

Univariate plots of Yaounde COVID study data

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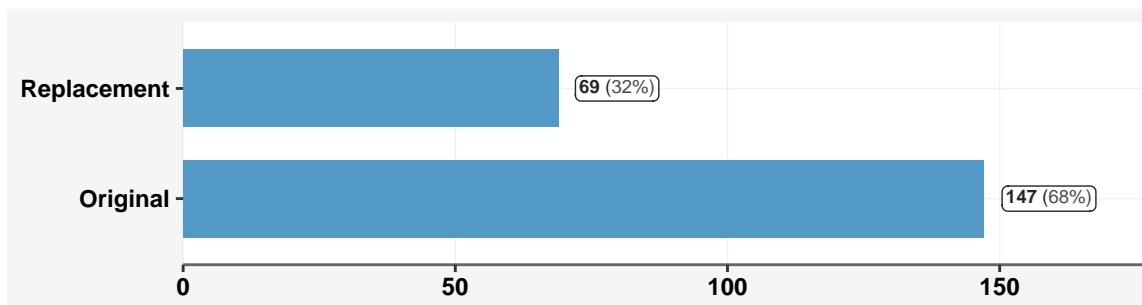
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1 Administration of questionnaire

1.1 Is this the original sampled household?

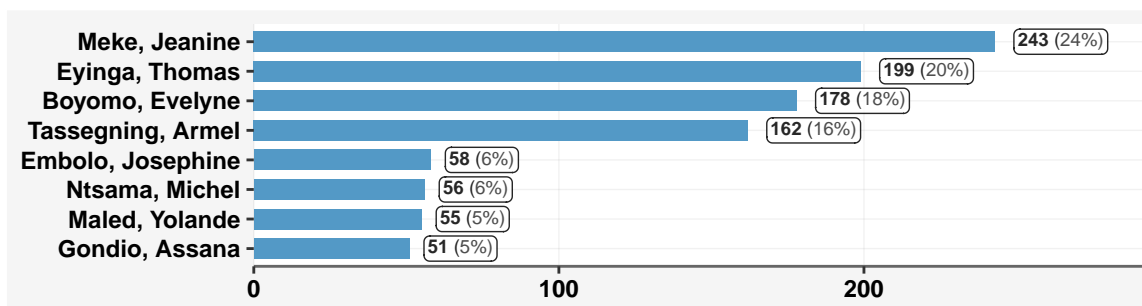
(per household)



NOTE It is not clear to me whether 0 means "original" or "replacement".

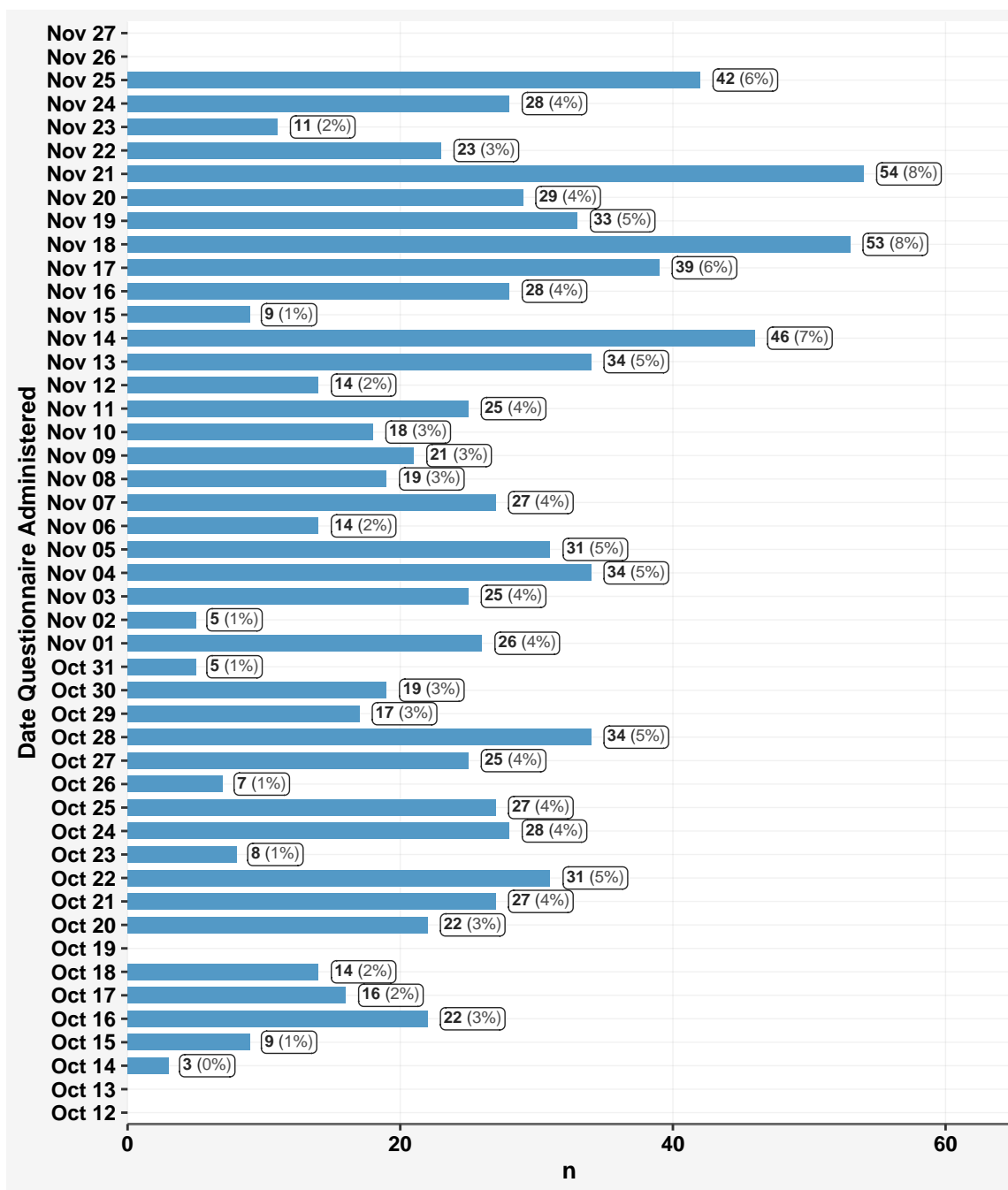
1.3 Which surveyors administered the questionnaire?

(per respondent)



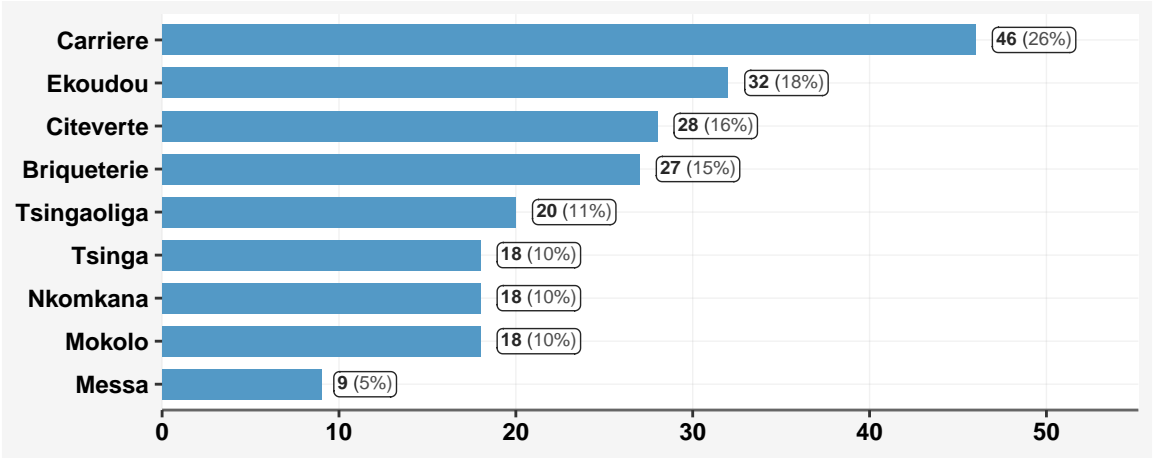
1.4 Date of survey completion

(per respondent)



1.5 City Area

(per household)



