

**July 26, 2020**  
**COVID-19 Questionnaire**  
**English v3.2**

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[ENTER INTRODUCTORY TEXT FROM LOCAL SITE HERE]

## Section 1 | Identification

1.1

Ask to speak to the person who participated in your population study

[Site-Specific Introduction script]

- a. Participant attends call [ →Q 1.4]
- b. Participant not available [ →Ask to schedule a time to call back]
- c. Participant has died

1.2

What date did he/she die?

[PROMPT FOR DATE]

\_\_\_\_\_

1.3

Did a health professional think that the death was caused by COVID-19?

- Yes [ →Stop]
- No [ →Stop]

1.4

What is your gender?

- Female
- Male [ →Note: Skips Section 4, Maternal and Child Health]
- Other (specify) \_\_\_\_\_

## Section 2 | COVID-19 related health questions

### 2.1

**Do you think that you have, or have had, COVID-19?**

Yes, confirmed by a positive test

Yes, suspected by a healthcare professional but not tested

Yes, my own suspicions

No

[ →Q2.2]

[ →Q2.2]

[ →Q2.3]

### 2.1b

**What kind of test have you had?**

**[SELECT ONE OR MORE]**

A swab test (swab taken from your throat or nose)

A blood test

Don't know

### 2.2

**When were you told / when did you think you had COVID-19?**

**[PROMPT FOR DATE]**

\_\_\_\_\_

### 2.3

**The following are questions about certain symptoms that you might have experienced, since the beginning of this year (1st January, 2020). First, I want you to think back to the period this year before [enter lockdown date/criterion here].**

**In the period between January 1<sup>st</sup>, 2020 and [enter lockdown date/criterion here], did you have any of the following symptoms?**

**[READ OPTIONS AND SELECT ONE OR MORE]**

Abdominal pain/tummy ache

Cough that was new and persistent

Chills (feeling too cold)

Diarrhoea

Fever (feeling too hot)

Loss of sense of smell

Loss of sense of taste

Nausea and/or vomiting

Shortness of breath affecting normal activities

Sore throat

Tightness in the chest or chest pain

Tiredness that was more than normal

**None of the above**

### 2.4

**Now I want you to think about the period since [enter lockdown date here]. In the period since [enter lockdown date here] have you had any of the following?**

**[READ OPTIONS AND SELECT ONE OR MORE]**

Abdominal pain/tummy ache

Cough that was new and persistent  
Chills (feeling too cold)  
Diarrhoea  
Fever (feeling too hot)  
Loss of sense of smell  
Loss of sense of taste  
Nausea and/or vomiting  
Shortness of breath affecting normal activities?  
Sore throat  
Tightness in the chest or chest pain  
Tiredness that was more than normal  
**None of the above**

**[IF YES TO ANY ITEM IN Q2.3 or Q2.4 →Q2.5, otherwise →Q2.9]**

**2.5**

**What date did your symptoms first appear?**

**[ENTER DATE: MUST BE AFTER OCTOBER 01, 2019]**

DD/MM/YYYY

**2.6**

**Do you still have symptoms?**

Yes [ →2.6a]

No [ →2.6b]

**2.6a**

**For how many days have you had these symptoms?**

**[ENTER NUMBER OF DAYS]**

\_\_\_ Days [validation: requires number]

**2.6b**

**How long in days did the symptoms last?**

**[ENTER NUMBER OF DAYS]**

\_\_\_ Days [validation: requires number]

**2.7**

**Did you seek medical attention for the symptoms?**

Yes

No [ →Q 2.9]

**2.8**

**Where did you go, or who did you call, to get assessment and treatment for the symptoms?**

**[READ OPTIONS AND SELECT ONE OR MORE]**

Phoned doctor or healthcare provider  
Visited a community health worker  
Visited a government hospital/clinic  
Visited a private hospital/clinic  
Visited an NGO hospital/clinic

