

# Comprehensive Profiling of Social Mixing Patterns in India

## Household questionnaire

1. Study Site		
1	Study ID	_____
2	Interview Date (DD/MM/YY)	____/____/____
3	Interviewer ID	_____
4	Study Site	1 Ambedkar Nagar 2 Kilarasanpet 3 Kathalampet
5	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. Household enrollment		
The following instrument will collect data on household information. This section should be answered by the head of the household.		
<b>Household ID</b>		
7	Household ID (Enter the ID of the household)	_____
<b>Head of Household Consent</b>		
8	Date Head of Household signed consent form	____/____/____
9	Head of Household consent form	
<b>Head of Household Characteristics</b>		
10	What is your sex?	0, Female 1, Male 2, Other
	If other, please specify	
<b>Household Characteristics</b>		
11	How many people live in this household, including yourself?	____
12	How many people slept in this house during the previous night?	____
<b>House structure</b>		
13	What is the total number of rooms in your house?	____
14	How many rooms are used for sleeping in your house?	
15	What is the main material used to construct the roof of your house?	0, Natural cover (Ex. Straw, palm leaf or grass) 1, Rudimentary roofing (Ex. Rustic mat, rough wood planks or cardboard) 2, Modern roofing (Ex. Zinc sheet, concrete, ceramic, tiles) 3, Other
	If other roof material, please specify	
16	What is the main material of the exterior walls of your house?	0, Natural walls (Ex. Without wall, reed/twigs, leaves from palm tree, wood stakes, adobe/mud, tin, cardboard)

		1, Rudimentary walls (Ex. Bamboo, pressed wood, adobe stone, wood recycled, adobe-treated stakes, unburnt bricks) 2, 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	
17	Do you sometimes have dampness or mold at home?	0, No 1, Yes 2, I don't know
20	Does your household have any of the following amenities or appliances? (Select all that apply)	0, Electricity 1, Refrigerator 2, Radio 3, Television 4, None of the above
21	Does your household own any of the following means of transport? (Select all that apply)	0, Bicycle 1, Motorcycle 2, Car 3, Tractor 4, None of the above
22	How many grazing animals do you have in your home?	<input type="text"/>
23	How many poultry animals do you have in your home?	<input type="text"/>
24	How many pigs do you have in your home?	<input type="text"/>
25	Do you make any major improvements to the home in the last 12 months?	0, No 1, Yes 2, I don't know
<b>Contact with animals</b>		
26	Does anyone in your household touch the following animals at least once per week? (Select all that apply.)	0, Chickens, ducks, geese 1, Cows, pigs, goats, sheep 2, Cats and dogs 3, Rodent 4, Bats 5, Other 6 None of the above
	Please specify other	
27	In the last month, has anyone in your household been injured (bitten or scratched or cut) by any of these animals? (Select all that apply.)	0, Chickens, ducks, geese 1, Cows, pigs, goats, sheep 2, Cats and dogs 3, Rodent 4, Bats 5, Other 6 None of the above
	Please specify other	
28	In the last month, has anyone in your household killed, sacrificed, or cooked any of these animals?	0, Chickens, ducks, geese 1, Cows, pigs, goats, sheep 2, Cats and dogs 3, Rodent 4, Bats

		5, Other 6 None of the above
	Please specify other	
<b>Water, Sanitation, and Health</b>		
29	What is the main source of drinking water for members of your household?	0, Piped water (indoors, outside, in the yard, at neighbor's house) 1, Public water tap 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	
30	What is the main source of water for members of your household for other purposes such as cooking and handwashing?	0, Piped water (indoors, outside, in the yard, at neighbor's house) 1, Public tap 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	
31	Does your household do anything to the water to make it safer to drink?	0, No 1, Yes 2, I don't know
32	If yes, what does your household usually do to make the water safer to drink? (Select multiple)	0, Boil 1, Add bleach/ Chlorine 2, Strain through cloth

