Comprehensive Profiling of Social Mixing Patterns in Guatemala

Centro de Estudios en Salud, Universidad del Valle de Guatemala Emory University Yale University

1. Stu	dy Site	
1	Identification Number (Municipality-Cluster-House)	
2		
3	Interview Date (DD/MM/YY)	
4	Interviewer ID	
5	Study Site	0, San Juan Ostuncalco (Rural),
		1, Concepción Chiquirichapa
		(Rural),
		2, San Miguel Sigüilá (Rural),
		3, Xela Centro (Urban)
6	Is the data being collected for Aim 1 or Aim 2?	0, Aim 1
		1, Aim 2
	For Aim 2, what is the ID of the index participant?	
6	Are you the head of the household?	0, No
		1, Yes
2. Ho	usehold enrollment	
The follow	ng instrument will collect data on household information. This section sho	ould be answered by the household
	r representative	·
Household	ID	
7	Household ID ((Municipality-Cluster-House)	
Head of He	ousehold Consent	
8	Date Head of Household signed consent form	
9	Head of Household consent form	
Head of He	ousehold Characteristics	
10	What is your sex?	0, Female
		1, Male
		2, Other
	If other, please specify	
	Characteristics	
11	How many people live in this household, including yourself?	
12	How many people slept in this house during the previous night?	
House stru		I
13	What is the total number of areas or rooms in your house?	
14	How many rooms are used for sleepingin your house?	
15	What is the main material used to construct the roof of your house?	0, Rustic roofing (Ex. rough
		wood planks)
		1, Modern roofing (Ex. Zinc
		sheet, concrete, ceramic, tiles)
	If all an manef masterial relations are sife-	3, Other
16	If other roof material, please specify What is the main material of the exterior walls of your house?	0, Rustic walls (Ex. Bamboo,
1 10	what is the main material of the exterior wans of your nouse?	TO, NUSTIC WATES (EX. Daifi000).

		1 1 1 1 1 1
		plywood, adobe stone, wood
		recycled, adobe-treated stakes,
		unburnt bricks)
		1, Modern walls (Ex. cement,
		stone with
		limestone/cement, bricks,
		cement blocks, adobe covered
		with cement, wood planks/slats,
		burnt bricks)
		3, Other
	If other, please specify	5, Other
17	Does your household have any of the following services or electronics	0, Electricity
	? (Select all that apply)	1, Drinking water
	(Community)	2, Sewer system
		3, Refrigerator
		4, Radio
		*
		5, Television
		6, Microwave
		7, Electric or gas stove
		8, Washer
		9, Dryer
		10, Cellphone or phone
		11,None of the above
18	Does your household own any of the following means of transport?	0, Bicycle
	(Select all that apply)	1, Motorcycle or tuc tuc
		2, Car (or taxi), pickup truck or
		truck
		3, Tractor
		4, None of the above
19	How many grazing animals do you have in your home? (Grazing	
	animals are those that spend time outside the home and eat grass/hay.	
20	For example: cows, goats, sheep, horses, etc.)	
20	How many poultry animals do you have in your home?	
21	How many pigs do you have in your home?	
22	Do you make any major improvements to the home in the last 12	0, No
	months?	1, Yes
		2, I don't know
	ith animals	
23	Does anyone in your household touch the following animals at least	0, Chickens, ducks, geese
	once per week? (Select all that apply.)	1, Cows, pigs, goats, sheep
		2, Cats and dogs
		3, Rodent
		4, Other
		5, None of the above
	Please specify other	5,110He of the 10076
24	In the last month, has anyone in your household been injured (bitten or	0, Chickens, ducks, geese
	scratched or cut) by any of these animals? (Select all that apply.)	1, Cows, pigs, goats, sheep
	solution of out, of any of those animals. (Select an that approx.)	2, Cats and dogs
		3, Rodent
		4,Other
	DI COL	5, None of the above
	Please specify other	
25	In the last month, has anyone in your household killed or cooked any of	0, Chickens, ducks, geese
	these animals?	1, Cows, pigs, goats, sheep

