

Study Site

Please complete the survey below.

Thank you!

1)

Enumerator ID

2)

Study Site

☐ Rural

☐ Urban

Household

Please complete the survey below.

Thank you!

The following instrument will collect data on household information. This section should be answered by the household head.

Household ID

HH ID

(Enter the DHSS ID of the household)

Head of Household Consent

Date Head of Household signed consent

Head of Household consent form

Head of Household Characteristics

What is your gender?

☐ Female

☐ Male

☐ Other

(Note the gender of the Head of Household)

If other, please specify

Household Characteristics

How many people live in this household, including yourself?

How many people slept in this house in the previous night?

House structure

What is the total number of rooms in your house?

How many bedrooms are in your house?

What is the main material used to construct the roof of your house?

- ☐ Natural roofing (Ex. Thatch, palm leaf or sod)
☐ Rudimentary roofing (Ex. Rustic mat, rough wood planks or cardboard)
☐ Finished roofing (Ex. Metal, finished wood, cement, ceramic, roofing shingles)
☐ Other

If other roof material, please specify

What is the main material of the exterior walls of your house?

- ☐ Natural walls
☐ Rudimentary walls
☐ Finished walls
☐ Other

If other, please specify

Do you sometimes have dampness or mold at home?

- ☐ No
☐ Yes
☐ I don't know

Do you have an air conditioner or air cooler?

- ☐ No
☐ Yes
☐ I don't know

Do you use an exhaust fan in the house?

- ☐ No
☐ Yes
☐ I don't know

Does your household have any of the following amenities or appliances?

- ☐ Electricity
☐ Refrigerator
☐ Radio
☐ Television set
☐ None of the above
(Select all that apply.)

Does your household own any of the following means of transport?

- ☐ Bicycle
☐ Motorcycle
☐ Car
☐ Tractor
☐ None of the above
(Select all that apply.)

How many cattle does your homestead own?

Did you make any major improvements to homestead in the last 12 months

- ☐ No
☐ Yes
☐ I don't know

Contact with animals

Does anyone in your household touch the following animals at least once per week?

- ☐ Chickens, ducks, geese
 - ☐ Cows, pigs, goats, sheep
 - ☐ Cats and dogs
 - ☐ Rodent
 - ☐ Primates
 - ☐ Bats
 - ☐ Antelope
 - ☐ Other
 - ☐ None of the above
- (Select all that apply.)

In the last month, has anyone in your household been bitten or scratched or cut by any of these animals?

- ☐ Chickens, ducks, geese
 - ☐ Cows, pigs, goats, sheep
 - ☐ Cats and dogs
 - ☐ Rodent
 - ☐ Primates
 - ☐ Bats
 - ☐ Antelope
 - ☐ Other
 - ☐ None of the above
- (Select all that apply.)

In the last month, has anyone in your household killed, butchered or cooked any of these animals?

- ☐ Chickens, ducks, geese
- ☐ Cows, pigs, goats, sheep
- ☐ Cats and dogs
- ☐ Rodent
- ☐ Primates
- ☐ Bats
- ☐ Antelope
- ☐ Other
- ☐ None of the above

Water, Sanitation and Health

What is the main source of drinking water for members of your household?

- ☐ Piped water
- ☐ Tube well or borehole
- ☐ Protected dug well
- ☐ Unprotected dug well
- ☐ Water from protected spring
- ☐ Water from unprotected spring
- ☐ Rainwater
- ☐ Tanker truck
- ☐ Cart with small tank
- ☐ Surface water
- ☐ Bottled water
- ☐ Other

If other, please specify

What is the main source of water for members of your household for other purposes such as cooking and handwashing?

- ☐ Piped water
- ☐ Tube well or borehole
- ☐ Protected dug well
- ☐ Unprotected dug well
- ☐ Water from protected spring
- ☐ Water from unprotected spring
- ☐ Rainwater
- ☐ Tanker truck
- ☐ Cart with small tank
- ☐ Surface water
- ☐ Bottled water
- ☐ Other

If other, please specify

Does your household do anything to the water to make it safer to drink?

