Additional Questions, Not Included in Final Phone Questionnaire Core

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COVID-19 Testing

T1
Have you had a test before to see if you have or have had COVID-19?

[READ OPTIONS, SELECT ONE OR MORE]

No [ →End Testing Questions]
Yes, because I had symptoms
Yes, because I have been in contact with someone who had COVID-19
Yes, because of my job
Other (specify) _________
Don’t know [ →End Testing Questions]

T2
What kind of test have you had?

[READ OPTIONS, SELECT ONE OR MORE]

A swab test (swab taken from your throat or nose) which tests for current infection
An antibody test (this usually involves a drop of blood taken from your finger) which tests for past infection
Don’t know
Other (specify) _________

T3
Have you had a positive result from a swab test?

No
Yes
Don’t know
K1
Have you heard of the new coronavirus infection, COVID-19?

Yes
No  [ →Next Question]

K2.1
Please tell me FIVE symptoms of new coronavirus infection, COVID-19

[OPEN MULTIPLE (5) RESPONSES. MATCH TO ANSWER LIST]

None/unknown
Diarrhoea
Dry Cough – Dry
Cough – Productive
Fever
Headache
Loss of appetite
Loss of smell
Tiredness
Muscle/joint pain
Runny/blocked nose
Shortness of breath
Sore Throat
Vomiting
Other

K2.2
Tell me THREE ways the new coronavirus infection or COVID-19 spread from person to person

[OPEN MULTIPLE (THREE) RESPONSES. MATCH TO ANSWER LIST]

Droplets from coughing and sneezing
Touching other people who have the virus
Touching surfaces which have the virus on
Touching your eyes, nose or mouth with unclean hands
Body fluids from an infected person
Faeces of an infected person
Other
Do not know any

K2.3
Where could someone who has COVID-19 symptoms seek advice or help?

[OPEN MULTIPLE RESPONSES. MATCH TO ANSWERS]

National help line number
Local help line number
Local health care provider
Telemedicine providers
Public hospital/clinic
Private hospital/clinic
Other
Do not know any
Mental Health Assessments

General Anxiety Disorder-7 (GAD-7)

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td></td>
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<tr>
<td>5. Being so restless that it is hard to sit still</td>
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<td></td>
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<tr>
<td>6. Becoming easily annoyed or irritable</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
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</tr>
</tbody>
</table>

Patient Health Questionnaire-9 (PHQ-9)

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td></td>
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<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
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</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
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<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td></td>
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</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Note, please consult with relevant local authorities to determine whether additional actions are required in relation to asking and/or response to this question.
Additional Mental Health Questions†

† From the Malawi Epidemiology and Intervention Research Unit COVID-19 Study (includes original numbering)

2.32
Introduction

I am now going to ask you some questions about how you have been thinking and feeling during the last 2 weeks.

Over a 2-week period, the answer
“Several Days” means you experienced the symptoms for 7 days or less,
“More than half the days” means you experienced the symptoms for 8 days and 12 days, and
“Nearly every day” you experienced the symptoms for 13 days or 14 days

2.32.1
In the last 2 weeks, have you been bothered by having little interest or pleasure in doing things?
Yes [ → Q2.33.1]
No

2.32.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.33.1
In the last 2 weeks, have you been bothered by feeling down, depressed or hopeless?
Yes [ → Q2.34.1]
No

2.33.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.34.1
In the last 2 weeks, have you been bothered by trouble falling or staying asleep?
Yes [ → Q2.35.1]
No

2.34.2
How many days in the last 2 weeks has this happened?
Several days [ → Q2.36.1]
More than half the days [ → Q 2.36.1]
Nearly everyday [ → Q2.36.1]
2.35.1
In the last 2 weeks, have you been bothered by sleeping too much?
Yes
No [ ➔ Q2.36.1]

2.35.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.36.1
In the last 2 weeks, have you been bothered by feeling tired or having little energy?
Yes
No [ ➔ Q2.37.1]

2.36.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.37.1
In the last 2 weeks, have you been bothered by poor appetite?
Yes
No [ ➔ Q2.38.1]

2.37.2
How many days in the last 2 weeks has this happened?
Several days [ ➔ Q2.39.1]
More than half the days [ ➔ Q2.39.1]
Nearly every day [ ➔ Q2.39.1]

2.38.1
Over the last 2 weeks, have you been bothered by over-eating?
Yes
No [ ➔ Q2.39.1]

2.38.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.39.1
Over the last 2 weeks, have you been bothered by feeling bad about yourself? Or that you are a failure? Or have let yourself or your family down?
Yes
No [ ➔ Q2.40.1]
2.39.2
How many days in the last 2 weeks has this happened?
    Several days
    More than half the days
    Nearly everyday

2.40.1
In the last 2 weeks, have you been bothered by trouble concentrating on things, such as reading, talking with friends, finishing tasks, or attending a meeting?
    Yes
    No [→Q2.41.1]

2.40.2
How many days in the last 2 weeks has this happened?
    Several days
    More than half the days
    Nearly everyday

2.41.1
In the last 2 weeks, have you been bothered by moving or speaking so slowly that other people could have noticed?
    Yes
    No [→Q2.42.1]

2.41.2
How many days in the last 2 weeks has this happened?
    Several days [→Q2.43.1]
    More than half the days [→Q2.43.1]
    Nearly every day [→Q2.43.1]

2.42.1
In the last 2 weeks, have you been bothered by being so fidgety or restless that you have been moving around a lot more than usual?
    Yes
    No [→Q2.43.1]

2.42.2
How many days in the last 2 weeks has this happened?
    Several days
    More than half the days
    Nearly everyday

2.43.1
In the last 2 weeks, have you been bothered by the thought that you would be better off dead or of hurting yourself in some way?
    Yes
    No [→Q2.44]
2.43.2
How many days in the last 2 weeks has this happened?
Several days [At End of Survey Safety Protocol]
More than half the days [At End of Survey Safety Protocol]
Nearly everyday [At End of Survey Safety Protocol]

I am just going to ask you a few more questions about how you have been thinking and feeling.

