Rapid Assessment Web (RAW) survey to understand the impact of the COVID-19 crisis on people residing in South Asia: Survey Questionnaire

Start of Block: Default Question Block

X0

Welcome and thank you for your time.
You can complete this survey for yourself first. Thereafter, we encourage you to help us by interviewing someone you know that is unlikely to take this survey because of language barrier or lack of access to the Internet. WE WANT TO ALSO HEAR FROM SUCH PEOPLE AND WOULD GREATLY APPRECIATE YOUR HELP IN PLAYING THE ROLE OF AN INTERVIEWER.

X1

To begin, tell us if you are completing this survey for yourself or on behalf of someone you know?

O For myself (1)

O For someone else (2)

Skip To: End of Block If X1 = 1

X2

If you are interviewing someone else, we THANK YOU for your help. **Note that in all the questions after this question, 'you' and 'yours' refers to the person you are interviewing. Thanks.**

Please indicate the language in which you are doing the interview?

_____

End of Block: Default Question Block

Start of Block: Consent

X3
Consent Statement

This survey is conducted by researchers from Michigan State University, USA with the help of collaborators from your country. The purpose of this survey is to understand how the current situation in your country and around the world is affecting your family and your well being. We appreciate your time to participate in this survey. Your responses in this survey will help researchers make recommendations to guide future program investment and policy decisions by the government and other development partners.

This survey is for individuals who are 18 or above in age. If you meet this age criterion and agree to participate in this survey, it will take about 10 minutes. Your participation is voluntary. Your refusal to participate or to withdraw from the study carries no penalty or loss of any benefits. This survey is completely anonymous. We do not ask for your contact information at any point. Results from this survey will be aggregated and made available at MSU's website. The survey is open until end of April 2020.

End of Block: Consent

Start of Block: Age

JS

X4 **Before you start, please tell me your age (number of years completed as of last birthday):**

Age (1)	▼ 15 (1) ... >100 (87)

Skip To: End of Survey If X4 = 1 [1]
Skip To: End of Survey If X4 = 1 [2]
Skip To: End of Survey If X4 = 1 [3]

End of Block: Age

Start of Block: Thankyou, meets age criterion

consent **Thank You. By clicking “Next”, you voluntarily consent to participate in this survey.**

End of Block: Thankyou, meets age criterion

Start of Block: Country

A1 **What is your gender?**

O Male (1)

O Female (2)

X→

A2 **In which country do you currently reside?**

▼ Bangladesh (2) ... Other (9)

Skip To: A3 If A2 = 9
Skip To: End of Block If A2 != 9

A3
If Other, specify the name of the country you reside

_____

End of Block: Country

Start of Block: State/province

A4 **Name the State or Province where you reside**

_____

End of Block: State/province

Start of Block: Location characteristic

A5 **How best would you characterize the place/town where you live? (Select One)**

- O Country/state/provincial CAPITAL CITY (1)
- O District capital city (2)
- O A commercial town smaller than a district capital (3)
- O Village within 20 km from a nearest commercial town/city (4)
- O Village within 21-50 km from a nearest commercial town/city (5)
- O Village more than 50 km from a nearest commercial town/city (6)

End of Block: Location characteristic

Start of Block: Dwelling characteristic (1)

A6 **Which of the following are the features of your house/building? (SELECT All applicable features OR SELECT "None of the above")**

- ☐ Cement/brick/stone walls (1)
- ☐ Concrete/cement roof (2)
- ☐ Is located NEAR informal settlement/slum area (3)
- ☐ Is located in a slum area (4)
- ☐ Is located on a busy/crowded street (5)
- ☐ Has a home vegetable garden (6)
- ☐ ⊗ None of the above (8)

End of Block: Dwelling characteristic (1)

Start of Block: Dwelling characteristics (2)

A7 **Which of the following are the amenities you have <u>in your house</u> or your household <u>owns</u>? (SELECT All applicable amenities OR SELECT "None of the above")**

- ☐ Has electricity (1)
- ☐ Piped water (2)
- ☐ Television (3)
- ☐ Refrigerator/freezer (4)
- ☐ Motorcycle/Scooter/Rickshaw (6)
- ☐ Motor car or jeep (7)
- ☐ Smart phone (9)
- ☐ A designated place to wash hands (11)
- ☐ ⊗ None of the above (12)

End of Block: Dwelling characteristics (2)

Start of Block: HH size

A8 **How many people live in your household? By household, we mean people who live under the same roof and share food together as a family?**

▼ 1 (1) ... more than 20 (21)