- ☐ No
- ☐ Yes
- ☐ I don't know

If yes, what does your household usually do to make the water safer to drink? (select multiple)

- ☐ Boil
 - ☐ Add bleach/ Chlorine
 - ☐ Strain through cloth
 - ☐ Use water filter
 - ☐ Solar disinfection
 - ☐ Let it stand and settle
 - ☐ Other
 - ☐ I don't know
- (Select all that apply.)

If other, please specify

Do you wash your hands after helping your child defecate?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Always

Do members of your household wash their hands before preparing food?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Always

Do members of your household wash their hands after using the toilet?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Always

What kind of toilet facility do members of your household usually use?

- ☐ Flush or pour flush toilet
- ☐ Ventilated improved pit latrine
- ☐ Pit latrine with slab
- ☐ Pit latrine without slab/ open pit
- ☐ Composting toilet
- ☐ Bucket toilet
- ☐ Hanging toilet/hanging latrine
- ☐ No facility/bush/field
- ☐ Other

If other, please specify

Where is this toilet facility located?

- ☐ In own dwelling
☐ In own compound
☐ Elsewhere

The last time the youngest child in your household passed stool, what was done to dispose of the stool?

- ☐ Child used toilet
☐ Put into toilet or latrine
☐ Put into drain or ditch
☐ Thrown into garbage
☐ Buried
☐ Left it in the open
☐ Other
☐ I don't know

If other, please specify

Respiratory diseases

Does anyone in your household (including yourself) smoke tobacco products?

- ☐ No
☐ Yes
☐ I don't know

Do you cook food inside or outside the house?

- ☐ Inside
☐ Outside
☐ Both

What do you use to cook food?

- ☐ Biomass
☐ Gas
☐ Open flame
☐ Other

If other, please specify

Did you breastfeed your children?

- ☐ Yes, exclusively for 6 months
☐ Yes, for >6 months
☐ Yes, for < 6 months
☐ No
☐ Not applicable

Does anyone in your family currently have asthma?

- ☐ No
☐ Yes
☐ I don't know

Has anyone in your household been diagnosed with TB in the past year?

- ☐ No
☐ Yes
☐ I don't know

Household member

Please complete the survey below.

Thank you!

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.

List of household members (Repeat for each household member)

48) What is the name or code name of this household member?

49) What is the gender of this household member?

- ☐ Female
- ☐ Male
- ☐ Trans female/ Trans woman
- ☐ Trans male/ Trans man
- ☐ Genderqueer/ Gender non-conforming
- ☐ Other

50) How old is this household member (in years)?

51) How is this member related to you?

- ☐ Spouse
- ☐ Sibling
- ☐ Child
- ☐ Parent
- ☐ Grandparent
- ☐ Uncle/ Aunt
- ☐ Other family
- ☐ Unrelated

52) Do you sleep in the same room?

- ☐ No
- ☐ Yes

53) Do you sleep in the same bed?

- ☐ No
- ☐ Yes

54) Does this person cook food for the household?

- ☐ No
- ☐ Yes

Enrollment

Please complete the survey below.

Thank you!

The following instrument will collect data on the individual participant. This is the participant that has been selected to participate in the study. This section should be answered by the participant.

Study ID

Household ID

(Enter the DHSS ID of the household)

Study ID

(Enter the DHSS ID of the participant, this should be provided)

Enumerator/Data Collector ID

Enrolment and consent

Date participant signed consent

Consent form

Personal details

First Name

(If answering for child, respond for child.)

Middle Name

(If answering for child, respond for child.)

Family Name

(If answering for child, respond for child.)

Gender

- ☐ Female
 - ☐ Male
 - ☐ Trans female/ Trans woman
 - ☐ Trans male/ Trans man
 - ☐ Genderqueer/ Gender non-conforming
 - ☐ Other
- (If answering for child, respond for child.)

Other gender

(If answering for child, respond for child.)

Do you know your age?

