

Additional Questions, Not Included in Final Self-Report 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?

[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?

[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 test for *past* infection
- Don't know
- Other (specify)_____

T3

Have you had a positive result from a swab test?

- No
- Yes
- Don't know

Knowledge

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

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

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?

[SELECT ONE OR MORE]

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)

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

Patient Health Questionnaire-9 (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?				
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
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				
9. Thoughts that you would be better off dead or of hurting yourself in some way**				

** 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

The following questions are 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

No [→Q2.33.1]

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

No [→Q2.34.1]

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

No [→Q2.35.1]

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 every day [→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 every day [→At End of Survey Safety Protocol]

The following questions are 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 [→Skip QE6]
- Don't know [→Skip QE6]
- Prefer not to answer [→Skip QE6]

E6

If yes, how much money did you sell it for?

- Prefer not to answer
- Value (specify) _____

Social Impact

S1

What is the main fuel for cooking in the household?

[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?

[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?

[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?

[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?

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]?

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]**