

Questionnaire Information Sheet/ Oral Consent

To Evaluate Knowledge, Attitude And Practice of Nurses & Midwives Regarding Hepatitis B Infection In General Hospital Minna, Niger State, North Central Nigeria.

Section A – Demographic characteristics of respondent			
Age:			
Sex:			
Educational level:		Diploma () Degree () Postgraduate ()	
Years of practice:			
Alcohol consumption:		Yes ()	No ()
Section B – Knowledge of Hepatitis B infection			
1	Hepatitis B infection is caused by	Virus () Bacteria () Protozoa ()	
2	Hepatitis B infection is transmitted through	Sexual intercourse () Mosquito bite () Mother to child () Sharp instruments () Ingestion of Contaminated food () Inhalation of droplets () Using same eating utensils ()	
3	Can Hepatitis B infection be prevented	Yes ()	No ()
4	Can Hepatitis B infection be prevented	Yes ()	No ()
5	Can Hepatitis B infection lead to cancer of the liver	Yes ()	No ()
Section c – Attitude towards Hepatitis B infection			
6	Do you perceive hepatitis B infection as a major health problem	Yes ()	No ()
7	Do you consider Hepatitis B infection as a sexually transmitted infection (STI)	Yes ()	No ()
8	Are universal precaution materials readily available in your health facility	Yes ()	No ()
9	Any specified unit for hepatitis B treatment in your health facility	Yes ()	No ()
10	Is the treatment for Hepatitis B given free in your health facility	Yes ()	No ()
11	Is the vaccination for Hepatitis B given free in your health facility	Yes ()	Yes ()

Section D – Practice			
12	Do you wear gloves when administering injection or taking blood samples from patients	Yes ()	No ()
13	Do you bend needles after administering injection	Yes ()	No ()
14	Do you use face mask during a procedure such as delivery or taking blood samples	Yes ()	No ()
15	Do you use gown during procedure	Yes ()	No ()
16	Have you ever been screened for hepatitis infection	Yes ()	No ()
17	If yes to above question No.16, what was the result	positive ()	Negative ()
18	If the result is positive in question no. 17, have you received any treatment	Yes ()	No ()
19	Have you been vaccinated against hepatitis B infection	Yes ()	No ()
20	Have you ever attended continuous medical education program on hepatitis B infection	Yes ()	No ()
21	If yes, how often in the last one year	Often ()	Rare ()