- ☐ No
☐ Yes
(If answering for child, respond for child.)

Please let me know your age (in years).

(If answering for child, respond for child.)

Can you estimate your age group?

- ☐ < 6 months
☐ 6-11 months,
☐ 1-4 yrs
☐ 5-9 yrs
☐ 10-19 yrs
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60+
☐ I don't know
(If answering for child, respond for child.)

Have you given birth before?

- ☐ No
☐ Yes
(If answering for child, respond for child.)

Personal contact information

Where do you live: Street, Location, etc

(If answering for child, respond for child.)

Do you have a telephone or access to a telephone?

- ☐ Yes
☐ No
(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.)

Please give us a telephone number on which we can reach you.

(If answering for child, respond for child. If child does not have a phone number, enter number of parent or guardian)

Please give me your email address if you have one,

(If answering for child, respond for child. If child does not have an email, enter parent or guardian email if available)

School and work.

What is your current occupation?

- ☐ Unemployed
- ☐ Student
- ☐ Office worker
- ☐ Business person
- ☐ Casual labour
- ☐ Farmer
- ☐ Fishing
- ☐ Retired
- ☐ Homemaker/ Housewife
- ☐ Other

What is your current occupation, if other?

Are you currently enrolled in school?

- ☐ No
 - ☐ Yes
- (If answering for child, respond for child.)

What school level are you in?

- ☐ Pre-school
 - ☐ Primary school
 - ☐ Secondary school
 - ☐ College/ University
- (If answering for child, respond for child.)

How many years of education have you completed?

(If answering for child, respond for child.)

Transport use

How often did you use mass transport in the past 3 months?

- ☐ Never
 - ☐ Once a week
 - ☐ More than once a week but not daily
 - ☐ Daily
- (If answering for child, respond for child.)

Were you exposed to persons with respiratory complaints within your household in the past one week?

- ☐ No
- ☐ Yes
- ☐ I don't know

Contact Day 1 Metadata

Please complete the survey below.

Thank you!

The following instrument will collect data on overall contact information for day 1 of the diary. This section should be answered by the participant after two days of diary-keeping.

Day 1

80) Study ID

(Enter the DHSS ID of the participant, this should be provided)

81) For which day are you recording contacts?

- ☐ Day 1
☐ Day 2

82) Contact survey date 1

(YYYY-MM-DD)

Contact diary day 1

83) How many individuals did you contact (either physical or non-physical) on day 1 of the assigned survey days?

(If answering for child, respond for child.)

Contact Day 1

Please complete the survey below.

Thank you!

The following instrument will collect data on each contact contacted by the participant on day 1 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 and answer all questions for each contact. For example, if the participant had 10 contacts in day 1, 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.

Day 1 Contacts (Repeat for each person contacted)

Contact number

(This should be a unique ID for each contact)

Contact person name, nickname, code, ID, etc

What is your relationship to the contact?

- ☐ Household member
☐ Non-household member

Do you know the age of the contact?

- ☐ No
☐ Yes

What is the age of contact (Enter if exact age is known)?

If you do not know the exact age, please estimate the age group of the contact.

- ☐ < 6 months
☐ 6-11 months,
☐ 1-4 yrs
☐ 5-9 yrs
☐ 10-19 yrs
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60+
☐ I don't know

What is the gender of the contact?

- ☐ Female
☐ Male
☐ Trans female/ Trans woman
☐ Trans male/ Trans man
☐ Genderqueer/ Gender non-conforming
☐ Other

Did you touch?

- ☐ No
☐ Yes
☐ Do not remember

Did the contact occur indoors or outdoors?

- ☐ Indoors
☐ Outdoors
☐ Both

Where did you have the contact?

- ☐ My home
- ☐ Other home
- ☐ School
- ☐ Work
- ☐ Transport/ Hub
- ☐ Market
- ☐ Street
- ☐ Well
- ☐ Playground
- ☐ Shop
- ☐ Place of worship
- ☐ Garden
- ☐ Other

If other location, please specify.