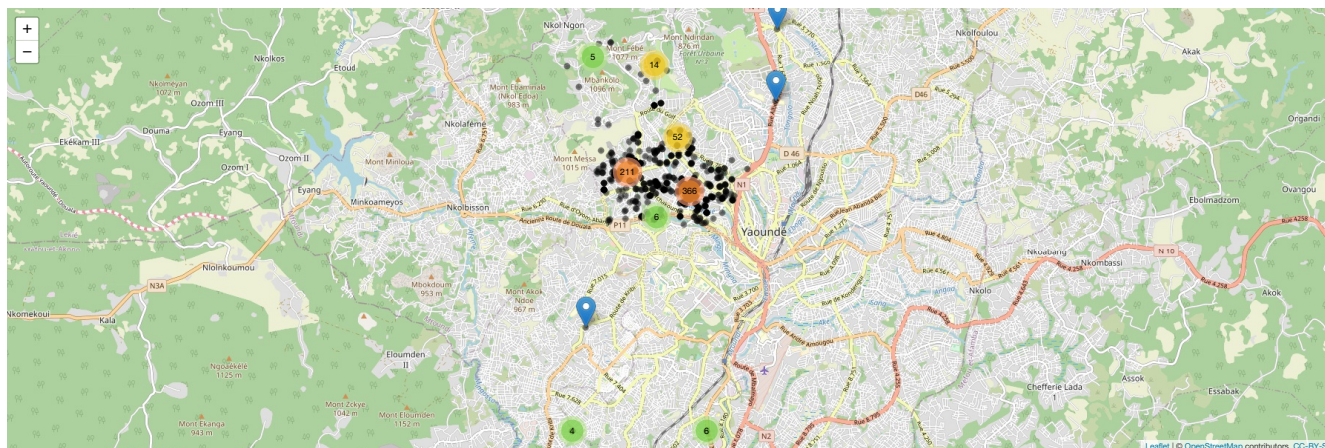
2 Household Composition

All variables below are per household. The answers from a single representative individual are taken to represent the information about the household.

This representative individual is either:

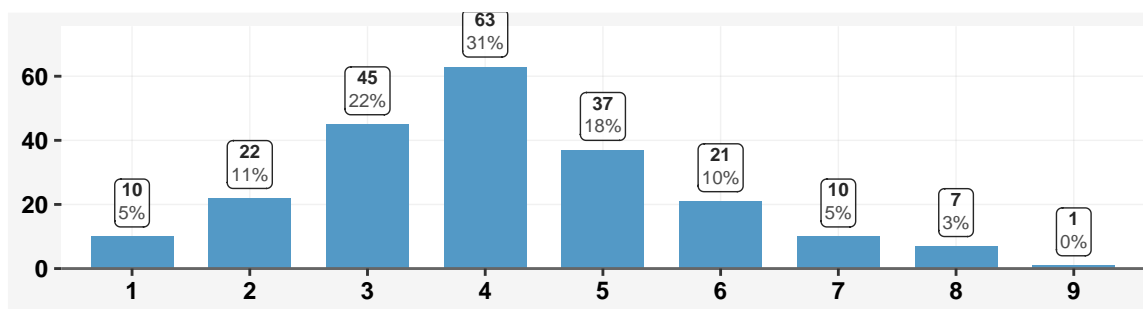
- The first “household head” to be interviewed in a household; or
- In cases where there is no head, the first individual above 18 to be interviewed in the household.

2.2 GPS location

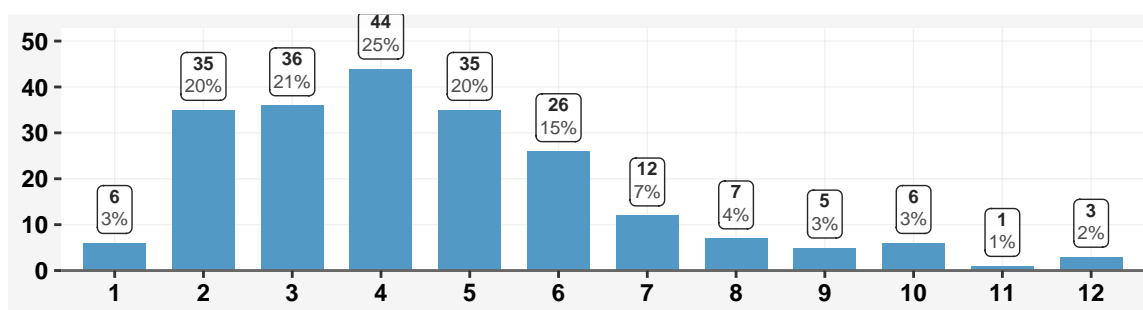


NOTE The map above is a screenshot of an interactive web map. See the html version of this report to access map

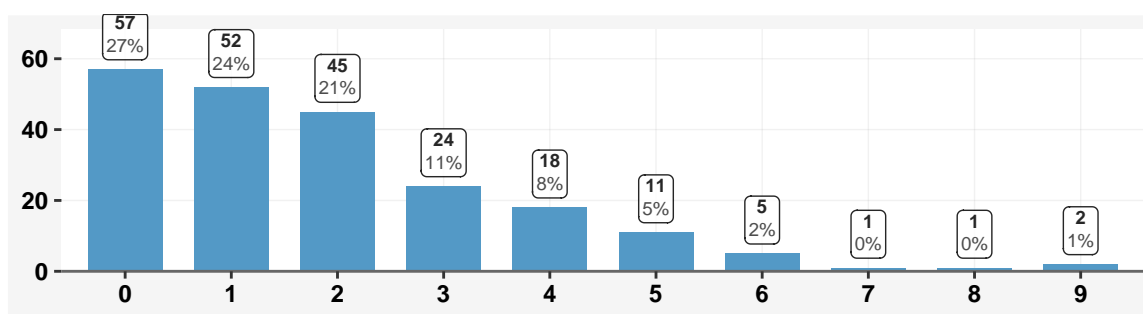
2.3 Number of rooms



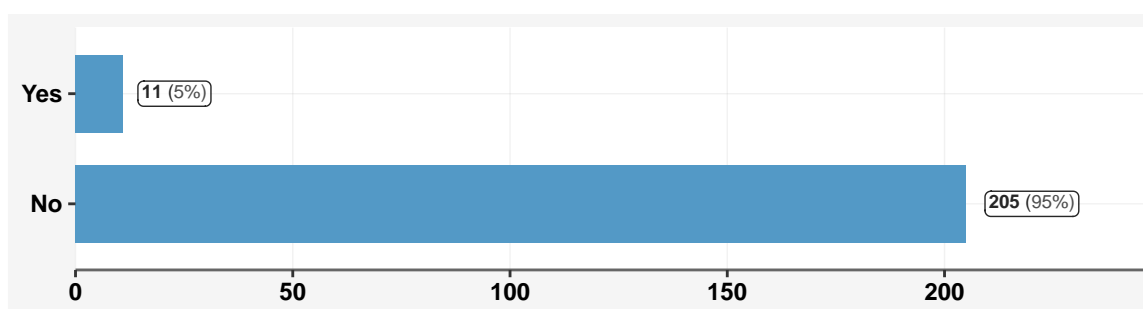
2.4 Number of adults



2.5 Number of children



2.7 Have there been deaths in the household since March 1st?



NOTE Here, NA means the cell was completely blank. NR means it was filled in as “Ne repond pas”

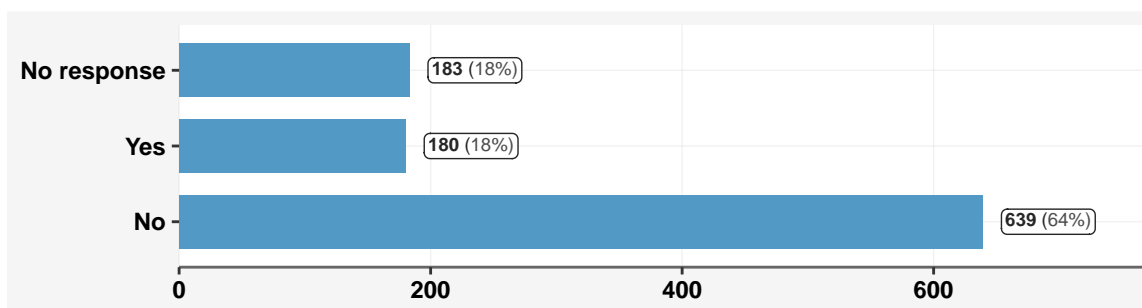
2.7.1 If there have been deaths in the household since March 1st, specify

All deaths reported are shown in the table below. No household had more than one death.

