

# Preferences and Practices of Face Mask to Halt the Spread of COVID-19: A Multi-Country Research on the New Normal

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## Questionnaire

This survey designed is to assess your views regarding the new-normal COVID-19 public health interventions i.e. wearing a mask and frequent washing of hands. Participation in this survey is totally voluntary, your data will help us in designing better interventions. All your information and data will be kept secure and only be used by the principal investigator for research purposes.

### \* Required

1. Name (Optional)
2. From where you get the link of form? (Write name of friend or name of medium i.e. Facebook, whats-app, LinkedIn, Instagram etc.) \*
3. Do you want to participate? \*Mark only one oval.  
Yes; Skip to question 4  
No; Skip to section 6 (Participation declined)

### Baseline information

1. Age (years) \* \_\_\_\_\_
2. Gender \*  Female  Male  Other: \_\_\_\_\_
3. Residing country name \* \_\_\_\_\_
4. In which area your home is located?  Urban area  Rural area  Semi-urban area
5. Religion \* \_\_\_\_\_
6. What is your ethnicity? \* \_\_\_\_\_
7. Education level \*  Primary  Secondary  Post-secondary  Graduate  Post graduate
8. Employment status \*  Full time  Part time  Housewife  Retired  Unemployed
9. Occupation \* \_\_\_\_\_
10. Family income (US Dollars) monthly \*  <\$100  \$100-\$300  >\$300
11. Marital status  Single  Married  Divorced/Separated  Widow

### PREFERENCES

1. Which type of mask do you prefer to use? \*
 

N-95 respirator	<input type="checkbox"/>	Reusable cloth mask	<input type="checkbox"/>
Surgical mask	<input type="checkbox"/>	Homemade mask	<input type="checkbox"/>
Sponge mask	<input type="checkbox"/>	Fashion brand mask	<input type="checkbox"/>
Sponge mask with air purifier	<input type="checkbox"/>	None	<input type="checkbox"/>
2. When you buy a mask, which things you keep in mind? \* Check all that apply.
 

It covers my nose and mouth	<input type="checkbox"/>	It is easy to breathe through	<input type="checkbox"/>
It is secured with ties or loops	<input type="checkbox"/>	It can be machine washed after each use	<input type="checkbox"/>
It have multiple layers	<input type="checkbox"/>	Other: _____	

### FACEMASK HYGIENE & PRACTICES

3. How often in the last seven days you wore the mask to prevent contracting and spreading coronavirus? \*
 

Never	<input type="checkbox"/>	Often	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>		
4. Do you wash your hands immediately before wearing your mask? \*
 

Strongly disagree	<input type="checkbox"/>	Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>	Strongly Agree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>		

5. Do you wash your hands immediately after removing your mask? \*
- |                   |                          |                |                          |
|-------------------|--------------------------|----------------|--------------------------|
| Strongly disagree | <input type="checkbox"/> | Agree          | <input type="checkbox"/> |
| Disagree          | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> |
| Neutral           | <input type="checkbox"/> |                |                          |
6. Do you check your mask for dirt or damage before wearing it? \*
- |                   |                          |                |                          |
|-------------------|--------------------------|----------------|--------------------------|
| Strongly disagree | <input type="checkbox"/> | Agree          | <input type="checkbox"/> |
| Disagree          | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> |
| Neutral           | <input type="checkbox"/> |                |                          |
7. Do you check the mask is covering your mouth, nose, and chin? \*
- |                   |                          |                |                          |
|-------------------|--------------------------|----------------|--------------------------|
| Strongly disagree | <input type="checkbox"/> | Agree          | <input type="checkbox"/> |
| Disagree          | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> |
| Neutral           | <input type="checkbox"/> |                |                          |
8. Do you touch your mask from the front side when removing it? \*
- |                   |                          |                |                          |
|-------------------|--------------------------|----------------|--------------------------|
| Strongly disagree | <input type="checkbox"/> | Agree          | <input type="checkbox"/> |
| Disagree          | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> |
| Neutral           | <input type="checkbox"/> |                |                          |
9. Do you check your mask for dirt or damage after removing it? \*
- |                   |                          |                |                          |
|-------------------|--------------------------|----------------|--------------------------|
| Strongly disagree | <input type="checkbox"/> | Agree          | <input type="checkbox"/> |
| Disagree          | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> |
| Neutral           | <input type="checkbox"/> |                |                          |
10. Do you wash your mask after each use to remove viral droplets that may have landed on the mask? \*
- |                   |                          |                |                          |
|-------------------|--------------------------|----------------|--------------------------|
| Strongly disagree | <input type="checkbox"/> | Agree          | <input type="checkbox"/> |
| Disagree          | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> |
| Neutral           | <input type="checkbox"/> |                |                          |
11. How you dispose the mask after use? \*
- |               |                          |                                  |                          |
|---------------|--------------------------|----------------------------------|--------------------------|
| Closed bins   | <input type="checkbox"/> | I don't dispose and I am reusing |                          |
| In open space | <input type="checkbox"/> | the same mask                    | <input type="checkbox"/> |
| In water      | <input type="checkbox"/> | Other: _____                     |                          |