

Evaluating Perceptions and Patterns of Use of Herbal Remedies for Prevention and/ or Cure of COVID-19 Infection Among Adults in UAE

We are a group of year two medical students from the University of Sharjah conducting a research project about Evaluating Perceptions and Patterns of Use of Herbal Remedies for Prevention and /or Cure of COVID-19 Infection Among Adults in UAE as a requirement in our medical education. The purpose of this study is to describe the prevalence, patterns of use, and perceptions towards herbal remedies regarding the prevention and/or cure of COVID-19 among the adult UAE population, in addition to factors contributing to these aspects.

You have been randomly selected to participate in this study and your participation is strictly voluntary. If you agree to participate, you will be asked to fill out a questionnaire that will take anywhere from 5 to 10 minutes of your time.

There are no risks associated with participation in this study. The questionnaire will protect your privacy and is unnamed. We assure you that your responses will remain confidential and will only be used for research purposes.

If you have any questions regarding this study or would like to be informed about its results, please feel free to contact Hashim Al-mishhadany at 0563609721 or Jennat Alamara at 0565389596 or our research supervisor Prof. Eman Abu-Gharbieh at 06/5057289. For any further concerns, you may contact Dr. Suhail Al Amad, the head of the Research Ethics Committee at University of Sharjah at 06/5057304.

Filling out this questionnaire indicates your agreement to participate in the study. Please note that you have the right to withdraw from this study at any time during the filling out of the questionnaire, but you cannot withdraw your data after submission as responses are indistinguishable.

To answer the questionnaire in Arabic, click on the link below:

<https://forms.gle/kWn51XYZyPGhRQc29>

لإجابة الاستبيان باللغة العربية يرجى الضغط هنا

<https://forms.gle/kWn51XYZyPGhRQc29>

***Required**

1. Where do you currently live? *

Mark only one oval.

- ☐ UAE
- ☐ Outside of the UAE (Thank you for your response, your survey ends here)

Demographics

2. Please type the first three letters of your first name *

3. Please enter your date of birth *

Example: 7 January 2019

4. Gender: *

Mark only one oval.

- ☐ Male
- ☐ Female

5. Age: *

Mark only one oval.

- ☐ Under 18 (Thank you for your response, your survey ends here)
- ☐ 18-24
- ☐ 25-39
- ☐ 40-60
- ☐ Above 60

Demographics

6. Please state nationality *

7. Marital status: *

Mark only one oval.

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed

8. Currently living in: *

Mark only one oval.

- ☐ Abu Dhabi
- ☐ Dubai
- ☐ Sharjah
- ☐ Ajman
- ☐ Umm Al Quwain
- ☐ Fujairah
- ☐ Ras Al Khaima

9. The highest academic level reached: *

Mark only one oval.

- ☐ Primary (Grades 1-6)
- ☐ Highschool (Grades 7-12)
- ☐ Diploma
- ☐ Bachelor's degree
- ☐ Higher Education (Higher diploma, Master's, or PhD)
- ☐ Other: _____

10. Occupation field *

Mark only one oval.

- ☐ Student studying in the field of health sciences
- ☐ Student not studying in the field of health sciences
- ☐ Healthcare worker
- ☐ Non-healthcare worker
- ☐ Housewife
- ☐ Retired
- ☐ Unemployed

11. Monthly salary (AED) *

Mark only one oval.

- ☐ Less than 5000 Dhs
- ☐ Between 5000 and 9999 Dhs
- ☐ Between 10000 and 15000 Dhs
- ☐ More than 15000 Dhs
- ☐ Prefer not to say

12. Do you have a family member working in the healthcare sector? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't know

13. Are you or have you been infected with COVID-19? *

Mark only one oval.

- ☐ Yes
- ☐ No *Skip to question 15*
- ☐ I don't know *Skip to question 15*
- ☐ Prefer not to say *Skip to question 15*

Demographics

14. If you answered yes to question 11, how did you know you were infected? *

Mark only one oval.