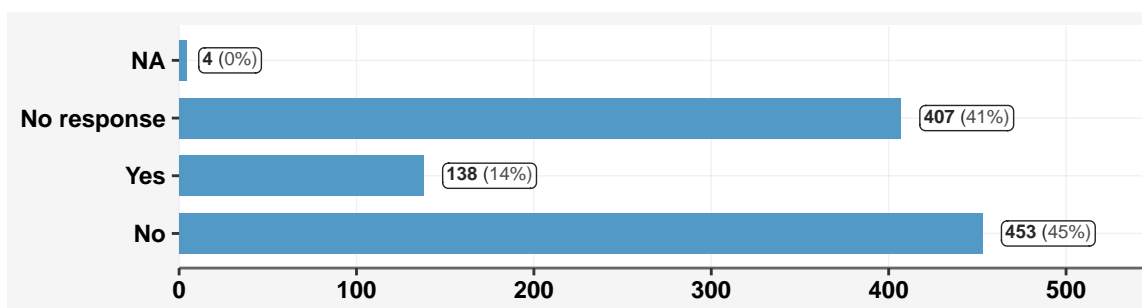
Date of Death	Sex	Age at Death	Cause of Death
Oct 23	M	74	Unspecified
Oct 22	F	44	Unspecified
Oct 20	F	101	Unspecified
Oct 11	M	83	Unspecified
Aug 25	F	67	Diabetes
Jun 25	F	63	Unspecified
May 30	M	76	Unspecified
May 07	M	73	Unspecified
Apr 05	M	50	Stroke
Unspecified	M	50	Cardiac arrest
Unspecified	M	84	Unspecified

3 Information about the household

3.1 Are you the "Chef du menage"?

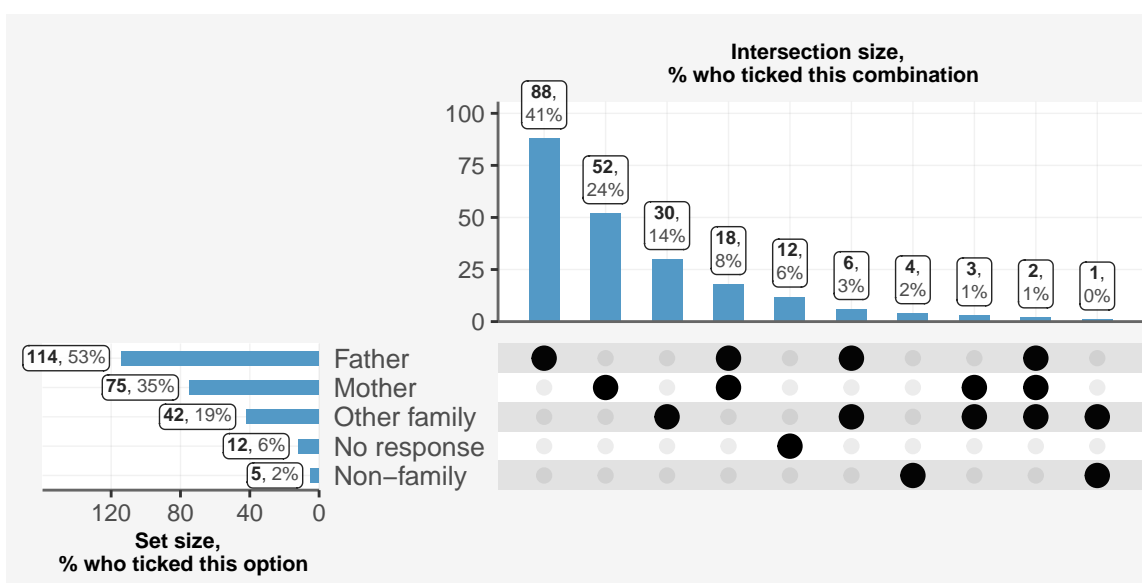


3.2 Are you the principal breadwinner in the household?



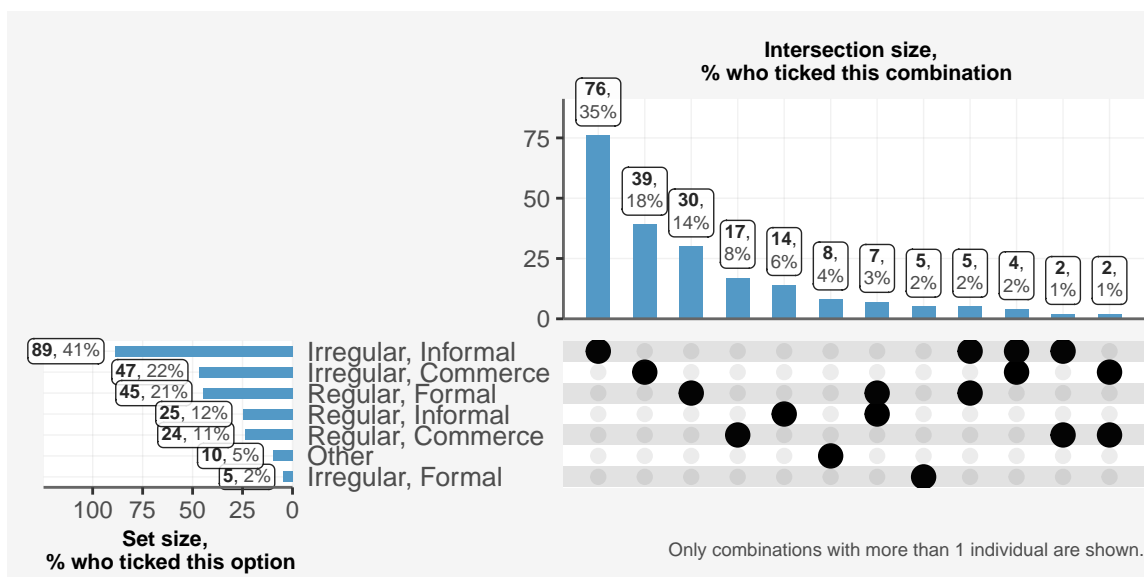
3.3 Who is the principal breadwinner in the household?

(Only answers from household representatives are shown.)



3.4 What are the revenue sources of the family?

(Only answers from household representatives are shown.)



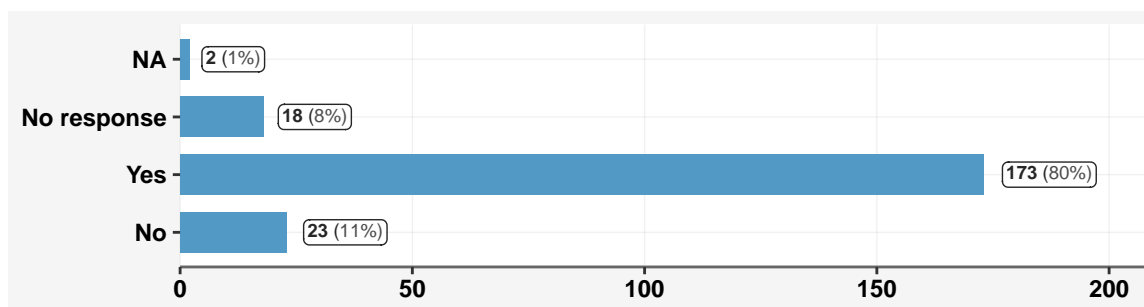
3.4.1 If you answered "Other" to the previous question, specify

(Only answers from household representatives are shown.)