		3, Use water filter 4, Solar disinfection 5, Let it stand and settle 6, Other 7, I don't know/None of the
	If other, please specify	
33	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 the time 4, Not applicable (do not help child defecate)
34	Do members of your household wash their hands before touching food (Ex. Cooking, preparing, before eating)?	0, Never 1, Rarely 2, Sometimes 3, Always
35	Do members of your household wash their hands after using the toilet?	0, Never 1, Rarely 2, Sometimes 3, Always
36	What kind of toilet facility do members of your household usually use?	0, Flush toilet 1, Toilet without flush 2, Improved latrine 3, Improved traditional latrine 4, Unimproved latrine 5, Without toilet/latrine//bush/field 6, Other
	If other, please specify	
37	Where is this toilet facility located?	0, Inside house 1, Outside house but within own compound 2, Elsewhere
37 a.	Do you share the toilet facility with another household or rented out?	0, Not shared 1, Shared with another household 2, Rented Out
38	The last time the youngest child in your household passed stool, what was done to dispose of the stool?	0, Child used toilet 1, Put into toilet or latrine 2, Put into 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	
<b>Respiratory diseases</b>		
39	Does anyone in your household (including yourself) smoke tobacco products?	0, No 1, Yes, 2, I don't know
40	Do you cook food inside or outside the house?	0, Inside 1, Outside

		3, Both
41	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	
42	Does anyone in your household currently have asthma?	0, No 1, Yes 2, I don't know
43	Has anyone in your household been diagnosed with Tuberculosis (TB) in the past year?	0, No 1, Yes 2, I don't know

### 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.

#### List of household members (Repeat for each household member)

44	What is the name or code name of this household member?	
45	What is the sex of this household member?	0, Female 1, Male 2, Other
46	How old is this household member (in years)?	
47	How is this member related to you?	0, Spouse 1, Sibling 2, Child 3, Grandparent 4, Uncle/Aunt 5, Other family 6, Unrelated
48	Does this household member share a room to sleep with anyone?	0, No 1, Yes
49	Does this household member share the same bed with anyone?	0, No 1, Yes
50	Does this person cook food for the household?	0, No 1, Yes

### 4. Enrollment

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.

51	Date participant signed consent	
52	Consent form (Upload)	

#### Personal details

53	Full Name	
54	Sex	0, Female 1, Male 2, Other
	Other gender	
55	Please let me know your age (in years).	
56	Can the participant read and write on their own?	0, No

		1, Yes
<b>Personal Contact Information</b>		
57	Where do you live: Street, Location, etc.	
58	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
59	Please give us a telephone number on which we can reach you	
<b>School and work</b>		
60	What is your current occupation?	0, Unemployed 1, Student 2, Office worker 3, Businessperson/retail 4, Seasonal labor 5, Farmer 6, Construction worker 7, Retired 8, Homemaker/ Housewife 9, Other
61	What is your current occupation, if other?	
62	Are you currently enrolled in school?	0, No 1, Yes
63	What school level are you in?	0, No schooling 1, Primary school (1-6 grade) 2, Some Secondary school (1-3 basic) 3, Completed Secondary School 4, 1-3 years of college/university 5, Bachelors 6, More than Bachelors
64	What is the highest level of education that you have attained?	0, No schooling 1, Some primary school 2, Primary school (1-6 grade) 3, Basic Secondary school 4, Middle Secondary 5, 1-3 years of college/university 6, Bachelors 7, More than Bachelors
<b>Transport use</b>		
65	How often did you use mass transport in the past 3 months?	0, Never 1, Monthly 2, Weekly 3, Daily
66	Were you exposed to persons with respiratory complaints within your household in the past one week?	0, No 1, Yes 2, I don't know
<b>Children's section</b>		
67	Did you breastfeed your last-born child?	0, Yes, exclusively for 6 months 1, Yes, for >6 months 2, Yes, for <6 months 3, No

