## Part 1. Household members information

List all individuals who eat from the same kitchen as you. Mark their relationship with yourself, their gender and age in years

No./ Name	Sex (Male/ Female/ Transgender)	Age in years					Relation					Do you sleep in the same room? (Yes/ No)	Do you sleep in the same bed? (Yes/ No)	Does this person cook for the household? (Yes/ No)
			Myself	Spouse	Sibling	Child	Parent	Grand	Uncle/	Other	Unrelated			
								parent	Aunt	relative				

## Part 2. Contact diary

We would like you to registe	r on the agenda all the people with whom you have contact in the two	days that have be	een assigned to you. T	his agenda will he	elp us to collect
data and to understand how	people mix in the community, which will help us to understand how a	disease can spre	ad from one person to	another. You are	e asked to keep
this calendar for two days.	You are asked to fill out an agenda for each day. The first agenda wi	ill be in the cont	acts from	(date)	(time) to
(date)	(time). The second agenda will consist of contacts from	(date)	(time) to	(date)	(time).

You will be asked to keep this diary for 48 hours (two days).

## Instructions:

- 1. A contact is defined as: If you touch the person (for example, a handshake, a hug, a kiss or a contact sport); Or have a two-way conversation with three or more words at a distance that is close enough to touch.
- 2. Write down all the people you contact during the day, regardless of whether the contact is long or short, and whether or not you know the person.
- 3. Contacts made exclusively by telephone or mobile phone or with a barrier between the person (eg bank teller) must not be recorded.
- 4. If you contact the same person several times during the day, record them only once and record the total time spent with that person throughout the day. Thus, each person you meet during the day and have contact with should have only one line on the agenda: one person, one line.

## Important:

- Please provide some information about your contact:
  - Age: If the exact age is known, write the exact age. If not, please estimate the age group using the options listed next to the contact agenda
  - Gender: Enter the number from the list of gender choices next to the contact agenda
  - If you touched the person (e.g. handshake, hug, kiss or contact sport).
  - Places where contacts took place (can indicate several locations) on that day: Enter numbers from the list of chosen locations.
  - **Duration:** How long the contact with the person lasted throughout the day. Indicate hours and minutes. If it is less than 1 hour, enter 0 for hours.
  - **Frequency:** How often did you contact this person in the last 6 months. Enter the frequency from the list of frequency choices. Then, enter the number for that frequency. E.g. (3 times a week, 5 times a month, 1 time for six months)
  - How long have you known this person: Between years and months. If never met before, enter 0 for both.
  - If the contact took place inside or outside the home
  - The relationship with the contact: Family or non-family
- After you finish recording the schedule, we suggest that you double-check the calendar entries, trying to remember all of your activities to make sure that you have not lost any contact person.
- The order in which you write down your contact persons is not important. The easiest is to use a chronological order according to when you first met the person during the day assigned to you and then add anyone else that you can remember throughout your daily activities.

Day 2. Please fill in the matrix below with all individuals with whom you had contact between	(date)	(time) and	(date)	(time)
Day of the week:				

				Outdoor	Indoor	Howe	Minute	Number (from oper)	rist) rion		\\ o <sub>V</sub>	rears Month.	Household <sub>m</sub>	Not a household
ID	Age (Select option from list)	<b>Gender</b> (Select option from list)	Did you touch this contact? (Yes/ No)	Did the conta occur indoors outdoors? (Both options be listed)	the contact happpen?	time sp	s the total ent with act on this ay?	months, I have y contact per: (Select op	past 6 how often you had with this son? otion from st)	wearing when y	individual g a mask you had tact?	How long have you known this person?		ship with ontact
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Age group							
0	<6 months						
1	6-11 months						
2	1-4 years						
3	5-9 years						
4	10-19 years						
5	20-29 years						
6	30-39 years						
7	40-49 years						
8	50-59 years						
9	60+ years						
10	Do not know						
Place							
0	My house						
1	Other house						
2	School						
3	Work place						
4	Transport/ Hub						
5	Market						
6	Street						
7	Well						
8	Fields						
9	Shop						
10	Palce of worship						
11	Garden						
12	Other						
Fre	quency						
1	Daily						
2	Weekly						
3	Monthly						
4	Every 6 months						

				John Out of the Control of the Contr	, ndo <sub>o</sub> r	Hours	Number (from option list)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Month	Household member Not a household
ID	Age (Select option from list)	Gender (Select option from list)	Did you touch this contact? (Yes/ No)	Did the contact occur indoors o outdoors? (Both options ca be listed)	the contact happpen?	What was the total time spent with the contact on this day?	have you had	wearing a mask when you had	How long have you known this person?	Relationship with this contact
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