Other income source	n
Diaspora	3
Couturiere	1
Cultivatrice	1
Grande Soeur	1
Locataire	1

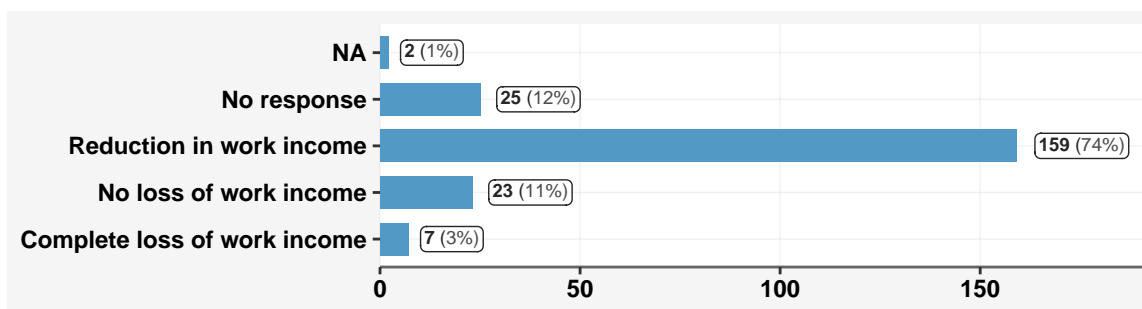
3.5 Since March 1st, has the revenue of the household diminished?

(Only answers from household representatives are shown.)



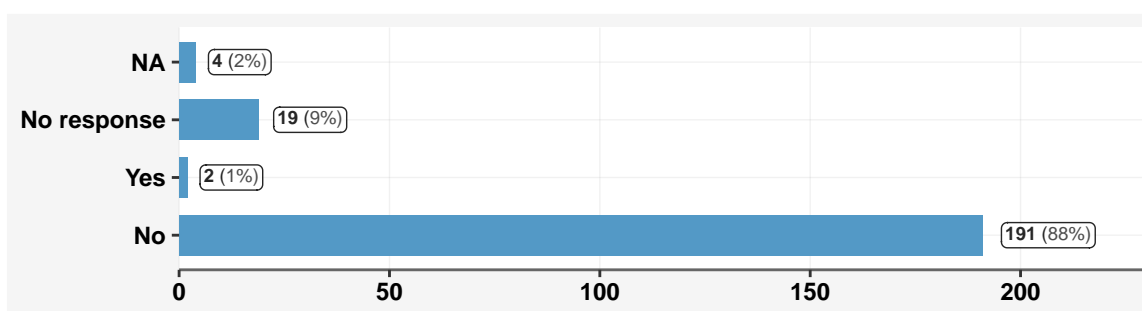
3.6 Has a household member lost their job or had their working hours reduced?

(Only answers from household representatives are shown.)



3.7 Has a household member tested positive for COVID-19?

(Only answers from household representatives are shown.)



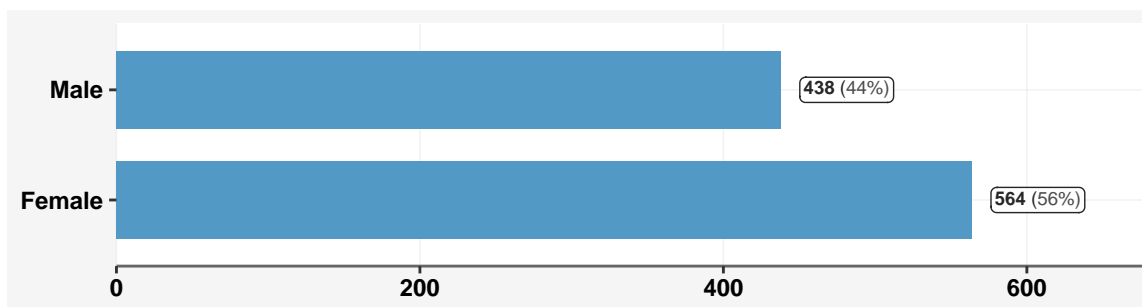
3.7.1 If a household member has tested positive for COVID-19, specify

(Only answers from household representatives are shown.)

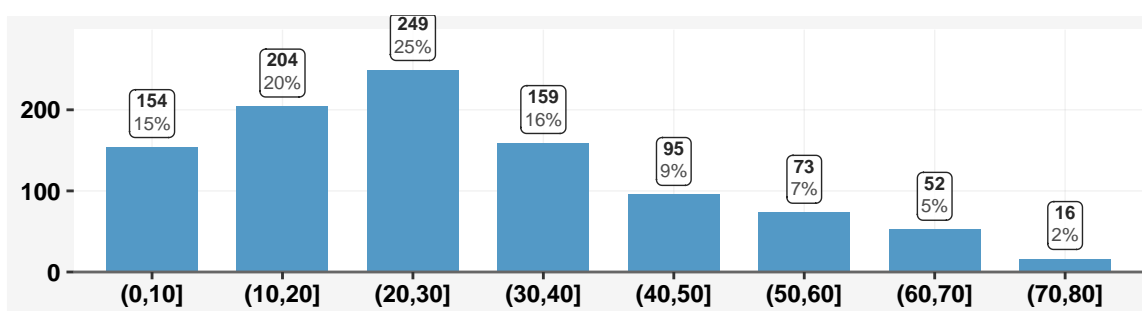
Date of Test	Age	Sex
2020-08-05	37	F
2020-05-15	51	M