A9 **Does the household have any children less than 16 years of age?**

- O Yes (1)
- O No (2)

End of Block: HH size

Start of Block: HH food exp and source

A10 **On average, what percentage of your household's total food consumption for the year comes from own production (e.g., farming, home gardening)? (Select One)**

- O None (0%) (1)
- O Less than 20% (2)
- O 20-40% (3)
- O 41-60% (4)
- O 61-80% (5)
- O More than 80% (6)

Page Break

A11 **On average, what percentage of your household expenditure per month is spent on food (include food consumed at home and away from home)? (Select One)**

- O None (0%) (1)
- O Less than 20% (2)
- O 20-40% (3)
- O 41-60% (4)
- O 61-80% (5)
- O More than 80% (6)

End of Block: HH food exp and source

Start of Block: Main source of income

A12 **In 2019, what was your household's MAIN source of income? (Select One)**

O Unskilled daily or piece-rate wage work, non-seasonal (e.g., gardener, cook, domestic helper, etc.) (1)

O Unskilled seasonal/migrant worker (e.g., on-farm laborer) (3)

O Street vendor (sells fruits, vegetables, meat, cooked food, small household items, garments, shoes, etc.) (4)

O Self-employment: Low-skilled work (e.g., Rickshaw driver, delivery person, tailoring) (5)

O Salaried employment (long-term contract) (6)

O Self-employment--professional, medium-high skilled work (e.g., accountant, doctor, electrician, repair technician) (7)

O Own a registered business (non-farm) (8)

O Own farm business (including dairy, fisheries, bee keeping, horticulture) (9)

O Remittances or Pension (10)

O Gifts, Donations or Charity (11)

End of Block: Main source of income

Start of Block: HH Head characteristics

B0

Now I am going to ask about the head of your household, meaning the main income earner or decision maker of your family. Are you the head of your household?

O Yes (4)

O No (5)

Skip To: B3 If B0 = 4

B1 **What is the age of the head of your household?**

▼ 18 (18) ... More than 100 (102)

B2 **What is the gender of the head of the household?**

O Male (1)

O Female (2)

Page Break

B3 **What is the highest level of school or the highest degree completed by the head of the household? (Select One)**

- O No formal schooling (1)
- O Between 1-5th grade (2)
- O Between 6-12th grade (3)
- O Some college/Diploma/Certificate course (4)
- O Bachelor's degree (5)
- O Master's degree (6)
- O Doctoral/Professional degree (PhD, JD, MD) (7)

End of Block: HH Head characteristics

Start of Block: C. Employment effects - Head

C1 **What is the current (as of today) employment status of the head of your household? (Select One)**

- O Unemployed, actively looking for work (1)
- O Unemployed, not actively looking for work (2)
- O Working in wage/salary work (3)
- O Working in self-employed/household business (farm or non-farm) (4)

Skip To: C4 If C1 = 3
Skip To: C6 If C1 = 4

C2 **For how many weeks has the head of your household been <u>unemployed</u>? (Select One)**

- O Less than a week (1)
- O 1-2 weeks (2)
- O 2-4 weeks (3)
- O 1-2 months (4)
- O more than 2 months (5)

Page Break

C3 **What was the MAIN reason the head of the household lost the job or became <u>unemployed</u>? (Select One)**

- O Business/Activity was significantly reduced or shut down (2)
- O Government restriction that prevent movement/working (3)
- O Person was ill and could not work (5)
- O Other (7)
- O DON'T KNOW (8)

Skip To: End of Block If C3 = 2
Skip To: End of Block If C3 = 3
Skip To: End of Block If C3 = 5
Skip To: End of Block If C3 = 7
Skip To: End of Block If C3 = 8

C4 **Has the amount of time the head of your household spent working in his/her current job changed in the last month?**

- O Increase in hours (1)
- O No change (2)
- O Reduction in hours (3)

Skip To: End of Block If C4 != 3

C5 **What was the MAIN reason for this reduction in hours? (Select One)**

- O Business/Activity was significantly reduced or shut down (2)
- O Government restrictions that prevent movement/working (3)
- O Person was ill and could not work (5)
- O Other (7)
- O DON'T KNOW (8)

Skip To: End of Block If C5 = 2
Skip To: End of Block If C5 = 3
Skip To: End of Block If C5 = 5
Skip To: End of Block If C5 = 7
Skip To: End of Block If C5 = 8

C6 **Has your family faced any of the following unusual challenges in its business activities** in the past one month? (SELECT All applicable; If no challenges, Select "None of the above")