		2 Cata and dags
		2, Cats and dogs
		3, Rodent
		4, Other
	71 10 1	5, None of the above
Water San	Please specify other itation, and Health	
26	What is the main source of drinking water for members of your	0, Private piped water (indoors,
20	household?	outside, in the yard, at
	nousellota.	neighbor's house)
		1, Public fountain water
		2, Protected dug well/hole
		water (with or without hand
		pump)
		3, Unprotected dug well
		4, Water from protected spring
		5, Water from unprotected
		spring
		6, Rainwater
		7, Lorry tank water/Water
		Tanker
		8, Water loaded in
		drums/barrels
		9, Surface water
		(River/Lake/Water Pan)
		10, Bottled or Packed
		water/Mineral Water
		11, Other
	If other, please specify	
27	What is the main source of water for members of your household for	0, Piped water (indoors,
	other purposes such as cooking and handwashing?	outside, in the yard, at
		neighbor's house)
		1, Public fountain water
		2, Protected dug well/hole
		water (with or without hand
		pump)
		3, Unprotected dug well
		4, Water from protected spring
		5, Water from unprotected
		spring
		6, Rainwater
		7, Lorry tank water/Water Tanker
		8, Water loaded in drums/barrels
		9, Surface water
		(River/Lake/Water Pan)
		10, Bottled or Packed
		water/Mineral Water
		11, Other
	If other, please specify	,
28	Does your household do anything to the water to make it safer to drink?	0, No
		1, Yes
		2, I don't know
29	If yes, what does your household usually do to make the water safer to	0, Boil

	drink? (Select multiple)	1, Add bleach/ Chlorine
		2, Strain through cloth 3, Use water filter (ceramic, compost, sand, etc.)
		4, Solar disinfection/SODIS5, Let it stand and settle
		6, Other 7, I don't know/None of the
	If other, please specify	
30	Do you wash your hands after helping a child defecate?	0, Never 1, Rarely – not all the time. 2, Sometimes – most of the time 3, Always – all of the time 4, Not applicable (do not help child defecate)
31	Do members of your household wash their hands before touching food (Ex. Cooking, preparing, before eating)?	0, Never 1, Rarely 2, Sometimes 3, Always
32	Do members of your household wash their hands after using the toilet?	0, Never 1, Rarely 2, Sometimes 3, Always
33	What kind of toilet facility do members of your household usually use?	0, Flush toilet or toilet where you pour water into it 1, Pit latrine/ latrine pit with slab 2, Pit latrine without slab/open/manhole 3, Ventilated and improved pit latrine 4, Composting/ dry toilet/ compost latrine 5, They do not have a toilet (Open defecation) 6, Other
	If other, please specify	,
34	Where is this toilet facility located?	0, Inside house 1, Outside house but within own compound 2, Elsewhere
34 a.	Do you share the toilet facility with another household or rent out?	0, Not shared or rented out 1, Shared with other household(s) 2, Rented Out
35	The last time the youngest child in your household passed stool, what was done to dispose of the stool?	0, Child used toilet or latrine 1, Put inside the toilet or latrine 2, Put or flushed in a drain or ditch 3, Thrown into garbage 4, Buried 5, Left it in the open 6, Other

		7, I don't know
		8, Does not apply
	If other, please specify	
Respira	atory diseases	
36	Does anyone in your household (including yourself) smoke tobacco	0, No
	products?	1, Yes,
		2, I don't know
37	Do you cook food inside or outside the house?	0, Inside
		1, Outside
		3, Both
38	What do you use to cook food? (Select all that apply)	0, Biomass (Wood, Coal,
		Manure)
		1, Gas
		2, Electricity
		3, Other
	If other, please specify	
39	Does anyone in your household currently have asthma?	0, No
		1, Yes
		2, I don't know
40	Has anyone in your household been diagnosed or told that they had	0, No
	Tuberculosis (TB) in the past year?	1, Yes
		2, I don't know
_	Harrach and Belanch an	<u> </u>

3. Household Member

The following instrument will collect data on household members. This section should be answered by the household head. You should add an instance for each household member and answer all questions for each member. For example, if there are 10 household members, you should have 10 instances.

