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

| | Sex Ago in | Ago in | | Relationship | | | | | | | | | | Does this person |
|----------|-----------------|--------------|--------|--------------|---------|-------|---------|------------------|---------------|----------------|-----------|----------|-----------------------------------|------------------|
| No./Name | Female/ Male | Age in years | Myself | Spouse | Sibling | Child | Parent | Grand- parent | Uncle Aunt | Other relative | Unrelated | room? | sleep in same bed? (Yes/No) | |
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| Day 1. Please fill in the matrix below with all individuals with whom you had contact between | (date) | _ (time) and | (date) | (time) | |
|---|--------|--------------|--------|--------|--|
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Part 2. Contact diary

| We would like you to | register on the agenda all the people with whom you have contact in | the two days that have | ve been assigned to yo | u. This agenda will | help us to collect |
|-----------------------|--|------------------------|------------------------|---------------------|--------------------|
| data and to understa | nd how people mix in the community, which will help us to understan | d how a disease can s | spread from one perso | n to another. You a | are asked to keep |
| this calendar for two | days. You are asked to fill out an agenda for each day. The first ag | genda will be in the o | contacts 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 of th | ne weel | k: | | | | | | | | | | | | | | | |
|-----------|---------|--|---|---|------------------------------|--|---|-------------------------------------|---|---|--|----------------|--|---|--------------|---------------------|--------|
| | | | | | Outdoor Indoor | | | Hours Mimber (from option) Fequence | | | | | | Years Monn | Household m. | Not a household | empera |
| | ID | Age (Select option from list) | Gender (Select option from list) | Did you touch this contact? (Yes/ No) | occur in outd (Both op | contact doors or oors? tions can sted) | Where did the contact happpen? (Select all that apply from list) | time sp | s the total ent with act on this ay? | In the months, I have y contact per (Select op | e past 6 how often you had with this son? otion from st) | wearin when | individual g a mask you had tact? | How long have you known this person? | | ship with ontact | |
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| Age | e 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 |

| 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: | | | | |
| | | | | |

| | | • matri: | rix below with all individuals with whom you had contact between | | | | | |) | (date) | | _ (time | e) and | | | |
|--------|--|---|--|---|-------------------------------|---|---------|---|--|--|--|---|---|---------|---------------------|------------|
| he wee | k: | | | | | | | | | | | | | | | |
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| | | | | Outedoor | | | | Minus | Number (from opri. | Frequence | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | , o | Months Mot a household member | | | , in order |
| ID | Age (Select option from list) | Gender (Select option from list) | Did you touch this contact? (Yes/ No) | Did the occur in outde (Both opt be lis | doors or oors? ions can | Where did the contact happpen? (Select all that apply from list) | time sp | s the total ent with ect on this ay? | In the months, I have y contact per: (Select op | past 6 now often ou had with this son? vition from st) | wearin when | ndividual 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 | | | | | | | | | |
| 4 | 5-9 years | | | | | | | | |
| 5 | 10-19 years | | | | | | | | |
| 6 | 20-29 years | | | | | | | | |
| _ | 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 | equency | | | | | | | | |
| 1 | Daily | | | | | | | | |
| 2 | Weekly | | | | | | | | |
| 3 | Monthly | | | | | | | | |
| 4 | Every 6 months | | | | | | | | |