- ☐ Government-mandated reduction or closure of business activities (1)
- ☐ Lower than normal demand for goods/services (9)
- ☐ Higher than normal demand for goods/services (10)
- ☐ Difficulty accessing credit/capital (11)
- ☐ Higher than normal prices for inputs (12)
- ☐ Scarcity of inputs (13)
- ☐ Unable to hire needed labor (14)
- ☐ Had to lay-off hired workers (15)
- ☐ Illness of household members reduced ability to work (16)
- ☐ ⊗ None of the above (18)

End of Block: C. Employment effects - Head

Start of Block: C. Employment effect - other members

C7 **Other than the head of the household, has any other member of your household experienced a change in the time spent working in his/her most recent job in the last month? (Select One)**

- O No other household member works (5)
- O No change (1)
- O Yes--Increase in hours (2)
- O Yes--Reduction in hours (3)
- O Yes--Lost job (4)
- O Yes--a mix of both increase and reduction/job loss (6)

End of Block: C. Employment effect - other members

Start of Block: C. Income effect

C8 **In your estimate, what has been the change in the total household income in the past one month (from normal or expected income)? (Select One)**

- O Increase in income (1)
- O No change (2)
- O Reduction by less than 21% (3)
- O Reduction by 21-40% (4)
- O Reduction by 41-60% (5)
- O Reduction by 61-80% (6)
- O Reduction by more than 80% (7)
- O Lost all sources of income (8)

End of Block: C. Income effect

Start of Block: D. Food security

D1 **As of today, how long can your household meet food needs with available income / saving resources? (Select One)**

- O Less than a week (1)
- O 7-14 days (2)
- O 15-30 days (3)
- O More than a month (4)

End of Block: D. Food security

Start of Block: E. Household Hunger Scale - Jan 2020

E1
Now I would like to ask you some questions about food consumption. First, think about the first month of this year—i.e., January 2020.

During the month of January 2020, was there ever no food to eat of any kind in your house because of lack of resources to get food? By "no food to eat" we mean that the food was not available in the house and could not be accessed by usual means (e.g., through purchase or barter, from the garden or field, or from storage)

- O Yes (1)
- O No (2)

Skip To: E2 If E1 = 1
Skip To: E3 If E1 = 2

E2 **How often did this happen in the month of January 2020?**

- O Rarely (1-2 times) (1)
- O Sometimes (3-10 times) (2)
- O Often (more than 10 times) (3)

Page Break

E3 **During the month of January 2020, did you or any household member go to sleep at night hungry (i.e., skipped the evening meal) because there was not enough food?** ***(please do not count meal skipping due to fasting or dieting reasons)***

O Yes (1)

O No (2)

Skip To: E4 If E3 = 1
Skip To: E5 If E3 = 2

E4 **How often did this happen in the month of January 2020?**

O Rarely (1-2 times) (1)

O Sometimes (3-10 times) (2)

O Often (more than 10 times) (3)

Page Break

E5 **During the month of January 2020, did you or any household member go a whole day and night without eating anything at all (i.e., skipped multiple meals in a 24 hour period) because there was not enough food?** ***(please do not count meal skipping due to fasting or dieting reasons)***

O Yes (1)

O No (2)

Skip To: E6 If E5 = 1
Skip To: End of Block If E5 = 2

E6 **How often did this happen in the month of January 2020?**

O Rarely (1-2 times) (1)

O Sometimes (3-10 times) (2)

O Often (more than 10 times) (3)

End of Block: E. Household Hunger Scale - Jan 2020

Start of Block: E. Household Hunger Scale - past 4 weeks

E7
Now I would like to ask you the same questions for the past 4 weeks.

In the past 4 weeks, was there ever no food to eat of any kind in your house because of lack of resources to get food? By "no food to eat" we mean that the food was not available in the house and could not be accessed by usual means (e.g., through purchase or barter, from the garden or field, or from storage)

O Yes (1)

O No (2)

Skip To: E8 If E7 = 1
Skip To: E9 If E7 = 2

E8 **How often did this happen in the past 4 weeks?**

- O Rarely (1-2 times) (1)
- O Sometimes (3-10 times) (2)
- O Often (more than 10 times) (3)

Page Break

E9 **In the past 4 weeks, did you or any household member go to sleep at night hungry (i.e., skipped the evening meal) because there was not enough food?** ***(please do not count meal skipping due to fasting or dieting reasons)***

O Yes (1)

O No (2)

Skip To: E10 If E9 = 1
Skip To: E11 If E9 = 2

E10 **How often did this happen in the past 4 weeks?**

O Rarely (1-2 times) (1)

O Sometimes (3-10 times) (2)

O Often (more than 10 times) (3)

Page Break

E11 **In the past 4 weeks, did you or any household member go a whole day and night without eating anything at all (i.e., skipped multiple meals over the 24 hour period)** because there was not enough food? ***(please do not count meal skipping due to fasting or dieting reasons)***

- O Yes (1)
- O No (2)

Skip To: E12 If E11 = 1
Skip To: End of Block If E11 = 2

E12 **How often did this happen in the past 4 weeks**?