Was this individual wearing a mask when you had contact?

- ☐ No
- ☐ Yes
- ☐ I don't remember

What was the total time spent with the contact on this day?

- ☐ < 5 mins
- ☐ 5-15 mins
- ☐ 16-30 mins
- ☐ 31 mins - 1 hr
- ☐ >1 hr

In the past 6 months, how often have you had contact with this person?

- ☐ Never met before
- ☐ Less than monthly
- ☐ Less than weekly but at least monthly
- ☐ Less than daily but at least weekly
- ☐ At least daily

How long have you known this person?

- ☐ Never met before
- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ More than 10 years

Place use Day 1

Please complete the survey below.

Thank you!

The following instrument will collect data on each place visited by the participant on day 1 of the diary. This section should be answered by the participant after two days of diary-keeping. You should add an instance for each place visited by the participant and answer all places for each contact. For example, if 10 places were visited, you should have 10 instances.

Day 1 Place-Use (Repeat for each place visited)

Select all the locations that you visited.

- ☐ My home
- ☐ Other home
- ☐ School
- ☐ Work
- ☐ Transport/ Hub
- ☐ Market
- ☐ Street
- ☐ Well
- ☐ Playground
- ☐ Shop
- ☐ Place of worship
- ☐ Garden
- ☐ Other

If other, please specify

Approximately how many people were in this location?

How much time did you spend at this location over the entire day?

- ☐ < 5 mins
- ☐ 5-15 mins
- ☐ 16-30 mins
- ☐ 31 mins - 1 hr
- ☐ >1 hr

Other than this visit, in the last 6 months, how often do you visit this place?

- ☐ Never visited before
- ☐ Less than monthly
- ☐ Less than weekly but at least monthly
- ☐ Less than daily but at least weekly
- ☐ At least daily

Contact Day 2 Metadata

Please complete the survey below.

Thank you!

The following instrument will collect data on overall contact information for day 2 of the diary. This section should be answered by the participant after two days of diary-keeping.

Day 2

104) For which day are you recording contacts?

☐ Day 1

☐ Day 2

105) Contact survey date 2

(YYYY-MM-DD)

Contact diary day 2

106) How many individuals did you contact (either physical or non-physical) on day 2 of the assigned survey days?

(If answering for child, respond for child.)

Contact Day 2

Please complete the survey below.

Thank you!

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.

Day 2 Contacts (Repeat for each person contacted)

Contact person name, nickname, code, ID, etc

What is your relationship to the contact?

- ☐ Household member
☐ Non-household member

Do you know the age of the contact?

- ☐ No
☐ Yes

What is the age of contact (Enter if exact age is known)?

If you do not know the exact age, please estimate the age group of the contact.

- ☐ < 6 months
☐ 6-11 months,
☐ 1-4 yrs
☐ 5-9 yrs
☐ 10-19 yrs
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60+
☐ I don't know

What is the gender of the contact?

- ☐ Female
☐ Male
☐ Trans female/ Trans woman
☐ Trans male/ Trans man
☐ Genderqueer/ Gender non-conforming
☐ Other

Did you touch?

- ☐ No
☐ Yes
☐ Do not remember

Did the contact occur indoors or outdoors?

- ☐ Indoors
☐ Outdoors
☐ Both

Where did you have the contact? Select all possible answers.

- ☐ My home
- ☐ Other home
- ☐ School
- ☐ Work
- ☐ Transport/ Hub
- ☐ Market
- ☐ Street
- ☐ Well
- ☐ Playground
- ☐ Shop
- ☐ Place of worship
- ☐ Garden
- ☐ Other

If other location, please specify.

What was the total time spent with the contact on this day?

- ☐ < 5 mins
- ☐ 5-15 mins
- ☐ 16-30 mins
- ☐ 31 mins - 1 hr
- ☐ >1 hr

In the past 6 months, how often have you had contact with this person?

- ☐ Never met before
- ☐ Less than monthly
- ☐ Less than weekly but at least monthly
- ☐ Less than daily but at least weekly
- ☐ At least daily

How long have you known this person?