		4, Not applicable
68	How many siblings do you have? (Siblings is defined as any sibling from either the mother of the father's side)	
69	What is your birth order?	
<b>5. Contact Diary Metadata: Day 1</b>		
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.		
<b>Shadow:</b> Someone who keeps records on behalf of the participant. For those that are unable to read and write, a shadow is a person who will record the contacts of the participants in the paper diary on behalf of the participant. For children < 10 years, the shadow will be someone who spends time throughout the day with the child and is able to accurately record the contacts of the child.		
70	Who recorded the contact details in the paper dairy?	0, Participant 1, Shadow
71	If the participant requires a shadow, what is the shadow's age?	
72	If the participant requires a shadow, what is the sex of the shadow?	0, Female 1, Male 2, Other
	Specify if other:	
73	If the participant requires a shadow, what is the relationship between participant and shadow?	0, Spouse 1, Sibling 2, Child 3, Parent 4, Grandparent 5, Uncle/ Aunt 6, Other
	Specify if other:	
74	Interview Date	___/___/_____
75	What was the date for first day of contact diary?	___/___/_____
76	What was the day of week for the first day of contact diary?	___/___/_____
Contact diary day 1		
77	How many individuals did you contact (either physical or non-physical) on day 1 of the assigned survey days?	___
<b>Contact with Household members</b>		
78	Did you have contact with [household_survey_arm_1][hh_member_name][1]?	0, No 1, Yes
79	Did you touch?	0, No 1, Yes 2, Do not remember
80	Did the contact occur indoors or outdoors?	0, Indoors 1, Outdoors 2, Both
81	Where did you have the contact?	1, Other home 2, School 3, Work 4, Transport/ Hub 5, Market 6, Street 7, Well 8, Playground 9, Shop 10, Place of worship 11, Garden

		12, Other
	If other location, please specify.	
82	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
83	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.
84	In the past 6 months, how often have you had contact with this person?	0, Never met before 1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before
85	How long have you known this person?	0, Never met before 1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before
<b>Place use Day 1</b>		
86	What is the name or code name of the place you visited?	
87	Select the type of location that you visited	1, Other home 2, School 3, Work 4, Transport/ Hub 5, Market 6, Street 7, Well 8, Playground 9, Shop 10, Place of worship 11, Garden 12, Other
	If other, please specify	
88	Approximately how many people were in this location?	
89	How much time did you spend at this location over the entire day?	0, < 5 mins 1, 5-15 mins 2, 16-30 mins 3, 31 mins - 1 hr 4, 1-4 hrs 5, >4 hrs
90	Other than this visit, in the last 6 months, how often do you visit this place?	1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before
<b>6. Contact Diary Day 2 of 2</b>		
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		



<p>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.</p>		
91	Contact person name, nickname, code, ID, etc	
92	Do you know the age of the contact?	0, No 1, Yes
93	What is the age of contact (Enter if exact age is known)?	
94	If you do not know the exact age, please estimate the age group of the contact.	0, < 6 months 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
95	What is the sex of the contact?	0, Female 1, Male 3, Other
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, Other home 2, School 3, Work 4, Transport/ Hub 5, Market 6, Street 7, Well 8, Playground 9, Shop 10, Place of worship 11, Garden 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 1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before
102	How long have you known this person?	0, Never met before 1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before
<b>Contact Day 2 of 2 (Repeat contacts)</b>		
103	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
104	Did you touch?	0, No 1, Yes 2, Do not remember
105	Did the contact occur indoors or outdoors?	0, Indoors 1, Outdoors 2, Both
106	Where did you have the contact?	1, Other home 2, School 3, Work 4, Transport/ Hub 5, Market 6, Street 7, Well 8, Playground 9, Shop 10, Place of worship 11, Garden 12, Other
	If other location, please specify.	
107	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
108	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.
109	In the past 6 months, how often have you had contact with this person?	1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before
110	How long have you known this person?	1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before