- O Rarely (1-2 times) (1)
- O Sometimes (3-10 times) (2)
- O Often (more than 10 times) (3)

End of Block: E. Household Hunger Scale - past 4 weeks

Start of Block: F. Coping-Food not available

F1 **In the past 4 weeks, were you or any household member not able to eat the kinds of foods you preferred because it was NOT AVAILABLE in the market?**

- O Yes (1)
- O No (2)

Skip To: End of Block If F1 = 2

F2 **Which food items you were not able to consume because it was NOT AVAILABLE in the market? (SELECT ALL applicable)**

- [ ] Basic grains like rice, wheat, maize, millet, sorghum and flours (1)
- [ ] Pulses (Dahls) (2)
- [ ] Potato (3)
- [ ] Fresh vegetables (4)
- [ ] Fruits (5)
- [ ] Meat and Fish (6)
- [ ] Egg (7)
- [ ] Milk (8)
- [ ] Cooking oil, butter, margarine (9)
- [ ] Sugar, salt, condiments, spices (10)
- [ ] Bakery products (e.g., bread, naan, pastries) (11)
- [ ] Snacks – sweet & Salty (12)
- [ ] Packaged foods like pasta, noodles, canned goods, frozen food (13)
- [ ] Prepared/catered meals (14)

End of Block: F. Coping-Food not available

Start of Block: F. Coping-Food expensive

F3 **In the past 4 weeks, were you or any household member not able to eat at all or in adequate quantities** the kinds of foods you preferred because it was too EXPENSIVE?

O Yes (1)

O No (2)

Skip To: End of Block If F3 = 2

F4 **Which food items you were not able to eat at all or in adequate quantities because it was too EXPENSIVE? (SELECT ALL applicable)**

- [ ] Basic grains like rice, wheat, maize, millet, sorghum and flours (1)
- [ ] Pulses (Dahls) (2)
- [ ] Potato (3)
- [ ] Fresh vegetables (4)
- [ ] Fruits (5)
- [ ] Meat and Fish (6)
- [ ] Egg (7)
- [ ] Milk (8)
- [ ] Cooking oil, butter, margarine (9)
- [ ] Sugar, salt, condiments, spices (10)
- [ ] Bakery products (e.g., bread, naan, pastries) (11)
- [ ] Snacks – sweet & Salty (12)
- [ ] Packaged foods like pasta, noodles, canned goods, frozen food (13)
- [ ] Prepared/catered meals (14)

End of Block: F. Coping-Food expensive

Start of Block: F. Coping-Food not preferred

F5 **In the past 4 weeks, did you or any household member have to eat food you did not prefer, but ate it because it was cheaper and affordable?**

O Yes (1)

O No (2)

Skip To: End of Block If F5 = 2

F6 **Which food items you did not prefer but had to consume because it was cheaper and affordable? (SELECT ALL applicable)**

- [ ] Basic grains like rice, wheat, maize, millet, sorghum and flours (1)
- [ ] Pulses (Dahls) (2)
- [ ] Potato (3)
- [ ] Fresh vegetables (4)
- [ ] Fruits (5)
- [ ] Meat and Fish (6)
- [ ] Egg (7)
- [ ] Milk (8)
- [ ] Cooking oil, butter, margarine (9)
- [ ] Sugar, salt, condiments, spices (10)
- [ ] Bakery products (e.g., bread, naan, pastries) (11)
- [ ] Snacks – sweet & Salty (12)
- [ ] Packaged foods like pasta, noodles, canned goods, frozen food (13)
- [ ] Prepared/catered meals (14)

End of Block: F. Coping-Food not preferred

Start of Block: F. Coping strategy (1)

F7 **In the past 4 weeks have you or any member of your household done the following? (SELECT Multiple if applicable)**

- [ ] Asked for loan (1)
- [ ] Asked for help from a family or friend (2)
- [ ] Asked for help from an organization (3)
- [ ] Received food from government (4)
- [ ] Received money from government (5)
- [ ] None of the above (6)

End of Block: F. Coping strategy (1)