Visited a traditional healer or herbalist  
Visited a drug shop / pharmacy  
Other (specify) \_\_\_\_\_  
**None of the above**

**2.9**

**Have you been in close contact\*\* with anyone with known or suspected COVID-19 in the last 2 weeks?**

**\*\* “Close contact” means being within 2 metres of somebody for 15 minutes or more.**

Yes, I was in contact with a confirmed/tested COVID-19 case  
Yes, I was in contact with a suspected COVID-19 case  
No, not to my knowledge

**2.10**

**I am now going to ask you about other health conditions. Has a doctor or other healthcare provider told you that you have one of the following conditions?**

**[READ OPTIONS AND SELECT ONE OR MORE]**

Alcohol or other substance misuse  
Anaemia  
Asthma  
Brain or nerve condition (e.g. dementia, Parkinson’s)  
Cancer  
Diabetes (Type I or II)  
Heart disease or heart problems  
Hepatitis B or C, or other chronic liver disease  
HIV  
Hypertension (high blood pressure)  
Mental health problems (e.g. depression, anxiety, or other mental disorders)  
Stroke  
TB  
Other lung condition COPD, bronchitis or emphysema  
Other condition causing a weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)  
**None of the above**

**2.11**

**Do you currently take any medication prescribed by a healthcare professional for a long-term condition?**

Yes  
No [ →Q2.14]

**2.12**

**Have you run out of any of these medications in the last 2 weeks?**

Yes  
No [ →Q2.14]

**2.13**

**What was the main reason for running out?**

**[OPEN SINGLE RESPONSE. MATCH TO ANSWER. PROMPT IF NEEDED]**

Afraid of go out to get medication because of fear of COVID-19 infection  
Lockdown restricted me from going out

Unable to go out for other reasons  
Drug shop/pharmacy out of stock  
Government medicine out of stock  
Unable to afford the medication  
Other reason (specify)\_\_\_\_\_

**2.14**

**Have you tried to see a healthcare provider (e.g. doctor, nurse, community health worker) in the last 2 weeks?**

Yes  
No [ →Q3.1]

**2.15**

**What was the main reason for wanting to see a healthcare provider?**

**[OPEN SINGLE RESPONSE. MATCH TO ANSWER. PROMPT IF NEEDED]**

Advice or evaluation for possible COVID-19  
Pregnancy  
Treatment of a new condition  
Treatment of a pre-existing condition (e.g. blood pressure, cancer, HIV)  
Vaccination or well child care  
Other reason (specify)\_\_\_\_\_

**2.16**

**Were you successful in seeing a healthcare provider?**

Yes  
No, tried but could not be seen [ →Q2.18]

**2.17**

**Was that by phone consultation or in person?**

By phone consultation [ →Q3.1]  
In person [ →Q3.1]

**2.18**

**What was the main reason for not being able to see a healthcare provider?**

**[OPEN SINGLE RESPONSE. MATCH TO ANSWER. PROMPT IF NEEDED]**

Afraid to go out due to fear of COVID-19 infection  
Lockdown restricted me from going out  
Unable to go out for other reason  
Unable to afford  
Clinic closed  
Other reason (specify) \_\_\_\_\_

## Section 3 | Mental Health Assessment

### 3.1

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				

### 3.2

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				

## Section 4 | Maternal and Child Health

[SECTION IS SKIPPED IF RESPONDENT IS MALE]

4.1

Are you pregnant?

Yes [ →Q4.2]

No [ →Q4.6]

4.2

Is this your first child?

Yes

No

4.3

How many weeks pregnant are you?

[ENTER A NUMBER]

\_\_\_\_\_

4.4. How many antenatal clinic visits have you attended?

[ENTER A NUMBER]

\_\_\_\_\_

4.5

Have you had any vaccinations in pregnancy since [enter lockdown/criterion date here]?