- ☐ I tested positive in the PCR test
- ☐ I think I had symptoms of COVID-19

Skip to question 15

Practices

15. How often did you use herbal remedies for the PREVENTION of any illness before the COVID-19 pandemic? (Before the pandemic means before 11 March 2020) *

Mark only one oval.

- ☐ Every day
- ☐ Some days of the week
- ☐ Never
- ☐ I don't remember

16. How often did you use herbal remedies for the TREATMENT of any illness before the COVID-19 pandemic? (Before the pandemic means before 11 March 2020) *

Mark only one oval.

- ☐ Every day
- ☐ Some days of the week
- ☐ Only if illness/symptoms started
- ☐ Never
- ☐ I don't remember

17. Have you started using herbal remedies for any of the following reasons related to COVID-19? *

Mark only one oval.

- ☐ Prevention of COVID-19 Skip to question 18
- ☐ Treatment of COVID-19 Skip to question 19
- ☐ For both prevention and treatment of COVID-19 Skip to question 20
- ☐ I didn't use herbal remedies for COVID-19 Skip to question 23

[Skip to question 18](#)

Practices

18. How often did you use herbal remedies for the prevention of COVID-19? *

Mark only one oval.

- ☐ Every day Skip to question 22
- ☐ Some days of the week Skip to question 22
- ☐ I don't remember Skip to question 22

[Skip to question 22](#)

Practices

19. How often did you use herbal remedies for the treatment of COVID-19? *

Mark only one oval.

- ☐ Every day Skip to question 22
- ☐ Some days of the week Skip to question 22
- ☐ Only if illness/ symptoms started Skip to question 22
- ☐ I don't remember Skip to question 22

[Skip to question 22](#)

Practices

20. How often did you use herbal remedies for the PREVENTION of COVID-19? *

Mark only one oval.

- ☐ Every day Skip to question 22
- ☐ Some days of the week Skip to question 22
- ☐ I don't remember Skip to question 22

21. How often did you use herbal remedies for the TREATMENT of COVID-19? *

Mark only one oval.

- ☐ Every day Skip to question 22
- ☐ Some days of the week Skip to question 22
- ☐ Only if illness/ symptoms started Skip to question 22
- ☐ I don't remember Skip to question 22

Practices

22. What are your reasons for using herbal remedies for the treatment and/or prevention of COVID-19? (Select all that applies) *

Tick all that apply.

- ☐ Preference for natural options
- ☐ Influence of media
- ☐ Cost-efficient/low cost
- ☐ Easy access or local abundance
- ☐ Familial influence
- ☐ I believe they are more effective than medication(s)
- ☐ Positive first- or second-hand past experience
- ☐ I believe they are a safe option
- ☐ I use it because there is still no cure for COVID-19
- ☐ I believe they can protect me from COVID-19
- ☐ I believe they are as good as the vaccine

Other: ☐ _____

Skip to question 24

Practices

23. What are your reasons for not using herbal remedies for the treatment or prevention of COVID-19? (Select all that applies) *

Tick all that apply.

- ☐ Influence of media
- ☐ Expensive
- ☐ I believe they are ineffective
- ☐ There is not enough supporting scientific evidence that they are effective
- ☐ Negative first- or second-hand experience
- ☐ They cause side effects

Other: ☐ _____

Skip to question 30

Practices

24. Please select all the herbs or herbal remedies that you have used or are currently using for the treatment and/or prevention of COVID-19, and the symptom(s) you have used them for.

You can choose more than one herb and more than one symptom. Scroll to the right to see more symptoms.

Tick all that apply.

	Fever	Chills	Fatigue	Difficulty breathing	Loss of sense of taste	Loss of sense of smell	Coughs	Headache	Sore throat	Stuffy nose	Skin rash	Body aches & pains	No specific symptoms	Other symptoms
Ginger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oleander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turmeric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackseeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sage leaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please select all the herbs or herbal remedies that you have used or are currently using for the treatment and/or prevention of COVID-19, and the symptom(s) you have used them for.