	nousehold members (Repeat for each household member)	
41	What is the name or nickname of this household member?	
42	What is the sex of this household member?	0, Female
		1, Male
		2, Other
43	How old is this household member (in years)?	
44	How is this member related to you?	0, Spouse
		1, Sibling
		2, Child
		2, Parent
		4, Grandparent
		5, Uncle/Aunt
		6, Grandchild
		7, Niece/Nephew
		8, Other relative
		9, Unrelated
		10, Not applicable (This is the
		Head of the House)
45	Does this household member share a room to sleep with anyone?	0, No
		1, Yes
46	Does this household member share the same bed with anyone?	0, No
		1, Yes
47	Does this person cook food for the household?	0, No
		1, Yes

	lowing instrument will collect data on the individual participant. This is the par	ticipant that has been selected
48	cipate in the study. This section should be answered by the participant. Date participant signed consent	
40	Date participant signed consent	
49	Consent form (Upload)	
Persona	al details	
50	Full Name	
51	Sex Other gender	0, Female 1, Male 2, Other
52	Please let me know your age (in years).	
53	Can the participant read and write on their own?	0, No
	• •	1, Yes
Persona	al Contact Information	
54	Where do you live: Street, Location, etc.	
55	Do you have a telephone or access to a telephone? (This can be the participant's phone or any other person's phone through which the participant can be reached e.g. a neighbor or friend.)	0, No 1, Yes
56	Please give us a telephone number on which we can reach you	
	and work	
58	What is your current occupation?	0, Unemployed 1, Student 2, Businessperson /Technician/Manager/Office worker 3, Sales –commerce and retail 4, Qualified laborer 5, laborer not qualified 6, Agriculture 7, Retired 8, Homemaker/ Housewife 9, Other
59	What is your current occupation, if other?	0, No
39	Are you currently enrolled in school?	1, Yes
60	What school level are you in?	1, Tes 0, No schooling 1, Primary school (1-6 grade) 2, Secondary school 3, Associates/Technical Program 5, Bachelors 6, Masters/More than Bachelors
61	What is the highest level of education that you have attained?	0, No schooling 1, Some primary school (1-6 grade) 2, Completed Primary school (1-6 grade) 3, Some Secondary school (1-3 basico) 4,Completed Secondary 5, 1-3 years of college/university/Associates

		6, Bachelors
		7, Masters/More than
		Bachelors
Transport	use	
62	How often did you use mass transport in the past 3 months?	0, Never
		1, Monthly
		2, Weekly
		3, Daily
63	Were you exposed to people with respiratory symptoms within your	0, No
0.5	household in the past one week?	1, Yes
	nousehold in the past one week.	2, I don't know
Children's	section	2,1 don't know
64	Did you breastfeed your last-born child?	0, Yes, exclusively for 6
04	Did you breastreed your last-both child:	months
		1, Yes, for >6 months
		2, Yes, for <6 months
		3, No
(5	11 11 1 1 0 (011) 1 1 7 1	4, Not applicable
65	How many siblings do you have? (Siblings is defined as any sibling	
	from either the mother of the father's side)	
66	What number of child are you among your siblings?	
5. AN	D 9. Contact Diary Metadata: Day 1/ Day 2	
	ng instrument will collect data on overall contact information for day 1 of t	the diary. This section should be
	y the participant after two days of diary-keeping.	
Shadow: So	meone who keeps records on behalf of the participant. For those that are un	nable to read and write, a shadow
is a person v	who will record the contacts of the participants in the paper diary on behalf	of the participant. For children <
10 years, the	e shadow will be someone who spends time throughout the day with the ch	ild and is able to accurately
record the c	ontacts of the child.	
67		
	Who recorded the contact details in the paper dairy?	0, Participant
	Who recorded the contact details in the paper dairy?	0, Participant 1, Shadow
68		
68 69	If the participant requires a shadow, what is the shadow's age?	
		1, Shadow 0, Female
	If the participant requires a shadow, what is the shadow's age?	1, Shadow 0, Female 1, Male
	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow?	1, Shadow 0, Female
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other:	1, Shadow 0, Female 1, Male 2, Other
	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other:	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between participant and shadow?	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative
69	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between participant and shadow?	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative
70	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between participant and shadow? Specify if other:	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative 9, Unrelated
70	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between participant and shadow? Specify if other: Interview Date What was the date for first day of contact diary?	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative 9, Unrelated
70 71 72	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between participant and shadow? Specify if other: Interview Date What was the date for first day of contact diary? What was the day of week for the first day of contact diary?	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative 9, Unrelated
70 71 72	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between participant and shadow? Specify if other: Interview Date What was the date for first day of contact diary?	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative 9, Unrelated
70 71 72	If the participant requires a shadow, what is the shadow's age? If the participant requires a shadow, what is the sex of the shadow? Specify if other: If the participant requires a shadow, what is the relationship between participant and shadow? Specify if other: Interview Date What was the date for first day of contact diary? What was the day of week for the first day of contact diary?	1, Shadow 0, Female 1, Male 2, Other 0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/Aunt 6, Grandchild 7, Niece/Nephew 8, Other relative 9, Unrelated