2.45.1
In the last 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
Yes
No [Q2.46.1]

2.45.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.46.1
In the last 2 weeks, have you been bothered by not being able to stop or control worrying?
Yes
No [Q2.47.1]

2.46.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.47.1
In the last 2 weeks, have you been bothered by worrying too much about different things?
Yes
No [Q2.48.1]

2.47.2
How many days in the last 2 weeks has this happened?
Several days
More than half the days
Nearly everyday

2.48.1
In the last 2 weeks, have you been bothered by having trouble relaxing?
Yes
No [Q2.49.1]
2.48.2
How many days in the last 2 weeks has this happened?
   Several days
   More than half the days
   Nearly everyday

2.49.1
In the last 2 weeks, have you been bothered by being so restless that it is hard to sit still?
   Yes
   No  [ → Q2.50.1]

2.49.2
How many days in the last 2 weeks has this happened?
   Several days
   More than half the days
   Nearly everyday

2.50.1
In the last 2 weeks, have you been bothered becoming annoyed or irritable?
   Yes
   No  [ → Q2.50.1]

2.50.2
How many days in the last 2 weeks has this happened?
   Several days
   More than half the days
   Nearly everyday

2.51.1
In the last 2 weeks, have you been bothered by feeling afraid as if something awful might happen?
   Yes
   No  [ → Q2.52]

2.51.2
How many days in the last 2 weeks has this happened?
   Several days
   More than half the days
   Nearly everyday
Economic Questions

E1
Before [enter lockdown/criterion date here], did you or anyone in your household provide income (in cash or in kind) to any individuals (e.g. friend or relative) outside of your household?
Yes
No
Don’t know
Prefer not to answer

E2
In the last 2 weeks, did you or anyone in this household provide income (in cash or in kind) to any individuals (e.g. friend or relative) outside of this household?
Yes
No
Don’t know
Prefer not to answer

E3
In the last 2 weeks, did you or anyone in your household receive a remittance (in cash or in kind) from a friend or relative outside of your household?
Yes
No
Don’t know
Prefer not to answer

E4
In the last 2 weeks, did you or anyone in your household receive a remittance (in cash or in kind) from a friend or relative outside of your household?
Yes
No
Don’t know
Prefer not to answer

E5
In the last 2 weeks, have you or your household had to sell one or more household assets?
Yes
No
Don’t know
Prefer not to answer
[ → Skip QE6]

E6
If yes, how much money did you sell it for?
Prefer not to answer
Value (specify)__________
S1
What is the main fuel for cooking in the household?

[READ OPTIONS AND SELECT ONE]

- Gas
- Electricity
- Kerosene
- Wood
- Charcoal
- Do not have ability to cook food in home
- Other (specify)__________

S2
Where do you get water for your household?

[READ OPTIONS AND SELECT ONE]

- Within the house (pipe, rainwater, or other source)
- Shared standpipe (shared with a limited number of other families)
- From a public supply or water source (including river)

S3
What type of toilet do you and your household primarily use?

[READ OPTIONS AND SELECT ONE]

- Private inside the house
- Private toilet outside the house
- Shared with other families
- Public

S4
Have there been times in the last 2 weeks when you or your household have been unable to access any of these?

[READ OPTIONS, SELECT ONE OR MORE]

- Community-based food support
- Education
- Electrical supply
- Food shopping
- Health services
- Transport services
- Water supply
- Medical care
- None of the above
- Other (specify)__________
Unclassified

X1
Do you trust that the following institutions or authority figures act to protect or help you?

[READ LIST OF ITEMS AND MARK YES/NO/Don't Know TO EACH]

- Government – District
- Government – National
- Health workers in the nearest clinic
- Health workers in the nearest COVID-19 treatment facility
- Imam / priest [or preplace with locally-relevant option]
- Lab staff in the nearest COVID-19 testing site
- Media – Local
- Media – National
- National COVID-19 outbreak management team
- Police
- Social media
- Ten-cell leader [or preplace with locally-relevant option]
- Village head [or preplace with locally-relevant option]

X2
Has your trust in the following institutions or authority figures increased, decreased or stayed the same since [enter lockdown/criterion date here]?

[For each item answer increased/stayed same/decreased or Don't know]

- Government – District
- Government – National
- Health workers in the nearest clinic
- Health workers in the nearest COVID-19 treatment facility
- Imam / priest [or preplace with locally-relevant option]
- Lab staff in the nearest COVID-19 testing site
- Media – Local
- Media – National
- National COVID-19 outbreak management team
- Police
- Social media
- Ten-cell leader [or preplace with locally-relevant option]
- Village head [or preplace with locally-relevant option]