4. Socio-administrative information about the surveyed individual

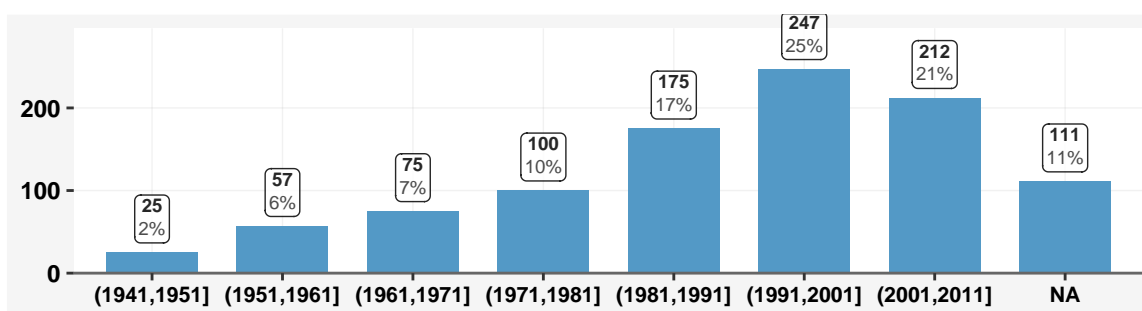
4.1 Sex



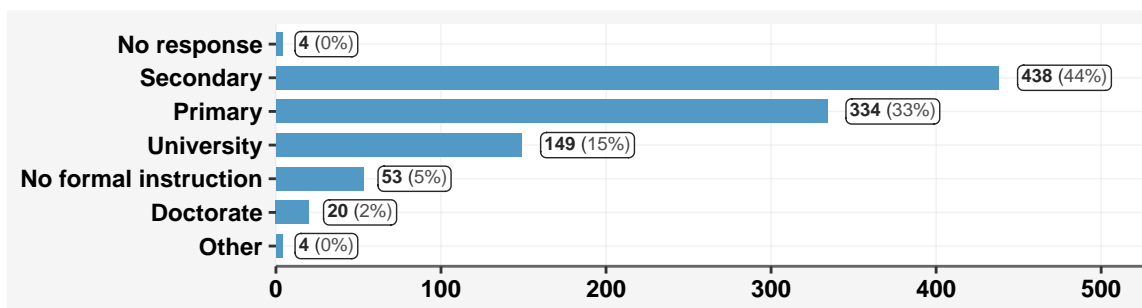
4.2 Age



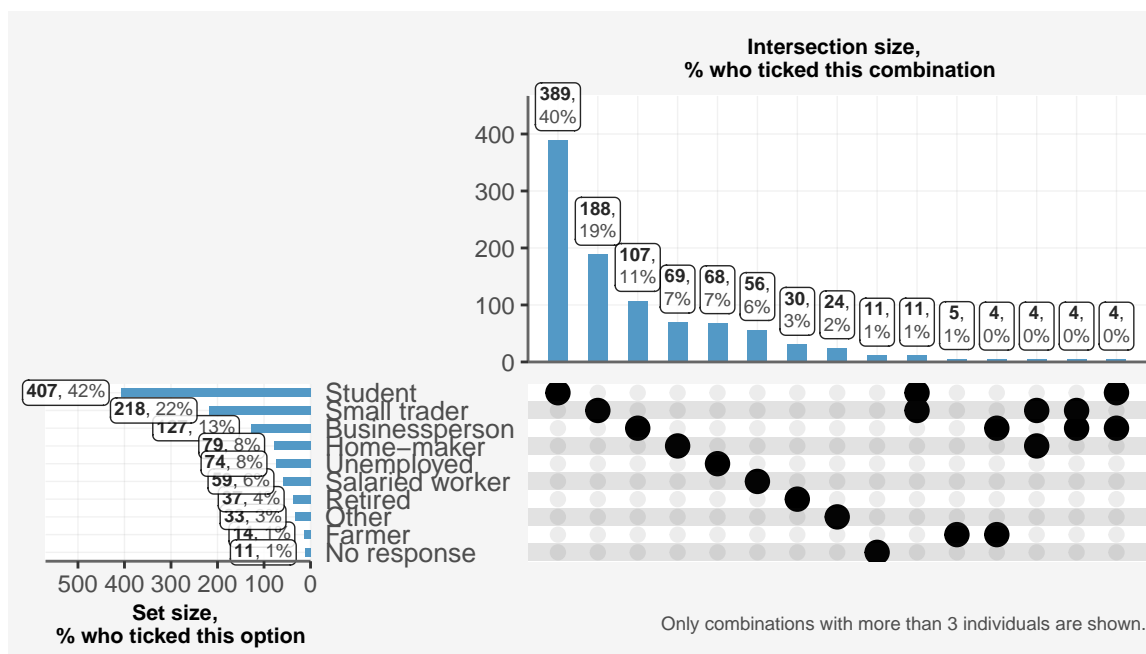
4.3 Date of birth



4.4 Education level



4.5 "Are you currently a..." (occupation)



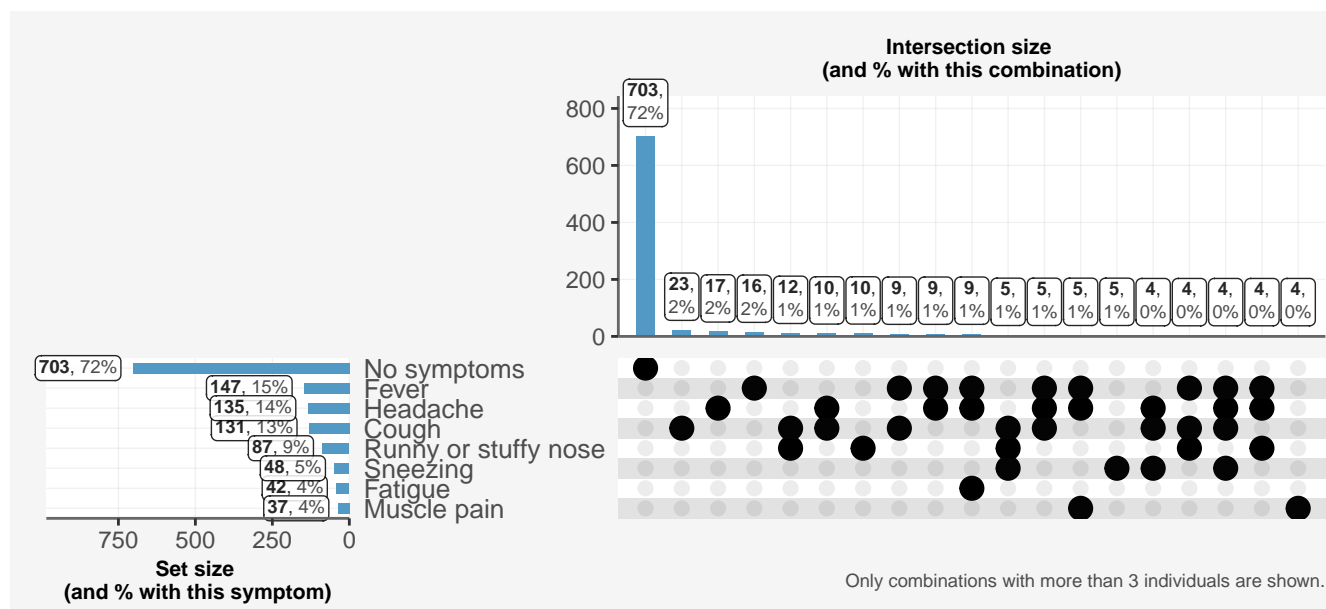
4.5.1 If you answered "Other" to the previous question, specify

Other occupation	n
Eleve	12
Couturiere	3
Transporteur	2
Agent Communal	1
Consultant Expert Comptable	1
Elevage	1
Eleveur	1
Enseignant	1
Estheticienne	1
Etudiante	1
Infirmiere	1
Mecanicien	1
Rien	1
Taximen	1

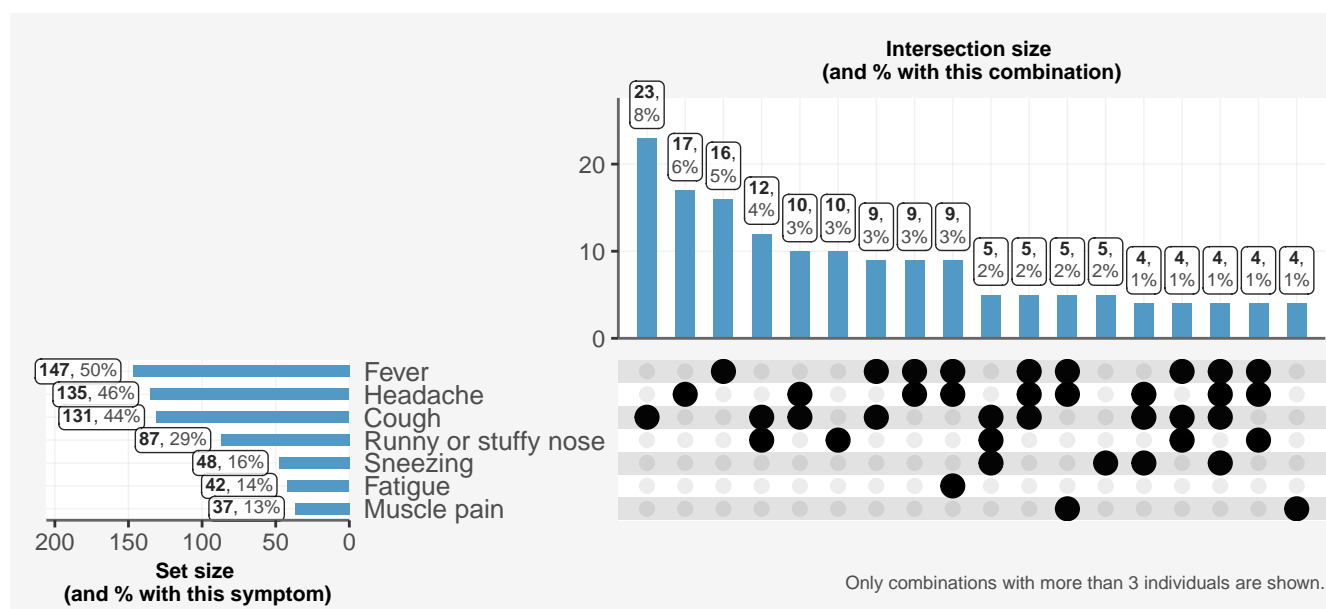
5. Symptoms suggestive of COVID-19

5.1 Since the 1st of March, have you had one or several of the following symptoms?

"These must be new symptoms without link to any chronic illness or already-known allergy."