Inousehold survey arm 1] Ih member name 1 ? 1, Yes 0, No 1, Yes 2, Do not remember 0, No 1, Yes 2, Do not remember 0, Indoors 1, Outdoors 1, Outdoors 1, Outdoors 2, Both 1, My Home 2, Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Corn Field, Paeque, Forest 10, Commercial locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other 12, Other 12, Other 12, Other 13, Yes, for the entire neounter 1, Yes, for the entire neounter 1, Yes, for the entire neounter 2, Yes, during the encounter 1, Yes, for the entire neounter 2, Yes, during the encounter 3, 1 don't remember 0, < 5 mins 1, 5-15 mins 2, 16 - 30 mins 3, 31 mins - 1 hr. 4, 1-4 hrs. 5, > 4 hrs. 5, > 4 hrs. 5, > 1, S and 1, S an	6 AND 10.	Contact with Household members	
Did you touch? Did the contact occur indoors or outdoors? Did the contact occur indoors or outdoors? Did the contact occur indoors or outdoors? O, Indoors 1, Outdoors 2, Both 1, My Home 2, Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Com Field, Paeque, Forest 10, Commerical locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other If other location, please specify. Was this individual wearing a mask when you had contact? O, No, mask was NOT worn during the encounter 1, Yes, for the entire encounter 2, Yes, during parts of encounter 3, I don't remember O, < 5 mins 1, 5-15 mins 1, 5-15 mins 2, 16 – 30 mins 3, 31 mins – 1 hr. 4, 1-4 hrs. 5, > 4 hrs. In the past 6 months, how often have you had contact with this person? Never met before (0) 1, Rarely 2, Daily or almost daily 3, 1-3 imes per weck 4, Once every 2 weeks 5, Once per month 6, Once every 3 months 82 How long have you known this person? O, Never met before 1, Less than a year 2, 1-2 years 3, 3-5 years	75	Did you have contact with	0, No
Did you touch? Did the contact occur indoors or outdoors? Did the contact occur indoors or outdoors? Did the contact occur indoors or outdoors? O, Indoors 1, Outdoors 2, Both 1, My Home 2, Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Com Field, Paeque, Forest 10, Commerical locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other If other location, please specify. Was this individual wearing a mask when you had contact? O, No, mask was NOT worn during the encounter 1, Yes, for the entire encounter 2, Yes, during parts of encounter 3, I don't remember O, < 5 mins 1, 5-15 mins 1, 5-15 mins 2, 16 – 30 mins 3, 31 mins – 1 hr. 4, 1-4 hrs. 5, > 4 hrs. In the past 6 months, how often have you had contact with this person? Never met before (0) 1, Rarely 2, Daily or almost daily 3, 1-3 imes per weck 4, Once every 2 weeks 5, Once per month 6, Once every 3 months 82 How long have you known this person? O, Never met before 1, Less than a year 2, 1-2 years 3, 3-5 years		[household survey arm 1][hh member name][1]?	1, Yes
2. Do not remember 0, Indoors 1, Outdoors 2, Both 78 Where did you have the contact? 1, My Home 2, Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Corn Field, Paeque, Forest 10, Commerical locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other If other location, please specify. Was this individual wearing a mask when you had contact? Was this individual wearing a mask when you had contact? What was the total time spent with the contact on this day? What was the total time spent with the contact on this day? What was the total time spent with the contact on this day? In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? Whose remet before (0) 1, Rarely 2, Daily or almost daily 3, 1-3 times per week 4, Once every 2 weeks 5, Once per month 6, Once every 3 months O, Never met before 1, Less than a year 2, 12 years 3, 3-5 years	76		0, No
Did the contact occur indoors or outdoors? O, Indoors O, Undoors O, Undoors O, Undoors O, Outdoors O, Other home O, Other home			1, Yes
1, Outdoors 2, Both			2, Do not remember
1, Outdoors 2, Both	77	Did the contact occur indoors or outdoors?	0, Indoors
2, Both 1, My Home 2, Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Corn Field, Pacque, Forest 10, Commercial locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other 1, Yes, for the entire encounter 3, 1 don't remember 3, 1 don'			
Where did you have the contact? 1, My Home 2, Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Corn Field, Paeque, Forest 10, Commerical locations (shops or workshop) 10, Place of worship 11, Places of public service (health feiline, city hall) 12, Other If other location, please specify. 79 Was this individual wearing a mask when you had contact? 0, No, mask was NOT worn during the encounter 1, Yes, for the entire encounter 2, Yes, during parts of encounter 3, I don't remember 0, < 5 mins 1, 5-15 mins 2, 16 - 30 mins 3, 31 mins - 1 hr. 4, 14 hrs. 5, > 4 hrs. 81 In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? Whose were the fore (0) 1, Rarely 2, Daily or almost daily 3, 1-3 times per week 4, Once every 2 weeks 5, Once per month 6, Once every 3 months 82 How long have you known this person? 0, Never met before 1, Less than a year 2, 1-2 years 3, 3-5 years			
2. Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Corn Field, Paeque, Forest 10, Commerical locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other If other location, please specify. 79 Was this individual wearing a mask when you had contact? What was the total time spent with the contact on this day? What was the total time spent with the contact on this day? No, No, mask was NOT worn during the encounter 1, Yes, for the entire encounter 2, Yes, during parts of encounter 3, I don't remember 0, < 5 mins 1, 5-15 mins 2, 16 – 30 mins 3, 31 mins – 1 hr. 4, 1-4 hrs. 5, > 4 hrs. In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? How long have you known this person? O, Never met before 1, Less than a year 2, 1-2 years 3, 3-5 years	78	Where did you have the contact?	
3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Corn Field, Paeque, Forest 10, Commerical locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other 15 other location, please specify. Was this individual wearing a mask when you had contact? Was this individual wearing a mask when you had contact? What was the total time spent with the contact on this day? What was the total time spent with the contact on this day? What was the total time spent with the contact on this day? In the past 6 months, how often have you had contact with this person? In the past 6 months, how often have you had contact with this person? Whose very 2 weeks 5, Once per month 6, Once every 3 months When long have you known this person? How long have you known this person? O, Never met before 1, Less than a year 2, 1-2 years 3, 3-5 years			1
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7 and 11. Contact Diary Day 2 of 2	7 and 11 C	Contact Diary Day 2 of 2	
, with 11, Control Dini j Duj # Oi #			

