

**Table S1: Questionnaire**

**EPIDEMIOLOGICAL PROFILE OF COVID-19 INFECTIONS AMONG HEALTHCARE WORKERS IN A NORTH EASTERN STATE OF NIGERIA**

Please INDICATE **NA** (NOT APLLICABLE) IF A QUESTION DOES NOT APPLY TO YOU

HCW- healthcare worker

**Hospital/health facility -----**

**Social demographics**

**1. Age (yrs.) -----**

**2. What is your sex?**

(i) Male [ ] (ii) Female [ ]

**3. What is your marital status?**

(Single [ ] (ii) Married [ ] (iii) Divorced [ ] (iv) Widowed [ ] (v) Separated [ ]

**4. What is your ethnic group?**

(i) Fulani [ ] (ii) Hausa[ ] (iii)Igbo [ ] (iv)Yoruba [ ] (v)Marghi { }  
(vi)Michika{ } (vii) Bachama/ Mbula/Bwate{ } (viii) Kilba { } (ix) Lunguda { } (x)  
Chamba{ }

(viii) Others, please specify-----

**5. What is your highest level of education?**

(i)Primary school [ ] (ii) Secondary school [ ] (iii) Tertiary [ ] (iv) Others, please  
specify-----

**6. Professional category**

(i)Medical doctor { } (ii) Nurse/midwife { } (iii)Medical Lab scientist { }

- (iv) Pharmacist { } (v) cleaner/ward attendant { } (vi) administrator/Accountant { }
- (vii) CHEW/CHW { } (viii) Mortician { } (ix) lab technician { }
- (x) Radiographer/Radiology technician { } (xi) biomedical engineer/ technician { }
- (xii) Medical record officer { } (xiii) security officer { } (xiv) Optometrist { }
- (xv) ECG Technician { }

**7. Department/ primary area of assignment/ work station**

- (i) Accident and emergency { } (ii) nursing { } (iii) laboratory { } (iv) Pharmacy { }
- (v) Anesthesia { } (vi) medicine { } (vii) surgery { } (viii) Pediatrics { } (ix) Obs& Gyn { }
- (x) Histopathology /Morgue { } (xi) GOPD { } (xii) PHC { }
- (xiii) COVID-19 treatment/Isolation center { } (xiv) finance/admin { }
- (xv) Labor ward/ antenatal/post-natal ward { } (xvi) Radiology { } (xvii) Theater/ ICU { }
- (xviii) Dialysis center { } (xix) Laundry { } (xx) public health { }
- (xxi) PCR/biosafety lab { } (xxii) medical record { } (xxiii) security post
- (xxiv) Ophthalmology { } (xxv) ECG room

**8. Do you work in the private health sector (i) Yes { } (i) No { }**

**9. Designation/Rank -----**

**10. For how long have been working as a healthcare worker (i) 0 -3yrs { }**

- (ii) 4– 7yrs { } (iii) 8- 11yrs { } (iv) 12- 15yrs { } (v) >15 yrs

**11. Category of employment (i) temporary { } (ii) contract { } (iii) permanent staff { }**

**12. When did you take the covid-19 test (i) April { } (ii) May { } (iii) June { }**

- (iv) July { } (v) August { } (vi) Sept { } (vii) Octo { } (viii) Nov { }

- (ix) Dec { } (x) Jan 2021 { }

**13. What was the outcome of your test? (i) Positive { } (ii) Negative { }**

- (iii) Inconclusive { }

**14. Why did you go for the COVID-19 test?** (i) exposure to a confirmed case { } (ii) exposure to suspicious case { } (iii) contact with a confirmed HCW { } (iv) for health promotion purpose { } (v) following symptoms of covid-19 (vi) managerial directive following a positive staff in a your unit { }

**15- Did you have an immediate family member who had been diagnosed with covid-19 around the time of your diagnosis** (i) yes { } (ii) No { }

**16. Duration of your working hours {duty hour} per week -----**

**17. Have you been trained in infection, prevention control in the last 6months?** (i) Yes { } how many times? ----- (ii) No { } --

**18. Which of these personal protective equipment PPE were you using consistently before your covid-19 test?** (i) Surgical mask { } (ii) N 95 { } (iii) cloth/fabric mask { } (iv) hand sanitizer { } (v) Hand gloves { } (vi) None

**19. Did you always use hand gloves while attending to patients or in between patients prior to your covid-19 test?** –(i) yes { } (ii) No { }

**20. Did you practice hand hygiene consistently about the time of covid-19 test?** (i) yes { } (ii) No { } -----

**21. Did you engage in a recent travel at about the time you were tested for covid-19?**

(i) yes { } (ii) No { }

**22. Which of these Symptoms did you experience?**

(i) cough { } (ii) fever { } (iii) difficulty in breathing { } (iv) sore throat { } (v) loss of smell { } (vi) loss of taste { } (vii) generalized body pains { } (ix) diarrhea { } (x) Vomiting { } (xi) catarrh and nasal congestion { } (xii) others { } (xiii) none { }

**23. Does your job routine involves aerosol producing procedures (APP) such as nebulization, airway suctioning, CPR, endotracheal intubation, high flow oxygen administration?**  
(i) Yes { } (ii) No { }

**24. Do you have any of these comorbidities or conditions** (i) diabetes { } (ii) hypertension { } (iii) asthma { } (iv) obesity { } (v) prolonged steroid use { } (vi) cancer { } (vi) none { }

**25. Did you care for a confirmed or suspected covid-19 patient prior to your covid-19 test** (i) Yes { } (ii) No { } **or worked on a biological sample of a confirmed covid-19 patient ?**  
(i) Yes { } (ii) No { }

**26- Did you have the adequate personal protective equipment PPE which you needed to work with while working at that time?** (i) Yes { } (ii) No { }

**27. Did you have to reuse any personal protective equipment PPE?** Such as gloves, face mask, gown, face shield? (i) Yes { } (ii) No { }

**28. Did you require admission or you self-isolated following your covid-19 positive test?**  
[Underline which applies to you]

**29. What was your duration of hospital admission? -----**

**30. While on admission did you require** (i) oxygen { } (ii) Ventilator { } (iii) None { }

**31. What do you think was your risk factor for contracting covid-19?**

(i) Lack of enough PPE { } (ii) unawareness of infection, prevention and control methods { }  
(iii) overly long working hours { } (iv) Poor safety culture on your part { }

**32. Average number of close contacts per working day** (i) 0-10 persons { } (ii) 11- 20 persons { } (iii) 21 -30 { } (iv) 31-40 { } (v) 41-50 { } (vi) 51 and above

**33. What is the average duration of time you spend when attending to a patient or analyzing covid-19 biological sample** [applies to Lab scientist working in the biosafety lab only]

(i) 0- 10mins { } (ii) 11-20mins { } (iii) 21-30mins { } (iv) 31-40mins { } (vi) 41mins and above