Place use Day 2		
111	What is the name or code name of the place you visited?	
112	Select the type of location that you visited	1, Other home 2, School 3, Work 4, Transport/ Hub 5, Market 6, Street 7, Well 8, Playground 9, Shop 10, Place of worship 11, Garden 12, Other
	If other, please specify	
113	Approximately how many people were in this location?	
114	How much time did you spend at this location over the entire day?	0, < 5 mins 1, 5-15 mins 2, 16-30 mins 3, 31 mins - 1 hr 4, 1-4 hrs 5, >4 hrs
115	Other than this visit, in the last 6 months, how often do you visit this place?	1, Daily 2, 1 to 3 times per week 3, 1 to 3 times per month 4, Never met before
<b>7. Exit Survey</b>		
The following interview will be administered to participants who completed the contact diaries for the 48 consecutive hours allocated. This questionnaire will cover the experience of filling in the contact diaries, perceptions and exposure to COVID-19 and access to a mobile phone.		
<b>Experience of filling the contact diaries</b>		
116	Date of exit interview (Month/Day/Year)	
117	Were you able to include every single contact?	0, No 1, Yes 2, Do not remember
118	On a scale from 1 to 5, how did the 2 days in which you reported your contacts 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
119	If both days were not typical, why?	
<b>Behavior Change</b>		
120	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
121	If there was change in your social behavior, was this change due to COVID-19?	1, Yes 2, No
122	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
123	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	
124	On how many days did you go to work in the last 14 days?	_ _ _
124	On how many days did you go to school in the last 14 days?	_ _ _
126	Did you leave your home yesterday?	0, No 1, Yes 2, I prefer not to answer
<b>Social distancing measures and personal hygiene in relation to COVID-19</b>		
<p><b>Quarantine:</b> Quarantine is suggested to a patient that presents signals and symptoms of Covid-19 or to an individual to has had contract with someone who has been diagnosed with COVID-19. The length of stay in quarantine is 14 days.</p> <p><b>Hospital Isolation:</b> Is a site prepared at the health center unit to deal with diagnosed patients with COVID-19 with severe symptoms.</p> <p><b>Home Isolation:</b> It is recommended for patients diagnosed or with symptoms suggestive of COVID-19 mild and moderated. The length of stay varies because it depends on whether the patient has a second negative test or if not that the patient does not manifest any symptoms of COVID-19.</p>		
127	<b>Have you been required to go into quarantine due to COVID-19 in the last 14 days?</b>	0, No, 1, Yes, 2, I prefer not to answer
127a	<b>If answer to 127 was Yes, how was your social behavior during quarantine?</b>	0, Continued to mingle with other family members 1, Stayed in separate room away from other family members 2, Went out of the house 3, Prefer not to answer
128	<b>Were you required to be isolated?</b>	0, No 1, Yes 2, I prefer not to answer

128a	<b>If answer to 128 was Yes, where did the isolation occur?</b>	0, At home 1, Away from home
128b	<b>If answer to 128a was At home, how was your social behavior during you home isolation?</b>	0, Continued to mingle with other family members 1, Stayed in separate room away from other family members 2, Went out of the house 3, Prefer not to answer
128c	<b>If answer to 128 was Away from home, how was your social behavior in the isolation facility?</b>	0, Continued to mingle with other individuals 1, Stayed in separate room away from other individuals 2, Went out of the isolation center 3, Prefer not to answer
129	<b>If you were diagnosed with COVID-19, would you be able to isolate yourself from other members of the home?</b>	0, No 1, Yes 2, I prefer not to answer
129	<b>Did you use a face mask in the last 14 days?</b>	0, No 1, Yes 2, I prefer not to answer
129a	<b>If 129 was Yes, where did you use the face mask? (Select all that apply)</b>	0, At home 1, Everywhere outside my house 2, When walking on the street; 3, On public transport 4, In supermarkets/shops 5, In cinema/bar/restaurant 6, At work/ school/ college/ university 7, Other
<b>Contact with SARS-CoV-2 infected individuals</b>		
130	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	
131	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 joint aches, 8= Tiredness or exhaustion, 9= Nausea or vomiting 10= Diarrhea 11= None of these

132	Did you visit a health facility for any of these symptoms?	0= No 1= Yes 2= I prefer not to answer
133	Have you been tested for COVID-19?	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
134	If yes, when were you tested?	(Month/Day/Year)
135	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
136	Has someone else from your household been tested for COVID-19?	0= No 1= Yes 2= I prefer not to answer
137	Among those tested, how many tested positives for COVID-19?	□□□
138	Have you received a COVID-19 vaccine?	0, No 1, Yes 2, Prefer not to answer
138a	If Yes, which vaccine did you receive?	0, Covidsheild 1, Covaxin 5, Other 6, I do not know 7, Prefer not to answer
<b>Cellphone Use</b>		
139	Do you have access to a mobile phone?	0, No 1, Yes
140	If Yes, do you own the mobile phone?	0= No 1= Yes
141	If you use (own or borrow) a mobile phone, what is the functionality?	1 = Basic feature phone, no internet 2 = Smartphone, has internet
142	If smartphone, what is your preferred mode of communication?	1 = Normal call and text 2 = Internet calls and text e.g. using Whatsapp
143	If you use (own or borrow) a mobile phone, which provider do you use?	1= BSNL 2= Airtel 3 = Reliance 4=Vodafone Other (Please specify)
	If other, please specify	
144	If you use a mobile phone, rate the signal in most locations that you visit during the day?	1 = Poor 2 = Ok 3 = Good

145	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
146	Monthly income of household (total)	₹ _ _ _ _ _