

## Questionnaire

### Section A: Socio-Demographic Characteristics of the Respondent a)

a) What is your place of residence?

Lira  Other

b) Age of the respondent

20-29  30-39  40-49  50 above

c) Sex

Male  Female

d) Marital status

Single  Married  Cohabiting  Divorced  Separated

e) Education level

No formal education   
 Primary  Secondary  Tertiary

f) Religion

Protestant  Catholic  born again  Muslim  Other

g) How long have you been in boda boda business?

Less than 1 year  1-5 years  Above five years

### Section B: The effects of community based COVID-19 Interventions towards the safe behaviour Change among boda boda men

In section B, C and D you are required to tick ( ) on a response option

NO	STATEMENT	
1.	I always avoid going to crowded place like markets, concerts, churches etc. in fight of COVID-19	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> never
2.	I limit the time spend outside my residence in fight of COVID-19	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> never
3.	I always avoid physical activity outside the house in fight of COVID-19	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> never
4.	I regularly avoid physical contact with others (i.e, handshaking, hugging) in fight of COVID-19	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> Not at all
5.	I normally self-quarantine/isolate if am having COVID-19 related signs and symptoms	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> Not at all
6.	I practice Social distancing in order to avoid being affected by COVID-19	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> Not at all
7.	If I get COVID-19 related signs and symptoms, I isolate	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> Not at all

8.	I was sensitized about COVID-19 SOPS	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	I know how to protect myself from corona virus	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	For me avoiding an infection with COVID-19 in the current situation is	<input type="checkbox"/> Extremely easy <input type="checkbox"/> Extremely difficult

**Section C: The effects of environmental COVID-19 Interventions towards the safe behaviour Change among boda-boda men**

NO	STATEMENT	
1.	In order to prevent contracting and spreading COVID-19, I use soap and sanitizer	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> Not at all
2.	Do you think you or your family members are at risk of getting sick from the corona virus?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Not sure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
3.	What kind of Hand washing facility do you have at your boda-boda stage?	<input type="checkbox"/> Tippy tap <input type="checkbox"/> Metallic locally fabricated hand washing facility <input type="checkbox"/> jerrycan <input type="checkbox"/> hand washing station

4.	using sanitizer, lockdown measures and mask wearing and hand washing, social distance are effective prevention measures against COVID-19	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Not sure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
5.	I sanitize all surfaces to prevent the spread of COVID-19	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> Not at all
6.	I Wash my hands after touching contaminated Objects	<input type="checkbox"/> always <input type="checkbox"/> some times <input type="checkbox"/> Not at all
7.	Would you support community efforts to improve environmental hygiene as a COVID-19 prevention measure?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
8.	What do you think are the biggest challenges to implementing environmental interventions for COVID-19 in your community?	<input type="checkbox"/> Lack of awareness <input type="checkbox"/> Limited access to clean water <input type="checkbox"/> Poor waste management systems <input type="checkbox"/> Resistance from the public <input type="checkbox"/> Lack of government support

**Section D: The effects of personal COVID-19 Interventions towards the safe behaviour Change among bodaboda men**

Statement	Response
1. Have you ever been infected with COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Do you own a facial mask or a hand washing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What kind of mask do you use?	<input type="checkbox"/> Locally made non-medical mask <input type="checkbox"/> Medical mask
4. How often do you wear a facial mask?	<input type="checkbox"/> Always <input type="checkbox"/> Occasionally <input type="checkbox"/> Only in public <input type="checkbox"/> Never
5. How often do you wash your hands with soap?	<input type="checkbox"/> More than 3 times a day <input type="checkbox"/> 1-3 times a day <input type="checkbox"/> Never
6. How easily is it for you to access a facial mask, liquid soap, sanitizer and a hand washing facility?	<input type="checkbox"/> Very easy <input type="checkbox"/> Not easy
7. Do you believe wearing a mask protects you from COVID-19?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
8. Do you believe washing hands frequently with soap reduces COVID-19 transmission?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
9. Is cost a barrier to mask wearing or hand washing with soap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you know the right procedure for wearing facial masks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you know the correct steps for hand washing with soap?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Do you cover your mouth and nose with a tissue when coughing or sneezing?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
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