Subset of those who have had symptoms

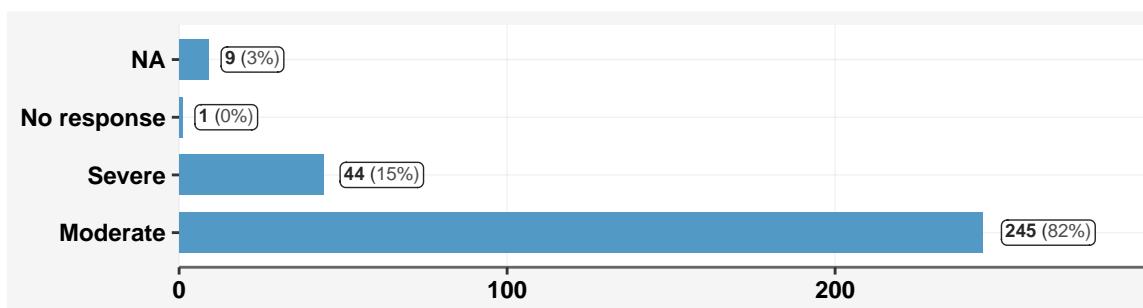


5.1.1 If you answered "other" to the previous question, specify

5.1.2 How severe have your symptoms been?

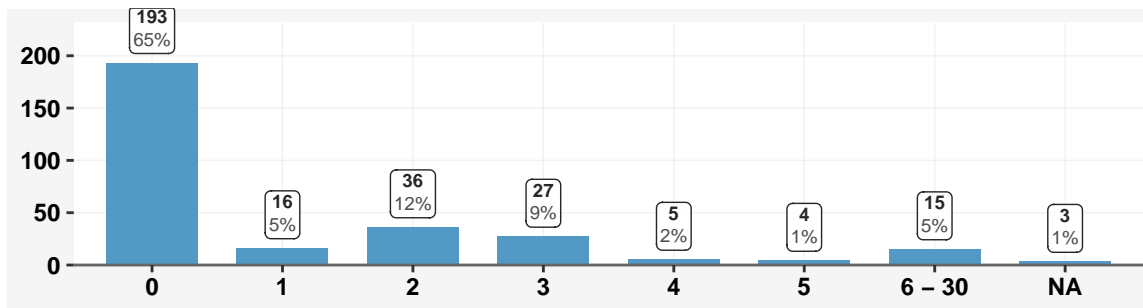
(Among those with symptoms)

Additional Symptom	n
constipation	1
Eruption cutanée	1
mal de ventre	1
mal de dos	1



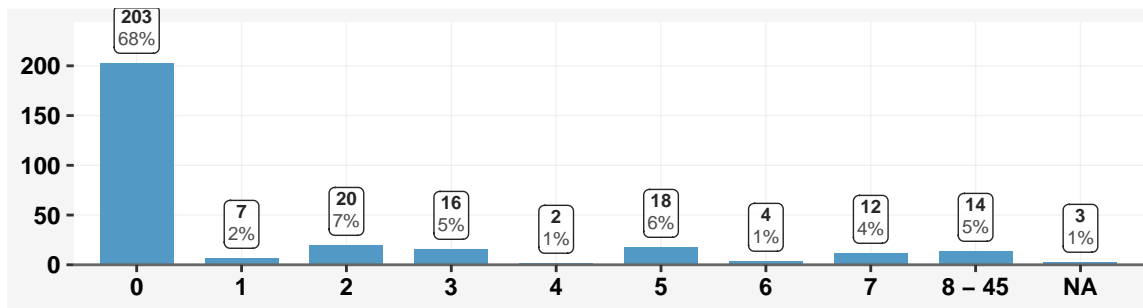
5.1.3 How many days were you bedridden?

(Among those with symptoms)



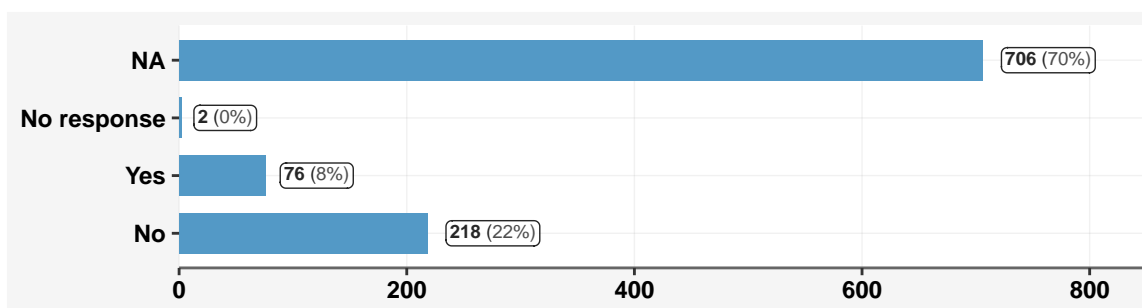
5.1.3 For how many days were you unable to go to work?

(Among those with symptoms)



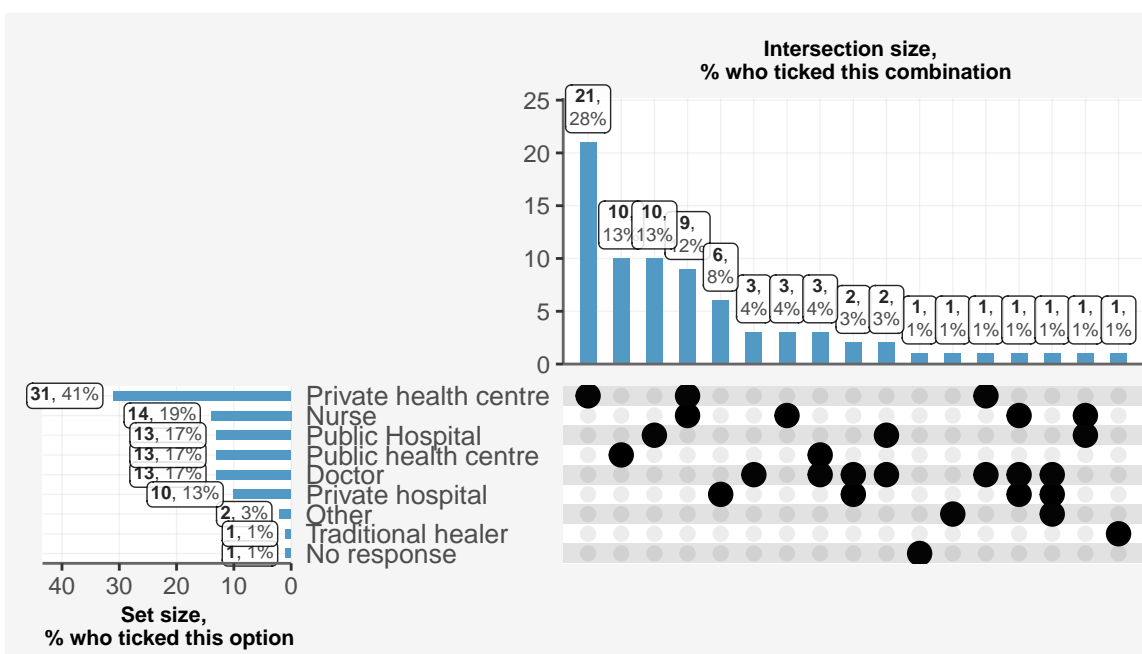
6 Treatment course for symptoms characteristic of COVID-19

6.1 Since March 1st, have you sought medical care for symptoms characteristic of COVID-19?



6.1.1 Who/Where did you consult for your symptoms?

(Among those who have consulted care.)

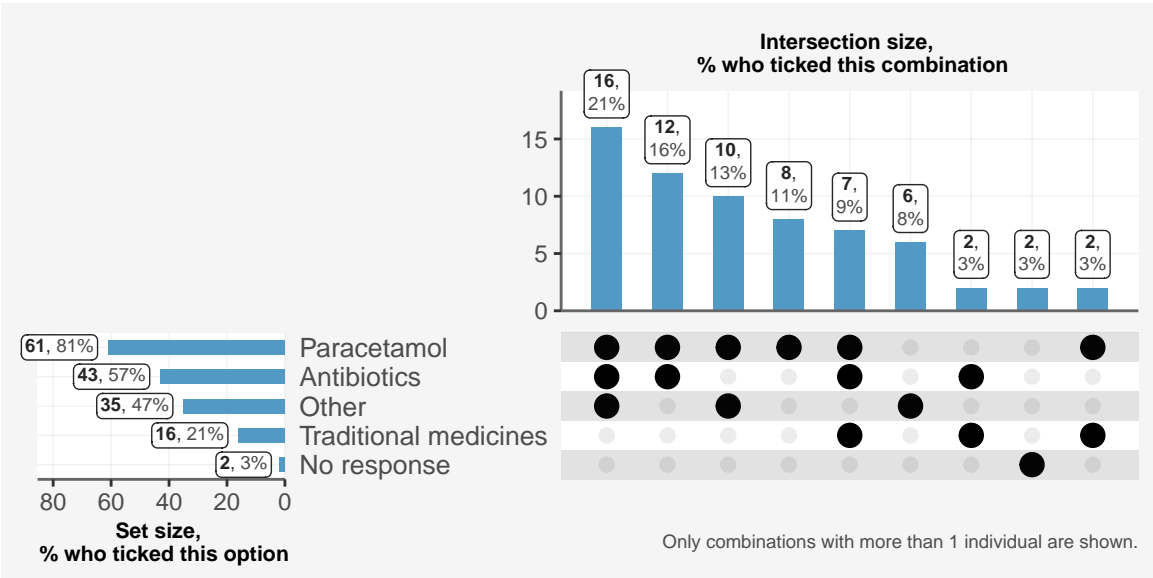


6.1.1.1 If you answered Other to the previous question, specify

Place of consultation	n
Kinésithérapeute	1
Pharmacie	1

6.2 Have you taken one or several medications for symptoms characteristic of COVID-19?

(Among those who have consulted care.)