- ☐ Never met before
- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ More than 10 years

Place use Day 2

Please complete the survey below.

Thank you!

The following instrument will collect data on each place visited 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 place visited by the participant and answer all places for each contact. For example, if 10 places were visited, you should have 10 instances.

Day 2 Place-use (Repeat for each place visited)

Select all the locations that you visited.

- ☐ My home
- ☐ Other home
- ☐ School
- ☐ Work
- ☐ Transport/ Hub
- ☐ Market
- ☐ Street
- ☐ Well
- ☐ Playground
- ☐ Shop
- ☐ Place of worship
- ☐ Garden
- ☐ Other

If other, please specify.

Approximately how many people were in this location?

How much time did you spend at this location over the entire day?

- ☐ < 5 mins
- ☐ 5-15 mins
- ☐ 16-30 mins
- ☐ 31 mins - 1 hr
- ☐ >1 hr

Other than this visit, in the last 6 months, how often do you visit this place?

- ☐ Never visited before
- ☐ Less than monthly
- ☐ Less than weekly but at least monthly
- ☐ Less than daily but at least weekly
- ☐ At least daily

Post Contact Survey

Please complete the survey below.

Thank you!

The following instrument should be answered by the participant after two days of diary-keeping.

Post contact survey

Were you able to include every single contact?

- ☐ No
☐ Yes
☐ I don't know
(If answering for child, respond for child. You may have large numbers of contacts in a day because for example, you work in a shop)

On a scale of 1-5, how did the 2 days on which you reported your contact compare to a typical day?

- ☐ 1 - Much fewer contacts than usual
☐ 2 - Fewer contacts than usual
☐ 3 - About the same as usual
☐ 4 - More contacts than usual
☐ 5 - Much more contacts than usual
(If answering for child, respond for child.)

Behavior change

How do you think your social behavior has changed following the start of COVID-19? Social behavior refers to your interactions with other people, such as talking face-to-face, visiting their homes, meeting outside the home, etc.

- ☐ No change. I interact with people the same way that I used to before
☐ My interactions have increased
☐ My interactions have reduced
☐ I don't know
(Start of COVID-19 is defined as when the first case of COVID-19 occurred in Mozambique on March 22nd, 2020. If answering for child, respond for child.)

Movement change

How do you think your movements have changed following the start of COVID-19?

- ☐ No change. I still move around the same way that I used to before
☐ My movements have increased
☐ My movements have have reduced
☐ I don't know
(Start of COVID-19 is defined as when the first case of COVID-19 occurred in Mozambique on March 22nd, 2020. f answering for child, respond for child.)

Social distancing measures

During the past 14 days, how many days did you leave your home?

- ☐ 0
☐ 1-3 times
☐ 4-7 times
☐ More than 7 times
☐ I don't know
☐ I prefer not to answer
(If answering for child, respond for child.)

For which activities have you left your home in the last 14 days?

- ☐ Go to work
☐ Go to school
☐ Attend religious service
☐ Seek health care
☐ Go to the market
☐ Visiting family/ friends
☐ Other
(If answering for child, respond for child.)

If other, please specify

(If answering for child, respond for child.)

On how many days did you go to work in the last 14 days?

(If answering for child, respond for child.)

On how many days did you go to school in the last 14 days?

(If answering for child, respond for child.)

Did you leave your home yesterday?

- ☐ No
☐ Yes
(If answering for child, respond for child.)

Have you been required to go into quarantine due to COVID-19?

- ☐ No
☐ Yes
☐ I prefer not to answer
(If answering for child, respond for child.)

How was your social behavior during quarantine?

- ☐ Continued to mingle with other family members
☐ Stayed in separate room away from other family members
☐ Went out of the house
☐ Prefer not to answer
(If answering for child, respond for child.)

Have you been required to isolate yourself?

- ☐ No
☐ Yes
☐ I prefer not to answer
(If answering for child, respond for child.)

If yes, where did the isolation happen?