Yes [ →Q5.1 (End of section: if currently pregnant, questions to not apply)]

No [ →Q5.1 (End of section: if currently pregnant, questions to not apply)]

4.6

Have you had a baby this year?

Yes [ →Q4.7]

No [ →Q5.1 (End of section)]

4.7

How long ago did you give birth?

[ENTER DAYS, WEEKS, OR MONTHS. PROMPT FOR SPECIFIC DATE]

\_\_\_\_\_

4.8

Where did you give birth?

Home

Hospital

Health centre

Other (specify) \_\_\_\_\_

4.9

Are you breastfeeding your infant?



Yes

No, using formula milk

No, using other food sources

No, other reason (specify)\_\_\_\_\_ [If the baby has died →Q5.1 (end section)]

**4.10**

**Have you taken your baby for their vaccines?**

Yes

[ →Q5.1 (End of section)]

No

**4.11**

**What are the reasons for not taking your baby for vaccines?**

Clinic is closed – no staff

Clinic closed – no vaccines

Family advised not to go – fear of a COVID-19 vaccine

Fear of COVID-19

Unable to get to clinic – no money

Unable to get to clinic – no transport

Other reasons

## Section 5 | Behaviour and Knowledge

### 5.1

Since [enter lockdown/criterion date here], did you change your behaviour by doing any of the following?

**[SELECT ONE OR MORE]**

- Avoided crowded areas
- Avoided going for walks or exercise outside
- Avoided going to church
- Avoided going to markets
- Avoided going to restaurants/bars/pubs
- Avoided going to sports venues (added from elsewhere)
- Avoided going to the doctor/health centre/clinic
- Avoided public transport/taxis
- Avoided taking my children out of my home
- Avoided travelling long distances
- Cancelled my usual social activities
- Did not attend lectures (if a student)
- Did not go to a grocery store or pharmacy
- Did not go to work / or worked from home
- Did not go shopping for non-essential things
- Did not leave the house
- Followed coughing and sneezing recommendations
- Followed handwashing recommendations
- Tried to avoid physical contact with people
- Used hand sanitizer
- Used tissues more than usual
- Wore a face mask outside my home
- Wore gloves while going out of my home
- None of the above**

### 5.2

Since [enter lockdown/criterion date here], has your family been able to access enough soap and water to wash your hands regularly?

- Yes
- No

### 5.3

Do you have any school-going children in your household?

- Yes
- No [ →Q6.1 (End of section)]

### 5.4

How did they primarily access education since [enter lockdown/criterion date here]?

**[SELECT ONE]**

- They could attend school most of the time
- Someone in the household provided education
- The school had a program over the internet
- They accessed radio or TV programmes
- They did not receive any education

## Section 6 | Economic Questions

6.1

Before [enter lockdown/criterion date here], how well would you say your household was managing financially?

[READ OPTIONS AND SELECT ONE]

Living comfortably  
Doing all right  
Just about getting by  
Finding it quite difficult  
Finding it very difficult

6.2

Overall, how do you feel your household's current financial situation compares to before [enter lockdown/criterion date here]?

[READ OPTIONS AND SELECT ONE]

Much worse off  
A little worse off  
About the same  
A little better off  
Much better off

6.3

Before [enter lockdown/criterion date here], which of the following statements best describes the food eaten in your household?

[READ OPTIONS AND SELECT ONE]

You all always had enough of the kinds of foods you wanted to eat.  
You all had enough to eat, but not always the kinds of food you wanted.  
You (or a household member) sometimes did not have enough to eat.  
You (or a household member) often didn't have enough to eat.

6.4

Which of the following statements best describes the food eaten in your household in the last 2 weeks?

[READ OPTIONS AND SELECT ONE]

You all always had enough of the kinds of foods you wanted to eat.  
You all had enough to eat, but not always the kinds of food you wanted.  
You (or a household member) sometimes did not have enough to eat.  
You (or a household member) often didn't have enough to eat.

6.5

Do you work in a place other than your home?

