### Coping with Covid-19: The Nigerian Optometrists Perspective

Good Day,

I am Dr Musa Mutali of the University of Benin. With the recent outbreak of the COVID-19 Virus, different views and thoughts alike abound in the eye clinic workspace. Kindly take 10 minutes to help us understand your outlook to practice and and adjustments you are making during this trying period. Your views are protected and no personal data will be collected. Thanks in anticipation. Stay Safe

\*Required

1. Kindly select your sex \*

Mark only one oval.

🔵 Male

🕖 Female

#### 2. Kindly Indicate your age group. \*

#### Mark only one oval.

18-24
25-34
35-44
45-54
55-64
65 and above

3. Coronaviruses were discovered \*

- 20192018
- 2020
- A long time ago

#### 4. Describe your Present Status in Nigerian Optometry \*

Mark only one oval.

Student Skip to question 54

Intern/Optometrist working in clinic owned by another individual *Skip to question 6* 

Public Service Optometrist employed by thegovernmentSkip to question 22

Optometric Practice Owner Skip to question 38

Am not an Optometrist but would like to participate

 Considering the current coronavirus pandemic (Covid-19), do you think the Annual Scientific Conference/AGM should go ahead?

Mark only one oval.



🕖 No

- Yes But at a much later date
- Yes But in a different Venue
  - Yes But in a different venue at a much later date

Coping with Covid-19: Intern and Optoms working under other Optoms Your answers will be appreciated

6. Where do you currently work \*

Mark only one oval.

- Private Clinic
- Government Establishment
- Currently Unemployed/awaiting board exam
- Self employed outside optometry
- 7. Covid-19 in Nigeria is a \_\_\_\_\_ disease \*

- Viral
- Bacterial
- Government made up

#### 8. Has a Covid-19 case been reported in your state \*

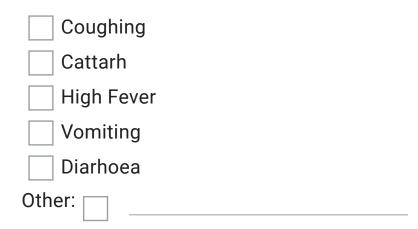
Mark only one oval.



9. What State are you presently? \*

10. Which of these are symptoms of COVID-19 (tick all that apply) \*

Tick all that apply.



 Which of these Methods of prevention are recommended by regulatory bodies in combating the spread of COVID-19 \*

Tick all that apply.



Use of Water and Soap to wash hands for at least 20 minutes

Self Isolation

Taking warm water and lime

Warm Baths

- Taking food with alkaline pH
- 12. Are you working at your clinic during this Pandemic? \*

Mark only one oval.



O No

#### 13. Do you think your Clinic should be open this period? \*

Mark only one oval.



14. Considering the expected reduced patient flow and consequent drop in income, whats your view on salaries? \*

Mark only one oval.

Salaries should be fully paid

Salaries should be prorated (adjusted) based on clinic income

All Staff should take a fixed pay cut

#### 15. Which of these procedures have you had to stop? \*

Tick all that apply.

- External Exam
- Ophthalmoscopy
- Contact Tonometry
- Blood Pressure/Blood Sugar
- None, but i adjusted my technique
- Techniques are carried out same as before
- 16. Which of these is an example of PPE? \*

Mark only one oval.

- 🔵 Hand Sanitizer
- Gloves
- Social Distancing
- 17. Did your clinic/practice close down during the pandemic? \*



- 🔵 No
- No, but we intend to

## 18. If Yes Above, Kindly approximate when your clinic closed down/suspended operations?

Example: 7 January 2019

### 19. Which of these items were made available in your clinic? \*

Tick all that apply.

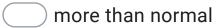
- Gloves
- Hand Sanitizers
- Face Masks
- Wash Stands
- COVID-19 test kits

#### 20. How have you been during the pandemic? \*

- Fine no changes to routine
- Fine-But but Self Isolated
- Fine Quarantined
- III COVID-19
- Ill Other causes

#### 21. Describe your patient load this period \*

Mark only one oval.



onormal

reduced

Public Service Optometrist employed by the government Your answers will be appreciated

22. Where do you currently work \*

- Private Clinic
- Government Establishment
- Currently Unemployed/awaiting board exam
- Self employed outside optometry

#### 23. Covid-19 in Nigeria is a \_\_\_\_\_ disease \*

Mark only one oval.

- 🕖 Viral
- Bacterial
- Government made up
- 24. Has a Covid-19 case been reported in your state \*

Mark only one oval.



25. What State are you presently?

### 26. Which of these are symptoms of COVID-19 (tick all that apply) \*

Tick all that apply.

Coughing	
Cattarh	
High Fever	
Vomiting	
Diarhoea	
Other:	

27. Which of these Methods of prevention are recommended by regulatory bodies in combating the spread of COVID-19 \*

Tick all that apply.

Social Distancing

Use of Water and Soap to wash hands for at least 20 minutes

Self Isolation

Taking warm water and lime

Warm Baths

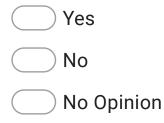
Taking food with alkaline pH

#### 28. Are you working at your clinic during this Pandemic? \*

Mark only one oval.



29. Do you think your Clinic should be open this period? \* Mark only one oval.



30. Considering the expected reduced patient flow and consequent drop in income, whats your view on salaries? \*

Mark only one oval.

Salaries should be fully paid

Salaries should be prorated (adjusted) based on clinic income



All Staff should take a fixed pay cut

#### 31. Which of these procedures have you had to stop? \*

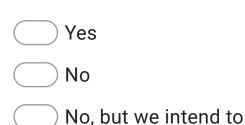
Tick all that apply.