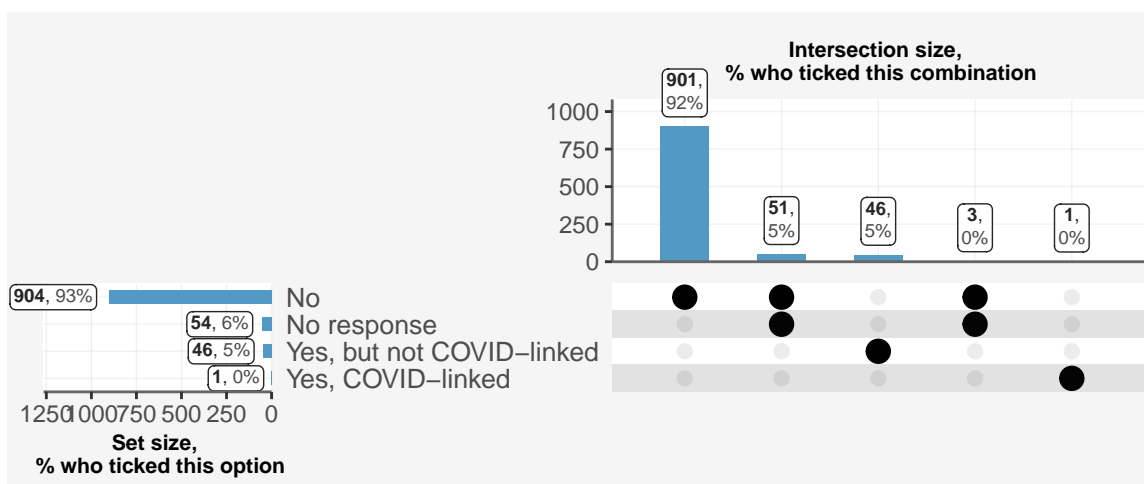


6.2.1 If you answered "Other" to the previous question, specify

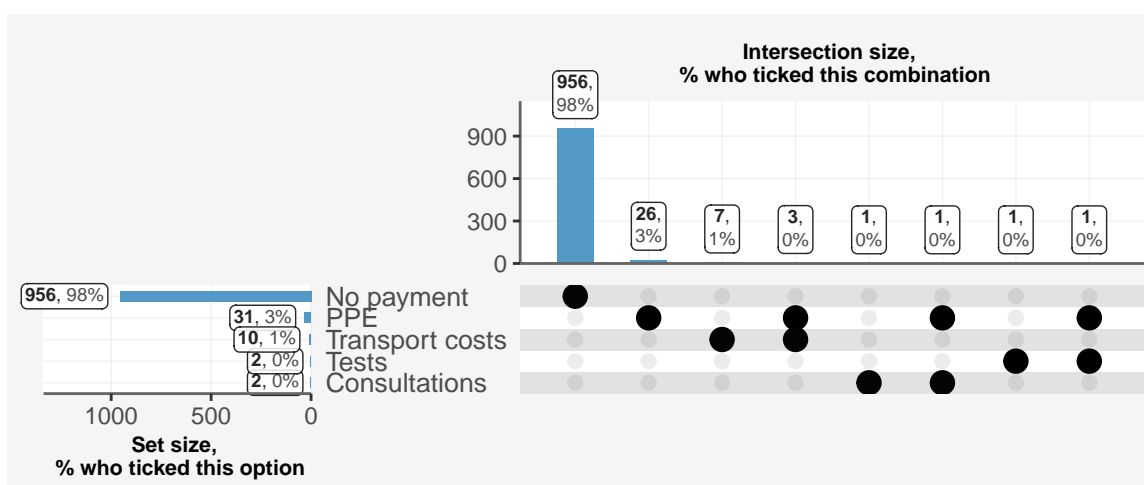
(We could clean this up later)

Drug	n	Drug	n
Anti Paludeen	19	Cold Cap	1
Mixagrip	5	Combiart	1
Antipaludique	4	Correctol	1
Anti Paludique	3	Décongestionnant Nasal	1
Anti Paludisme	3	Dexa	1
Litacold	3	Duo Cotexin	1
Oublie	3	Exomuc	1
Anti Paludein	2	Glucose	1
Arthemether	2	Hpv	1
Vermifuge	2	Lunettes Médicales	1
Allergenes	1	Lutacold	1
Analgin	1	Malacur	1
Andipaludeen	1	Migretil	1
Anti Grippal	1	Perfusion ... Ne Connais Pas Le Traitement	1
Antitussifs	1	Peridys	1
Artefan Comprimé	1	Primant	1
Artesunate Injectable	1	Quinine Paracétamol Lutacold Amoxixilline	1
Arthemeter	1	Sterimar	1
Arthemeter Comprimé	1	Ventoline. Aspirine. Mucoxine. Amlibon 30. Omeprazole.	1
Bactoxin	1	Vit C	1
Bonbons Tom_tom	1		

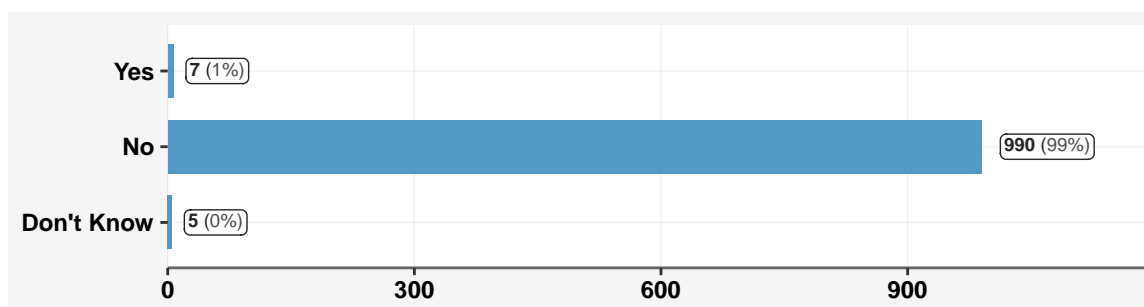
6.4 Have you been hospitalized since March 1st?



6.5 If you have taken steps to access care regarding suspected or confirmed COVID-19, did you pay?



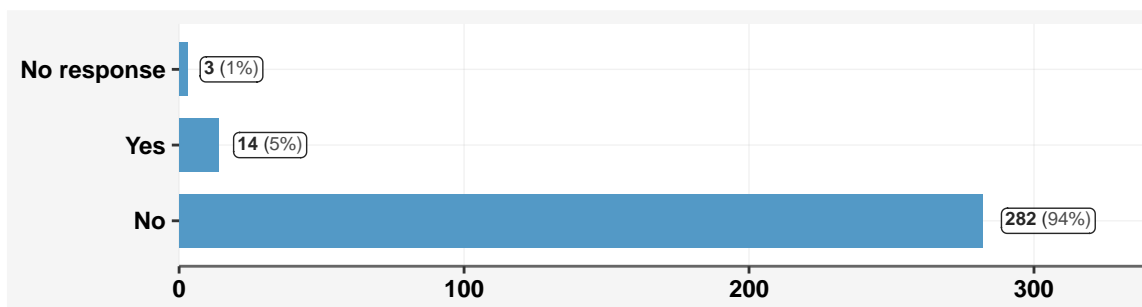
6.6 Have you participated in a prior COVID 19 Study?