You can choose more than one herb and more than one symptom. Scroll to the right to see more symptoms.

Tick all that apply.

	Fever	Chills	Fatigue	Difficulty breathing	Loss of sense of taste	Loss of sense of smell	Coughs	Headache	Sore throat	Stuffy nose	Skin rash	Body aches & pains	No specific symptoms	Other symptoms
Garlic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chamomile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lemon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. If you have selected “others” in the table above, which other herbs or herbal remedies have you used?

27. What side effects did you notice, if any, while using herbal remedies for the treatment and/or prevention of COVID-19? (Select all that applies) *

Tick all that apply.

- ☐ I didn't experience any side effects
☐ Nausea
☐ Vomiting
☐ Diarrhoea
☐ Constipation
☐ Skin problems

Other: ☐ _____

28. From where do you usually obtain your herbs or herbal remedies for COVID-19? (Select all that applies) *

Tick all that apply.

- ☐ Stores
☐ Online stores
☐ Friends
☐ Family

Other: ☐ _____

29. What is your source of information related to the usage of herbal remedies for the treatment or prevention of COVID-19? (Select all that applies) *

Tick all that apply.

- ☐ Facebook
☐ Whatsapp
☐ Instagram
☐ Snapchat
☐ Television
☐ Books /scientific articles
☐ Informative websites
☐ Newspapers and magazines
☐ Friends
☐ Family
☐ Healthcare workers

Other: ☐ _____

Perceptions

30. On a scale of 1 to 5, how effective do you think herbal remedies are in *

Mark only one oval per row.

	1 -Not at all effective	2- Slightly effective	3- Moderately effective	4- Very effective	5- Extremely effective
PREVENTING COVID-19? (1 is not at all and 5 is extremely effective)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TREATING COVID-19? (1 is not at all and 5 is extremely effective)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. On a scale of 1 to 5, how risky do you think herbs or herbal remedies are in *

Mark only one oval per row.

	1- Not at all risky	2- Slightly risky	3- Moderately risky	4- Very risky	5- Extremely risky
Treating and/or preventing COVID-19? (1 not at all and 5 is extremely risky)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. I think that there needs to be Public Outreach Program(s) to raise awareness surrounding herbal remedies. *

Mark only one oval.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

33. I believe that herbal remedies provide enough protection against the spread of COVID-19 so that quarantine and lockdown are not needed. *

Mark only one oval.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

34. I believe that herbal remedies provide enough protection against COVID-19 so that other protective measures (e.g. wearing masks, sanitisation, hand washing, social distancing) are not needed. *

Mark only one oval.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

35. I believe that it would be helpful to follow social media trends surrounding herbal remedies in the treatment and/or prevention of COVID-19. *

Mark only one oval.

- ☐ Strongly disagree
☐ Disagree
☐ Somewhat disagree
☐ Neither agree nor disagree
☐ Somewhat agree
☐ Agree
☐ Strongly agree

36. Before COVID-19, I used to believe that herbal remedies are ineffective. *

Mark only one oval.

- ☐ Strongly disagree
☐ Disagree
☐ Somewhat disagree
☐ Neither agree nor disagree
☐ Somewhat agree
☐ Agree
☐ Strongly agree

37. After the start of COVID-19, I now believe that herbal remedies are effective. *

Mark only one oval.

- ☐ Strongly disagree
☐ Disagree
☐ Somewhat disagree
☐ Neither agree nor disagree
☐ Somewhat agree
☐ Agree
☐ Strongly agree

38. What I saw on social media about herbal remedies for COVID-19 has caused me to believe that they are effective. *

Mark only one oval.

- ☐ Strongly disagree
☐ Disagree
☐ Somewhat disagree
☐ Neither agree nor disagree
☐ Somewhat agree
☐ Agree
☐ Strongly agree

39. I think herbal remedies are safer than synthetic (man-made) drugs. *

Mark only one oval.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

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