by eating with or sharing food and utensils with a person with chronic HBV |  |  |  |
| An individual can be infected by both Hepatitis B and HIV  |  |  |  |
| Hepatitis B infection can lead to yellowing of eyes |  |  |  |
| Hepatitis B infection can lead swollen belly |  |  |  |
| Hepatitis B infection can lead to liver cancer  |  |  |  |
| Hepatitis B infection can lead to cirrhosis (scarred liver)  |  |  |  |
| A person can be infected with hepatitis B and not have any symptoms of the disease  |  |  |  |
| Where do you get most of your information about Hepatitis B from? |  |  |  |
| * doctor/nurse/healthcare worker
 |  |  |  |
| * TV/radio
 |  |  |  |
| * School
 |  |  |  |
| * Peers/community
 |  |  |  |

**PREVENTION AND TREATMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| There is a vaccine for Hepatitis B |  |  |  |
| Is the vaccine for Hepatitis B safe and effective? |  |  |  |
|  Hepatitis B can be prevented by using condoms |  |  |  |
| Hepatitis B can be prevented by screening blood before transfusion |  |  |  |
| Hepatitis B can be prevented by washing hands |  |  |  |
| Hepatitis B can be prevented by cooking food |  |  |  |
| Hepatitis B can be prevented by vaccination of pregnant women |  |  |  |
| Hepatitis B can be prevented by vaccination of newborns |  |  |  |
| Hepatitis B can be cured with medications |  |  |  |
| Hepatitis B can be managed with medications |  |  |  |
| Hepatitis B can be treated by traditional medicine or herbs |  |  |  |

**ATTITUDES**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you willing to be screened for Hepatitis B? | **Yes** | **No** | **Don’t know** |
| Are you vaccinated against Hepatitis B? |  |  |  |
| Are you willing to receive the Hepatitis B vaccine if free? |  |  |  |
| Would you have concerns sharing food or utensils with someone who has Hepatitis B? |  |  |  |
| Would you have concerns having casual contact or working with someone who has Hepatitis B? |  |  |  |
| If you got Hepatitis B, would you be willing to take medication for treatment? |  |  |  |
| If you got Hepatitis B, would you be willing to come to the clinic every 3-6 months and let us draw your blood for tests? |  |  |  |

**KEY**

Each question answered correctly represents 1 point.

Participants who score at least 50% in each section represents sufficient level of knowledge in that section

* **Good knowledge of HBV and risk factors: > 50%**

**Poor knowledge of HBV and risk factors: < 50%**

* **Good understanding of HBV prevention and treatment: > 50%**

**Poor understanding of HBV prevention and treatment: < 50%**

* **Good attitude towards HBV management: > 50%**

**Poor attitude towards HBV management: < 50%**