[SELECT ONE]

Yes  
No [ →Q6.7]

6.6

Does your work require you to be in close contact (i.e. within 2 metres) with others, who you do not live with, including while travelling to work?

**[READ OPTIONS AND SELECT ONE]**

- Yes, all of the time
- Yes, most of the time
- Some of the time
- Rarely
- Not at all

**6.7**

**Who is the main earner in your household?**

**[SELECT ONE]**

- |                    |           |
|--------------------|-----------|
| Me                 | [ →Q6.8a] |
| My child           | [ →Q6.8b] |
| My partner         | [ →Q6.8b] |
| My parent          | [ →Q6.8b] |
| My sibling         | [ →Q6.8b] |
| Other relative     | [ →Q6.8b] |
| Other non-relative | [ →Q6.8b] |

**6.8a**

**What is your work main occupation? [ →Q6.9a]**

\_\_\_\_\_ [Open Text Field – Record Response and match to sector per Questionnaire Guide]

**6.8b**

**What is the occupation of the main earner of your household? [ →Q6.9b]**

\_\_\_\_\_ [Open Text Field – Record Response and match to sector per Questionnaire Guide]

**6.9a**

**Which of the following describes your income since before [enter lockdown/criterion date here]?**

**[READ OPTIONS AND SELECT ONE]**

- |                  |           |
|------------------|-----------|
| Income stopped   | [ →Q6.10] |
| Income reduced   | [ →Q6.10] |
| Income unchanged | [ →Q6.10] |
| Income increased | [ →Q6.10] |
| Don't know       | [ →Q6.10] |

**6.9b**

**Which of the following describes the income of the main earner since before [enter lockdown/criterion date here]?**

**[READ OPTIONS AND SELECT ONE]**

- Income stopped
- Income reduced
- Income unchanged
- Income increased
- Don't know

**6.10**

Which of the following describes your household's income in the since before [enter lockdown/criterion date here]?

[READ OPTIONS AND SELECT ONE]

- Income stopped
- Income reduced
- Income unchanged
- Income increased
- Don't know

6.11

Have there been times in the last 2 weeks when you or your household have been unable to afford any of these?

[READ OPTIONS AND SELECT ONE OR MORE]

- Accommodation/rent
- Communications (mobile/internet)
- Electricity
- Food
- Loan repayments
- Medicine
- School fees
- Transport
- Water
- Medical care
- None of the above**

## Section 7 | Social Impact

### 7.1

**Has your living arrangement changed because of the COVID-19 pandemic?**

Yes

No

[ →Q7.3]

### 7.2 How has it changed?

**[MATCH TO ONE OR MORE]**

I moved to my current address temporarily because of the COVID-19 pandemic

Another person (e.g. sibling, adult, child, parent) has moved into my address because of the COVID-19 pandemic

Another person I lived with has moved elsewhere because of the COVID-19 pandemic

### 7.3

**Since [enter lockdown/criterion date here], have you seen any changes in the following situations, in your community?**

**[FOR EACH ITEM, GIVE THE FOLLOWING OPTIONS:  
INCREASED, STAYED SAME, DECREASED, DON'T KNOW]**

Violence against women

Violence against men

Violence against children

Child neglect

Marital problems (separation/divorce)

## Section 8 | Environmental Impact

**8.1**

**How many rooms are in your accommodation (not including the kitchen and bathroom)?**

**[ENTER A NUMBER]**

\_\_\_\_\_

**8.2**

**Including yourself, how many people live in your accommodation?**

**[ENTER A NUMBER FOR EACH CATEGORY]**

\_\_\_ Adults aged 60 years old or older.

\_\_\_ Adults aged 18-59 years.

\_\_\_ Children aged less than 18 years.

**8.3**

**What type of outside space do you have where you can exercise or play?**

**[READ OPTIONS AND SELECT ONE]**

Private to your household only

Shared with two or more households living close by

Public space (open to anyone)

No space to exercise or play