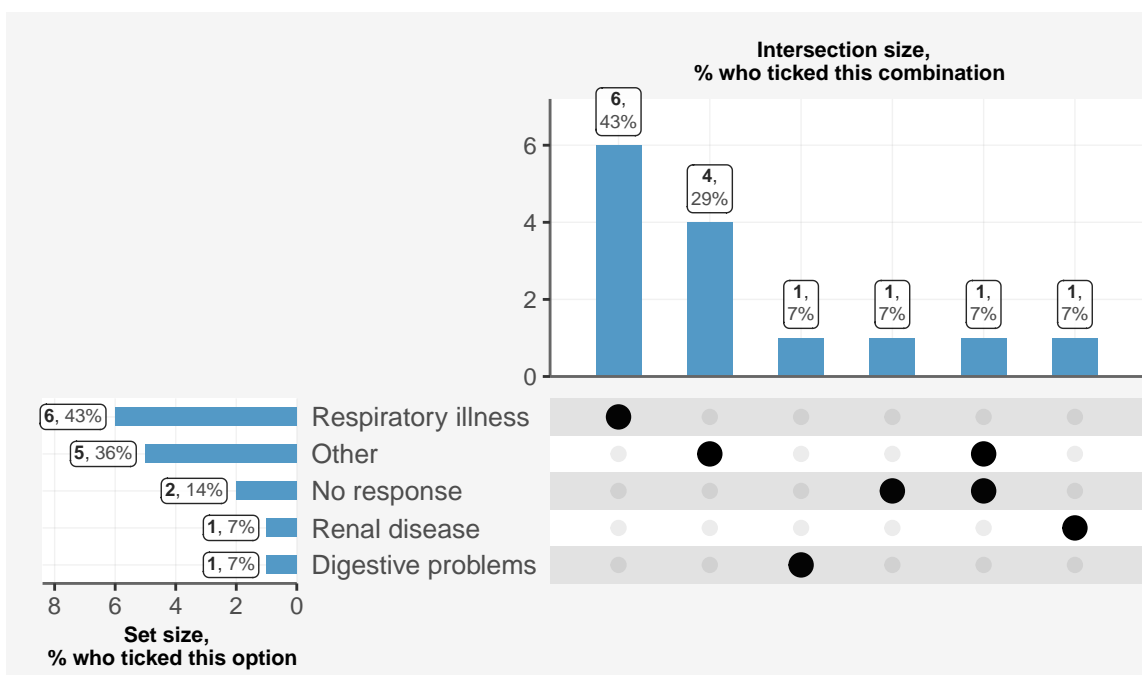
7 Sequelae following COVID-19-like symptoms

7.1 Have you had health problems which have persisted after having COVID-like symptoms?

(Subsetted to those who showed COVID-like symptoms)

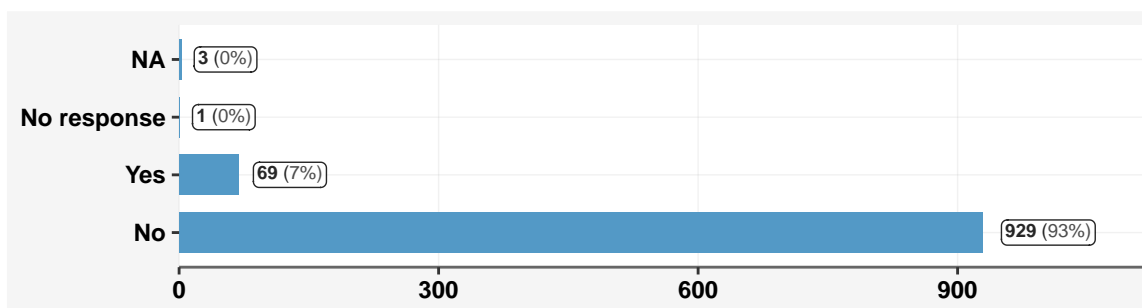


7.1.1 If yes to the prior question, specify

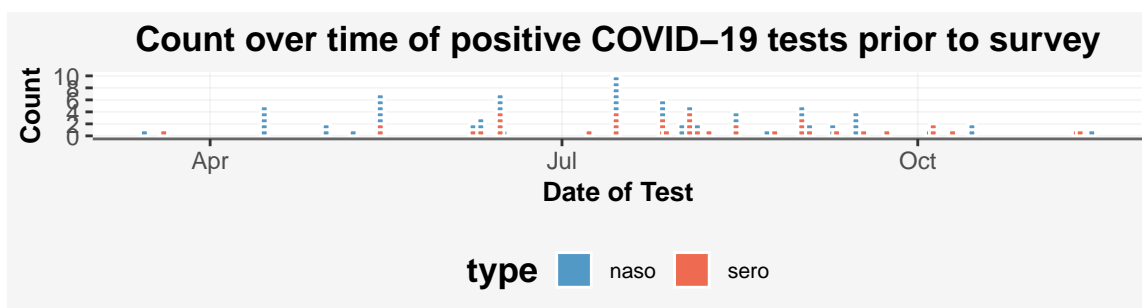


8 COVID-19 tests carried out before the visit

8.1 Have you carried out any screening test for COVID-19?

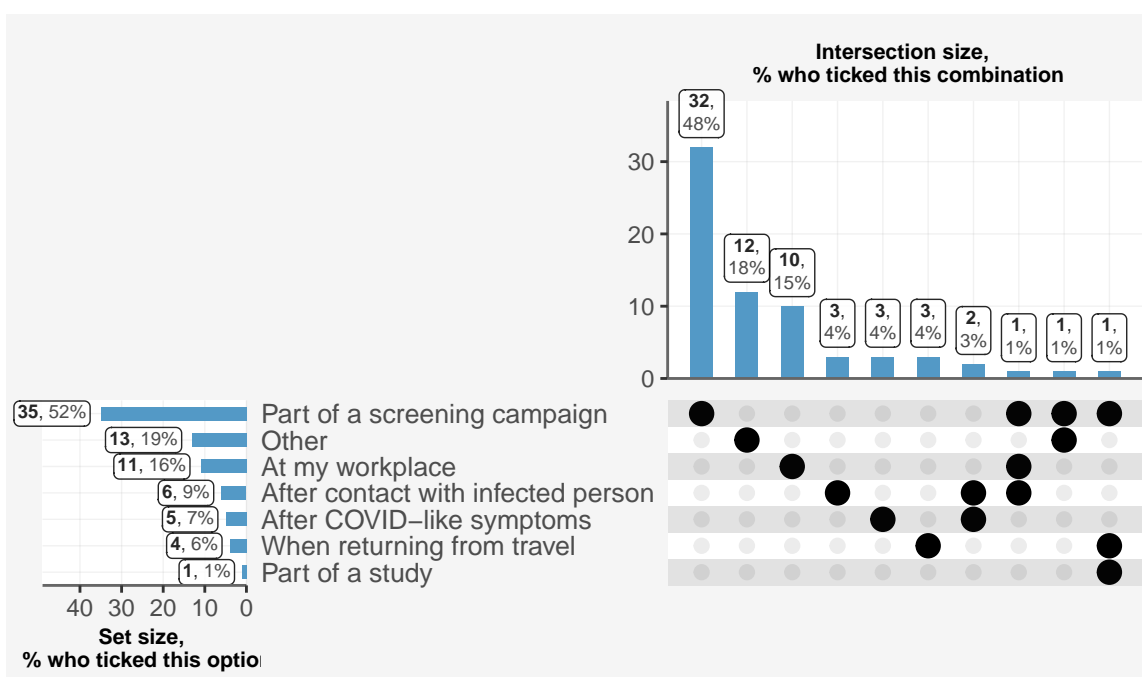


8.1.1 If you have previously had a COVID test, specify



No negative tests were reported, and 7 tests were reported which had unknown results.

8.1.2 If you have previously had a COVID test, for what reason was the test done?



8.1.1.1 If you responded "Other" to the previous question, specify

Reasons for testing	n
volontaire	2
Voyage	2
Dans le cadre de suspicion d'un membre de la famille	1
Dossier de voyage	1
Exigé par l'administration à l'école	1
Hasard	1
pour avoir accès à un service public	1
Pour un travail	1
rentrée scolaire des enfants	1
Test volontaire	1
Tests de routine	1