The following instrument will collect data on each contact contacted by the participant on day 2 of the diary. This section should be answered by the participant after two days of diary-keeping. You should add an instance for each contact contacted on day 2 and answer all questions for each contact. For example, if the participant had 10 contacts in day 2, you should have 10 instances. You should start by with the household members that were listed in the enrollment form and use the code names for each household member. You should also ensure that contacts from day 1 who were also contacted on day 2 have the same code name.

83	tacted on day 2 have the same code name.	
84	Contact person name, nickname, code, ID, etc	O No
84	Do you know the age of the contact?	0, No
0.5	Will also de la Company (Electrical Company) and the company of th	1, Yes
85	What is the age of contact (Enter if exact age is known)?	
86	If you do not know the exact age, please estimate the age group of the	0, < 6 months
	contact.	1, 6-11 months
		2, 1-4 yrs
		3, 5-9 yrs
		4, 10 – 19 yrs
		5, 20 - 29 yrs
		6,30-39 yrs
		7,40-49 yrs
		8, 50 –59 yrs
		9, 60+ yrs
		10, I don't know
87	What is the sex of the contact?	0, Female
		1, Male
		3, Other
88	Did you touch?	0, No
00	Did you touch.	1, Yes
		2, Do not remember
89	Did the contact occur indoors or outdoors?	
89	Did the contact occur indoors or outdoors?	0, Indoors
		1, Outdoors
00	XXI 11 1 4 4 4 0	2, Both
90	Where did you have the contact?	1.36.77
		1, My Home
		2, Other home
		3, School
		4, Work
		5, Public Transport
		6, Market
		7, Street
		8, Well
		9, Corn Field, Paeque, Forest
		10,, Commerical locations
		(shops or workshop)
		10, Place of worship
		11, Places of public service
		(health clinic, city hall)
		12, Other
	If other location, please specify.	
91	Was this individual wearing a mask when you had contact?	0, No, mask was NOT worn
		during the encounter
		1, Yes, for the entire
		encounter
		Cheounter
		2, Yes, during parts of