- ☐ At home
☐ Away from home
(If answering for child, respond for child.)

How was your social behavior during isolation at home?

- ☐ Continued to mingle with other family members
☐ Stayed in separate room away from other family members
☐ Went out of the house
☐ Prefer not to answer
(If answering for child, respond for child.)

How was your social behavior at the isolation facility?

- ☐ Continued to mingle with other individuals
☐ Stayed in separate room away from other individuals
☐ Went out of the isolation facility
☐ Prefer not to answer
(If answering for child, respond for child.)

If you were diagnosed with COVID-19 now, would you be able to isolate yourself from other members of the home?

- ☐ No
☐ Yes
(If answering for child, respond for child.)

Personal hygiene in relation to COVID-19

Did you wear a face mask in the last 14 days?

- ☐ No
☐ Yes
☐ I prefer not to answer
(If answering for child, respond for child.)

Where did you use your mask? Select all that apply.

- ☐ At home
☐ Everywhere outside my house
☐ When walking on the street;
☐ On public transport
☐ In supermarkets/shops
☐ In cinema/bar/restaurant
☐ At work/school/college/university
☐ Other
(If answering for child, respond for child.)

If other location, please specify.

(If answering for child, respond for child.)

Infection status

Have you had close contact with someone infected with coronavirus?

- ☐ None that I know of
☐ Member of my household
☐ Close friend
☐ Other non-household member
☐ Coworker
☐ Patient (in case of a health care worker)
☐ Client/ Customer
(If answering for child, respond for child.)

Have you experienced any COVID-19 symptoms in the last 14 days?

- ☐ Difficulty in breathing
 - ☐ Chest discomfort
 - ☐ Chills
 - ☐ Cough
 - ☐ Fever
 - ☐ Sore throat
 - ☐ Loss of taste or smell
 - ☐ Muscle or joint pains
 - ☐ Tiredness or exhaustion
 - ☐ Nausea or vomiting
 - ☐ Diarrhea
 - ☐ None of these
- (If answering for child, respond for child.)

Did you visit a health care facility for any of these symptoms?

- ☐ No
 - ☐ Yes
 - ☐ I prefer not to answer
- (If answering for child, respond for child.)

Have you been tested for COVID-19?

- ☐ No, I don't think I need it
 - ☐ No, my doctor recommended it but there were no kits
 - ☐ No, but I need one because I am taking care of a person who is sick
 - ☐ Yes, I tested negative
 - ☐ Yes, I tested positive
 - ☐ Yes, waiting for results
 - ☐ I prefer not to answer
- (If answering for child, respond for child.)

If yes, when were you tested?

(If answering for child, respond for child.)

Has anyone else in your household exhibited COVID-19 symptoms in the last 14 days?

- ☐ No
 - ☐ Yes
 - ☐ I prefer not to answer
- (If answering for child, respond for child.)

Has anyone else in your household been tested for COVID-19?

- ☐ No
 - ☐ Yes
 - ☐ I prefer not to answer
- (If answering for child, respond for child.)

Among those tested, how many tested positive for COVID-19?

(If answering for child, respond for child.)

Mobile phone access and use

Do you have access to a mobile phone?

- ☐ No
- ☐ Yes

If yes, do you own it?

- ☐ No
- ☐ Yes

If you use (own or borrow) a mobile phone, what is the functionality?

- ☐ Basic feature phone (no internet)
- ☐ Smart phone (internet enabled)

If smartphone, what is your preferred mode of communication?

- ☐ Normal call and text
☐ Internet calls and text e.g. via Whatsapp

If you use (own or borrow) a mobile phone, which provider do you use?

- ☐ Movitel
☐ Vodacom
☐ Mcel
☐ Other

If other provider, please specify.

If you use a mobile phone, rate the signal in most locations that you visit during the day.

- ☐ Poor
☐ Ok
☐ Good

In the last day/ 24 hours, how often did you call/text using your mobile phone?

- ☐ Never
☐ 1-5 times
☐ 5-10 times
☐ More than 10 times