- External Exam
- Ophthalmoscopy
- Contact Tonometry
- Blood Pressure/Blood Sugar
- None, but i adjusted my technique
- Techniques are carried out same as before
- 32. Which of these is an example of PPE? \*

- 🔵 Hand Sanitizer
- Gloves
- Social Distancing

33. Did your clinic/practice close down during the pandemic? \*

Mark only one oval.



34. If Yes Above, Kindly estimate when did your clinic closed down/suspended operations?

Example: 7 January 2019

35. Which of these items were made available in your clinic? \*

Tick all that apply.

- Gloves
- Hand Sanitizers
- Face Masks
- Wash Stands
- COVID-19 test kits

#### 36. How have you been during the pandemic? \*

Mark only one oval.

- Fine no changes to routine
- Fine-But but Self Isolated
- Fine Quarantined
- III COVID-19
- Ill Other causes
- 37. Describe your patient load this period \*

Mark only one oval.

- more than normal
- 🔵 normal
- reduced

Optometric Practice Owner Your answers will be appreciated

#### 38. Where do you currently work \*

Mark only one oval.

- Private Clinic
- Government Establishment
- Currently Unemployed/awaiting board exam
- Self employed outside optometry

39. Covid-19 in Nigeria is a \_\_\_\_\_ disease \*

Mark only one oval.

- 🕖 Viral
- Bacterial
- Government made up
- 40. Has a Covid-19 case been reported in your state \*



41. What State are you presently? \*

# 42. Which of these are symptoms of COVID-19 (tick all that apply) \*

Tick all that apply.

Coughing	
Cattarh	
High Fever	
Vomiting	
Diarhoea	
Other:	

43. Which of these Methods of prevention are recommended by regulatory bodies in combating the spread of COVID-19 \*

Tick all that apply.

Social Distancing

Use of Water and Soap to wash hands for at least 20 minutes

Self Isolation

Taking warm water and lime

Warm Baths

- Taking food with alkaline pH
- 44. Are you working at your clinic during this Pandemic? \*

Mark only one oval.



(\_\_\_\_) No

#### 45. Do you think your Clinic should be open this period? \*

Mark only one oval.



46. Considering the expected reduced patient flow and consequent drop in income, whats your view on salaries? \*

Mark only one oval.

Salaries should be fully paid

Salaries should be prorated (adjusted) based on clinic income

All Staff should take a fixed pay cut

#### 47. Which of these procedures have you had to stop? \*

Tick all that apply.

- External Exam
- Ophthalmoscopy
- Contact Tonometry
- Blood Pressure/Blood Sugar
- None, but i adjusted my technique
- Techniques are carried out same as before
- 48. Which of these is an example of PPE? \*

Mark only one oval.

- 🔵 Hand Sanitizer
- Gloves
- Social Distancing
- 49. Did your clinic/practice close down during the pandemic? \*



- \_\_\_\_ No
- No, but we intend to

## 50. If Yes Above, Kindly estimate when did your clinic closed down/suspended operations?

Example: 7 January 2019

### 51. Which of these items were made available in your clinic? \*

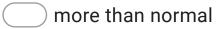
Tick all that apply.

- Gloves
- Hand Sanitizers
- Face Masks
- Wash Stands
- COVID-19 test kits
- 52. How have you been during the pandemic? \*

- Fine no changes to routine
- Fine-But but Self Isolated
- Fine Quarantined
- III COVID-19
- Ill Other causes

#### 53. Describe your patient load this period \*

Mark only one oval.



🔵 normal

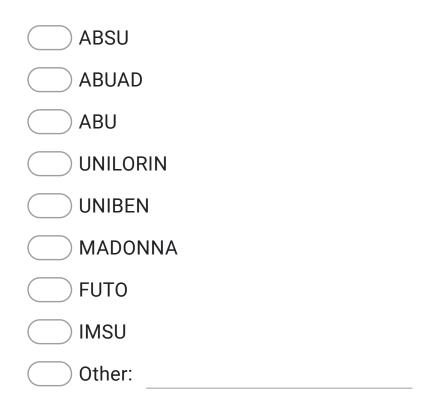
reduced

#### Coping with Covid-19: Students

Kindly Provide answers to questions asked

### 54. What Optometry Training Institution do you currently attend ? \*

Mark only one oval.



55. Due to the Covid-19 Outbreak, Schools are closed down, how are you coping with your studies? \*

Mark only one oval.

I study at home alone

Im taking a break to come back refreshed

My Department organized online lectures/tutorials to keep us busy

#### 56. How have you been during the pandemic?

Mark only one oval.

- Ill Other Causes
- Ill Covid 19
- Fine No Changes to daily routine
- Fine But in Isolation
- Fine But in quarantine
- 57. Which of these should be made available to help you during this break? \*

Tick all that apply.

- DVDS of Study Material
- Online Video Classes
- Social media groups to interact with lecturers
- Textbooks
- None of the above

58. Rate your school facilites preparedness for social distancing in terms of availability of Lecture halls and class size (1 for very inadequate, 2 for fairly adequate, 3 for very adequate) \*

Mark only one oval.



59. Do you think your current unfinished semester should be restarted or should take off from where it stopped?
 \*

Mark only one oval.

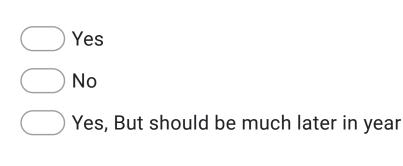
🔵 Restart

Continue

Neither, we were on holiday when schools went down

### 60. Do you think the Annual NOSA conference should go ahead in 2020? \*

Mark only one oval.



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