		3, I don't remember
92	What was the total time spent with the contact on this day?	0, < 5 mins 1, 5-15 mins 2, 16 – 30 mins 3, 31 mins – 1 hr. 4, 1-4 hrs. 5, > 4 hrs.
93	In the past 6 months, how often have you had contact with this person?	0, Never met before (0) 1, Rarely 2, Daily or almost daily 3, 1-3 times per week 4, Once every 2 weeks 5, Once per month 6, Once every 3 months
94	How long have you known this person?	0, Never met before 1, Less than a year 2, 1-2 years 3, 3-5 years 4,6-10 years 5, More than 10 years
Contact Da	y 2 (Repeat contacts)	
95	Did you have contact with [day_1_diary_arm_1][contact_id_d1][1] on the second day of contact diary?	0, No 1, Yes 2, I don't remember
96	Did you touch?	0, No 1, Yes 2, Do not remember
97	Did the contact occur indoors or outdoors?	0, Indoors 1, Outdoors 2, Both
98	Where did you have the contact?	1, My Home 2, Other home 3, School 4, Work 5, Public Transport 6, Market 7, Street 8, Well 9, Corn Field, Paeque, Forest 10, Commerical locations (shops or workshop) 10, Place of worship 11, Places of public service (health clinic, city hall) 12, Other
	If other location, please specify.	
99	Was this individual wearing a mask when you had contact?	0, No, mask was NOT worn during the encounter 1, Yes, for the entire encounter

		2, Yes, during parts of
		encounter
		3, I don't remember
100	What was the total time spent with the contact on this day?	0, < 5 mins
		1, 5-15 mins
		2, 16 – 30 mins
		3, 31 mins – 1 hr.
		4, 1-4 hrs.
		5, > 4 hrs.
101	In the past 6 months, how often have you had contact with this person?	0, Never met before (0) 1, Rarely
		2, Daily or almost daily
		3, 1-3 times per week
		4, Once every 2 weeks
		5, Once per month
		6, Once every 3 months
		, , , , , , , , , , , , , , , , , , ,
102	How long have you known this person?	0, Never met before
102	Tiow long have you known this person.	1, Less than a year
		2, 1-2 years
		3, 3-5 years
		4,6-10 years
		5, More than 10 years
		3, whose than 10 years
	13. Place use Day 2	
103	What is the name or code name of the place you visited?	
104	Select the type of location that you visited	1, , My Home
		2, Other home
		3, School
		4, Work
		5, Public Transport
		6, Market
		7, Street
		8, Well
		9, Corn Field, Paeque, Forest
		10, Commerical locations
		(shops or workshop)
		10, Place of worship
		11, Places of public service
		(health clinic, city hall)
		12, Other
105	If other, please specify	
105	Approximately how many people were in this location?	
106	How much time did you spend at this location over the entire	0, < 5 mins
	day?	1, 5-15 mins
		2, 16-30 mins
		3, 31 mins - 1 hr
		4, 1-4 hrs
		5, >4 hrs
107	Other than this visit, in the last 6 months, how often do you visit	
	this place?	0, Never been here before (0)
		1, Rarely

