

## I-Preventive measures

| Questions:                                                                                                                                                                                                                      | Response                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. "Did you cover your mouth with a paper tissue or handkerchief when sneezing or coughing?"                                                                                                                                    | (a) Always<br>(b) Most of the time<br>(c) Sometimes<br>(d) Never<br>(e) Don't know |
| 2. "Did you cover your mouth with your bare hand when sneezing or coughing?"                                                                                                                                                    |                                                                                    |
| 3. "Did you wash your hands after sneezing, coughing, or cleaning your nose in the past three days?"                                                                                                                            |                                                                                    |
| 4. "Did you use soap or liquid hand-wash when washing your hands in the past three days?"                                                                                                                                       |                                                                                    |
| 5. "Did you wear a mask over your mouth in the past three days?"                                                                                                                                                                |                                                                                    |
| 6. "Did you use serving utensils (chopsticks or spoons) for shared food when joining others over the past three days?"                                                                                                          |                                                                                    |
| 7. "In the past three days, when touching objects that might possibly carry the (COVID-19) virus [e.g., door handles, buttons in the lifts], did you take preventive measures (e.g., pressing lift buttons with tissue paper)?" |                                                                                    |
| 8. "In the past three days, after touching objects that might possibly carry the (COVID-19) virus [e.g., door handles, buttons in the lifts], did you wash your hands as soon as possible?"                                     |                                                                                    |

## II- Self-Health Perception

### *a- Physical health complaints*

"In the past 2 weeks, have you had any of the following symptoms?"

| Symptoms                          | Response                            |
|-----------------------------------|-------------------------------------|
| 1. Persistent high fever of 38°C  | (a) Yes<br>(b) No<br>(c) Don't know |
| 2. Sore throat                    |                                     |
| 3. Running nose                   |                                     |
| 4. Having aches all over the body |                                     |
| 5. Headache                       |                                     |
| 6. Cough                          |                                     |
| 7. Rapid breathing                |                                     |

### **b- Generalized Anxiety Disorder Questionnaire (GAD-7)**

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Response                                                       |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. Feeling nervous, anxious or on edge?                                                   | a. Not at all<br>b. Several days<br>c. More than half the days |
| 2. Not being able to stop or control worrying                                             |                                                                |
| 3. Worrying too much about different things?                                              |                                                                |
| 4. Trouble relaxing?                                                                      |                                                                |
| 5. Being so restless that it is hard to sit still?                                        |                                                                |

|                                                       |                     |
|-------------------------------------------------------|---------------------|
| 6. Becoming easily annoyed or irritable?              | d. Nearly every day |
| 7. Feeling afraid as if something awful might happen? |                     |

**c- Attitude to public fear score**

|                                                                   | Response                                                                                            |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1. Likelihood of contracting COVID-19 during the current outbreak | a) Very likely<br>b) Somewhat likely<br>c) Not very likely<br>d) Not likely at all<br>e) Don't know |
| 2. Likelihood of surviving if infected                            | a) Very likely<br>b) Somewhat likely<br>c) Not very likely<br>d) Not likely at all<br>e) Don't know |

**III-Knowledge about COVID-19**

**a-Routes of transmission**

|                                                                                          | Response       |
|------------------------------------------------------------------------------------------|----------------|
| 1. In your opinion, is <u>COVID-19</u> transmitted through saliva droplet transmission?" | (a) Agree      |
| 2. In your opinion, is <u>COVID-19</u> transmitted through airborne transmission?"       | (b) Disagree   |
| 3. In your opinion, is <u>COVID-19</u> transmitted through hand-contact transmission?"   | (c) Don't know |

**IV- Appraisal of Crisis Management Responses:**

**a-Official Crisis Information**

|                                                                                                                                                                         | Response                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. "With regards to the distribution of information by the health authorities to the public in Egypt, do you agree or disagree that it has generally been accurate?"    | a) Strongly disagree               |
| 2. "With regards to the distribution of information by the health authorities to the public in Egypt, do you agree or disagree that it has generally been clear?"       | b) Disagree                        |
| 3. "With regards to the distribution of information by the health authorities to the public in Egypt, do you agree or disagree that it has generally been sufficient?"  | c) Not sure, but probably disagree |
| 4. "With regards to the distribution of information by the health authorities to the public in Egypt, do you agree or disagree that it has generally been timely?"      | d) Not sure, but probably agree    |
| 5. "With regards to the distribution of information by the health authorities to the public in Egypt, do you agree or disagree that it has generally been trustworthy?" | e) Agree                           |
|                                                                                                                                                                         | f) Strongly agree                  |

|                                                                                                                                                                                              |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
|                                                                                                                                                                                              |                                                |
| <i>Acceptance of Regulations</i><br>“If you did not develop symptoms of SARS after having nonclose contact with someone diagnosed with SARS, would you agree to be quarantined for 10 days?” | (a) Agree<br>(b) Don’t agree<br>(c) Don’t know |