

Comprehensive Profiling of Social Mixing Patterns in Guatemala

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1. Study Site		
1	Identification Number (Municipality-Cluster-House)	<input type="text"/>
2		
3	Interview Date (DD/MM/YY)	<input type="text"/>
4	Interviewer ID	<input type="text"/>
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. Household enrollment		
The following instrument will collect data on household information. This section should be answered by the household head or their representative		
Household ID		
7	Household ID (Municipality-Cluster-House)	<input type="text"/>
Head of Household Consent		
8	Date Head of Household signed consent form	<input type="text"/>
9	Head of Household consent form	
Head of Household Characteristics		
10	What is your sex?	0, Female 1, Male 2, Other
	If other, please specify	
Household Characteristics		
11	How many people live in this household, including yourself?	<input type="text"/>
12	How many people slept in this house during the previous night?	<input type="text"/>
House structure		
13	What is the total number of areas or rooms in your house?	<input type="text"/>
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, Rustic roofing (Ex. rough wood planks) 1, 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, Rustic walls (Ex. Bamboo,

		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	
17	Does your household have any of the following services or electronics ? (Select all that apply)	0, Electricity 1, Drinking water 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? (Select all that apply)	0, Bicycle 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. For example: cows, goats, sheep, horses, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
20	How many poultry animals do you have in your home?	<input type="text"/> <input type="text"/> <input type="text"/>
21	How many pigs do you have in your home?	<input type="text"/> <input type="text"/> <input type="text"/>
22	Do you make any major improvements to the home in the last 12 months?	0, No 1, Yes 2, I don't know
Contact with animals		
23	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, Other 5, None of the above
	Please specify other	
24	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, Other 5, None of the above
	Please specify other	
25	In the last month, has anyone in your household killed or cooked any of these animals?	0, Chickens, ducks, geese 1, Cows, pigs, goats, sheep

		2, Cats and dogs 3, Rodent 4, Other 5, None of the above
	Please specify other	
Water, Sanitation, and Health		
26	What is the main source of drinking water for members of your household?	0, Private piped water (indoors, 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	
27	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 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/SODIS 5, 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	
Respiratory diseases		
36	Does anyone in your household (including yourself) smoke tobacco products?	0, No 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 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)		
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
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.		
48	Date participant signed consent	
49	Consent form (Upload)	
Personal details		
50	Full Name	
51	Sex	0, Female 1, Male 2, Other
	Other gender	
52	Please let me know your age (in years).	
53	Can the participant read and write on their own?	0, No 1, Yes
Personal 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	
School and work		
57	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
58	What is your current occupation, if other?	
59	Are you currently enrolled in school?	0, No 1, Yes
60	What school level are you in?	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 household in the past one week?	0, No 1, Yes 2, I don't know
Children's section		
64	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
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. AND 9. Contact Diary Metadata: Day 1/ Day 2		
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.		
Shadow: 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.		
67	Who recorded the contact details in the paper dairy?	0, Participant 1, Shadow
68	If the participant requires a shadow, what is the shadow's age?	
69	If the participant requires a shadow, what is the sex of the shadow?	0, Female 1, Male 2, Other
	Specify if other:	
70	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, Grandchild 7, Niece/Nephew 8, Other relative 9, Unrelated
	Specify if other:	
71	Interview Date	/ /
72	What was the date for first day of contact diary?	/ /
73	What was the day of week for the first day of contact diary?	/ /
Contact diary day 1		
74	How many individuals did you contact (either physical or non-physical) on day 1 of the assigned survey days?	_ _

6 AND 10. Contact with Household members		
75	Did you have contact with [household_survey_arm_1][hh_member_name][1]?	0, No 1, Yes
76	Did you touch?	0, No 1, Yes 2, Do not remember
77	Did the contact occur indoors or outdoors?	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.	
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
80	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.
81	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
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 4, 6-10 years 5, More than 10 years
7 and 11. Contact Diary Day 2 of 2		

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	Contact person name, nickname, code, ID, etc	
84	Do you know the age of the contact?	0, No 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 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
87	What is the sex of the contact?	0, Female 1, Male 3, Other
88	Did you touch?	0, No 1, Yes 2, Do not remember
89	Did the contact occur indoors or outdoors?	0, Indoors 1, Outdoors 2, Both
90	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.	
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 2, Yes, during parts of encounter

		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 Day 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 1, Less than a year 2, 1-2 years 3, 3-5 years 4, 6-10 years 5, More 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
	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 day?	0, < 5 mins 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		
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.		
Experience of filling the contact diaries		
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 than 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

		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?	
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		
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