		2, Daily or almost daily 3, 1-3 times per week 4, Once every 2 weeks 5, Once per month 6, Once every 3 months
	14. Post Contact Survey	
hours allocated. To COVID-19 and	erview will be administered to participants who completed the contact his questionnaire will cover the experience of filling in the contact dia access to a mobile phone.	
	ng the contact diaries	1
108	Date of exit interview (Month/Day/Year)	
	Did the participant complete the diaries both days by themselves or did they complete the diaries with one of the members of field team on collection date?	1, Participant completed contact diaries by himself 2, With a member of the field team on collection date
109	Were you able to include every single contact?	0, No 1, Yes 2, Does not remember
110	On a scale from 1 to 5, how did the 2 days in which you reported your contacts compare to a typical day?	1,1- Much fewer contacts then usual 2, 2-Fewer contacts than usual 3, 3-About the same as usual 4, 4-More contacts than usual 5, 5- Much more contacts than usual
111	If both days were not typical, why?	
	Behavior Change	
112	How do you think your social behavior has changed in the past six months? Social behavior refers to your interactions with other people, such as talking face-to-face, visiting their homes, meeting outside home, etc.	1, No change. I still move around the same way that I used to before 2, My movements have increased 3, My movements have reduced 4, Do not know
	If there was change in your social behavior, was this change due to COVID-19?	1, Yes 2, No
113	During the past 14 days, how many days did you leave your home?	0= 0 (Did not leave the house) 1= 1-3 times 2= 4-7 times 3= More than 7 times 4= No not know 5= I prefer not to answer
114	For which activities have you left your home in the last 14 days?	1= Go to work 2= Go to school 3= Attend religious services 4= Seek health care

		5= Go to the market 6= Visiting friends/family 7= Have not left the house 8= Others
	If other, please specify	
115	On how many days did you go to work in the last 14 days?	
116	On how many days did you go to school in the last 14 days?	
117	Did you leave your home yesterday?	0, No 1, Yes
	Contact with SARS CoV 2 infortable limited in	
110	Contact with SARS-CoV-2 infected individuals	1 1 (1 (1)
118	Have you had close contact with someone positive with coronavirus in the last 14 days? Select multiple if applicable.	1 = None that I know of; 2 = Member of my household; 3 = Close friend; 4 = Other non-household member; 5 = Coworker; 6 = Patient (in case of a health care worker); 7 = Client/ Customer, 8 = Other, 9 = Prefer not to answer
	If other, please specify	
119	Have you experienced any of the COVID-19 symptoms in the last 14 days?	0= Breathing difficulties 1= Chest discomfort 2= Chills 3= Cough 4= Fever 5= Sore throat 6= Loss of taste or smell, 7= Muscle or join aches, 8= Tiredness or exhaustion, 9= Nausea or vomiting 10= Diarrhea 11= None of these
120	Did you visit a health facility for any of these symptoms?	0= No 1= Yes
121	Have you been tested for COVID-19?	2= I prefer not to answer 0 = No, I don't think I need it 1 = No, my doctor recommended it but there were no kits

		2 = No, I need one because I am taking care of a person who is sick 3 = Yes, negative 4 = Yes, positive 5 = Yes, waiting for results 6 = Yes, positive but recovered 7 = Prefer not to answer
122	If yes, when were you tested?	(Month/Day/Year)
123	Has anyone else in your household exhibited COVID-19 symptoms in the last 14 days?	0= No 1= Yes 2= I prefer not to answer
124	Has someone else from your household been tested for COVID-19?	0= No 1= Yes 2= I prefer not to answer
125	Among those tested, how many tested positives for COVID-19?	1
126	Have you received a COVID-19 vaccine?	0, No 1, Si 2, Prefer not to answer
127	Which vaccine did you receive?	0, Astra Zeneca 1, Pfizer 2, Moderna 3, Sputnik V 4, Other
128	How many doses have you received?	1, 1 2, 2 3, 3 (specify)
	Cellphone Use	3,5 (5) (5)
129	Do you have access to a mobile phone?	0, No 1, Yes
130	If Yes, do you own the mobile phone?	0= No 1= Yes
131	If you use (own or borrow) a mobile phone, what is the functionality?	1 = Basic feature phone, no internet 2 = Smartphone, has internet
132	If smartphone, what is your preferred mode of communication?	1 = Normal call and text 2 = Internet calls and text e.g. using Whatsapp
133	If you use (own or borrow) a mobile phone, which provider do you use?	1 = Claro 2= Tigo 3 = Other (Please specify)
	If other, please specify	
134	If you use a mobile phone, rate the signal in most locations that you visit during the day?	1 = Poor 2 = Ok 3 = Good
135	In the last day/ 24 hours, how often did you call/ text using your mobile phone?	1 = Never 2 = 1-5 times 3 = 5-10 times, 4 = 10 times or more