Appendix

Questionnaire on Knowledge, Perception and Opinion of Health Workers on Readiness for Haemopoietic Stem Cell Transplantation or Bone Marrow Transplantation (BMT) in Nigeria.

1. Age as at last birthday
2. Sex: M □ F □
3. Tribe: ____________
4. Nationality: ____________
5. Religion: ____________
6. Geographical location of your hospital: ____________
7. Specialty/Unit: ____________________
8. Have you heard of Bone Marrow Transplantation (BMT) before? Yes □ No □
9. If Yes; what is your source? (Please tick all as applied)
   a. Discussion with friends or colleagues □
   b. School Curriculum □
   c. Journals □
   d. Seminars □
   e. Conferences □
   f. Others (Please specify) ______________________
10. What do you know about Haemopoietic Stem Cell Transplantation also known as Bone Marrow Transplantation (BMT)? (Pls tick all as applied)
    a. A surgical procedure performed by removing the bone marrow from a compatible donor and planting it into a recipient □
    b. A procedure in which a stem cell rich blood is aspirated from the bone of any donor and given to the recipient □
    c. A procedure in which a stem cell rich blood is collected from a compatible donor and given to the recipient □
    d. A procedure in which a stem cell rich cord blood is collected from the placenta of a newborn baby and given to the recipient □
    e. A procedure in which a stem cell rich blood may be aspirated from the bone marrow of a patient and given back to the patient □
    f. I really don't know □
11. Do you know that this procedure can cure diseases? Yes □ No □ I don't know □
12. If Yes, from below, please tick the diseases it can cure?
   a. Leukaemias □
   b. Malaria □
   c. Sickle cell anaemia □
   d. Diabetes □
   e. Aplastic Anaemia □
   f. Thalassemia □
   g. Multiple myeloma □
   h. lymphomas □
   Some solid tumours □
   Others □
   Others please specify___________________________
13. What are the basic requirements for a BMT service. (Please tick as applied)
   a. Well-equipped Blood Transfusion Service. ☐  b. Component Preparation Unit ☐
   c. Apheresis machine ☐  d. Radiation Unit ☐  e. Post-transplant Care Ward ☐
   f. 24-Hours laboratory services ☐  24-Hour power supply ☐  Counselling Unit ☐
   g. Ambulance services ☐  Dietetics department ☐

14. Please tick the possible complications you know that are associated with this procedure
   a. None ☐  b. Graft Rejection ☐  c. Graft versus host disease ☐  d. Infection ☐
   e. Sterility ☐  f. Death ☐  Others ☐  other please specify________

15. Are there possible complications to the donor? Yes ☐  No ☐  I don’t know ☐

16. If Yes, tick the possible complications from the list below.
   a. Infection ☐  e. Sterility ☐  f. Death ☐  Others ☐  please specify________

17. Please tick the most important test that must be done to ensure that the recipient and donor are compatible.
   d. Human leukocyte antigen (HLA) typing ☐  e. Blood compatible antigen ☐

18. Do you know that this service is available in Nigeria? Yes ☐  No ☐  I don’t know ☐

19. If Yes, from the list below, please tick where this service is available.
   a. Lagos University Teaching Hospital, Idi-Araba ☐
   b. Lagos State University Teaching Hospital, Ikeja ☐
   c. University of Benin teaching Hospital, Benin. ☐
   d. National Hospital, Abuja. ☐
   e. University of Nigeria Teaching Hospital, Enugu. ☐
   f. Others. ☐  Please specify________

20. Do you think there are major challenges that will make the procedure difficult to be carried out in your hospital now?
   Yes ☐  No ☐  I don’t know ☐

21. If Yes, please pick your reason(s) from the list below.
   a. No reason ☐  b. Lack of manpower ☐  c. lack of infrastructure. ☐
   d. others ☐  please specify________

22. Do you have a role to play in the management of patients admitted for this procedure?
   Yes ☐  No ☐  I don’t know ☐

23. If Yes, what specific role do you have?___________________________________
   ________________________________________________________________
24. What challenges do you think your specialty will have if this centre is established in your hospital?
   a. None  b. Infrastructure  c. Manpower  d. both  e. others pls specify: .................................................................

25. Do you think there is a specialty that has a specific role to play in BMT that is not available in your hospital?  Yes ☐  No ☐ I don’t know ☐

If Yes, pick from the list the specialty.

Haematologists  Medical Microbiologists  Immunologists  
Clinical Pathologists  Anaesthesiologists  Nurses  Pharmacists  
Clinical Psychologists  Laboratory Scientists/Technicians  Dieticians  
Radiologists  Radiographers  Social Health Workers  
Health Counsellors  Others  Please specify  

25. How affordable do you think this procedure is?
   a. Generally affordable  b. Very Expensive (not affordable)  c. I don’t know  

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