Start of Block: F. Coping strategy (2)

F8 **In the past 4 weeks have you or any member of your household done the following additional things? (SELECT All Applicable OR Select "None of the above")**

- [ ] Received money or food from family or friend (1)
- [ ] Sold household assets (2)
- [ ] Done extra work to earn more money (3)
- [ ] Reduced non-food expenses (4)
- [ ] Used up most of your savings (5)
- [ ] None of the above (6)

End of Block: F. Coping strategy (2)

Start of Block: G. Behavior/Practice (1)

G1 **In the past 2 weeks, have you or the members of your household done any of the following? (SELECT All Applicable OR Select "None of the above")**

- [ ] Washed hands only with water because there was no soap (1)
- [ ] Had to go to work even when not feeling well (2)
- [ ] Visited family, friends or neighbors MORE frequently (3)
- [ ] Avoided physical contact with other people (6)
- [ ] Washed hands with water and soap more frequently (9)
- [ ] Visited family, friends or neighbors LESS frequently (8)
- [ ] Acquired a new hobby / learned a new skill (11)
- [ ] None of the above (12)

End of Block: G. Behavior/Practice (1)

Start of Block: G. Behavior/Practice (2)

G2 **Additionally, in the past 2 weeks, have you or the members of your household done any of the following? (SELECT All Applicable OR Select "None of the above")**

- ☐ Been more angry than usual (1)
- ☐ Spent more time praying & meditating (2)
- ☐ Helped other people more than usual (3)
- ☐ Watched more TV and movies than usual (4)
- ☐ Called family or friends more often (7)
- ☐ Been more worried than usual (8)
- ☐ Eating more food than usual (9)
- ☐ ⊗ None of the above (10)

Page Break

G3 **In the past two weeks, have you worn a face mask (any type) when you went out of your house? (Select One)**

- O Yes, Always (1)
- O Yes, Sometimes (4)
- O Never wore a mask in public (2)
- O Have not been out of my house (3)

End of Block: G. Behavior/Practice (2)

Start of Block: H. COVID Awareness

H1 **Have you heard of COVID-19 or Coronavirus?**

- O Yes (1)
- O No (2)

Skip To: End of Block If H1 = 2

H2 **Do you personally know someone (either directly or through your friends or family) that was affected by Coronavirus?**

- O Yes (1)
- O No (2)

Skip To: H6 If H2 = 2

H3 **Which of the following categories of people you know have been affected by Coronavirus? (SELECT All Applicable)**

- [ ] Someone from immediate family or friend circle (1)
- [ ] Someone from the same neighborhood / street / housing complex (2)
- [ ] Someone from workplace (3)
- [ ] Someone from the same community group (like church, mosque, temple, school, college) (4)
- [ ] Someone in your village/town/city (5)

Page Break

H4 **Do you know if this person(s) received proper treatment?**

- O Yes (1)
- O No (2)
- O Don't know (3)

Page Break

H5 **Has anyone you personally know died from this disease?**

O Yes (1)

O No (2)

Page Break

H6 **Is testing for Coronavirus available in your area?**

- O Yes (1)
- O No (2)
- O Don't know (3)

Page Break

H7 **During the Coronavirus pandemic, which of the following you have personally observed/experienced? (SELECT All Applicable)**

- ☐ Washing hands with sanitizer/alcohol rub or soap and water frequently (1)
- ☐ Maintaining social distancing (i.e., maintaining at least 1 metre/3 feet distance between yourself and anyone who is coughing or sneezing) (4)
- ☐ Avoiding touching eyes, nose and mouth (5)
- ☐ Practicing respiratory hygiene (covering your mouth and nose when coughing or sneezing) (6)
- ☐ Staying at home because of the government lockdown regulations (7)
- ☐ Mental stress, tension, depression or anxiety (8)
- ☐ ⊗ None of the above (9)

Page Break

H8 **Given the number of Coronavirus cases in your country and its impact on jobs and income, do you think lockdown is necessary?**

- O Yes (1)
- O No (2)
- O Not sure (3)

End of Block: H. COVID Awareness

Start of Block: H. Effect on other disease treatment

H9 **Do you know anyone that could not get treatment for other diseases like cancer, heart disease, trauma/ injuries, obstetrics/gynecology because hospitals and health services were busy and operating at full capacity?**

- O Yes (1)
- O No (2)

Page Break

H10 Finally, please tell me how you received the link to this survey?

- O By email (1)
- O WhatsAPP (2)
- O Face Book (3)
- O Twitter (4)
- O Other (5)

End of Block: H. Effect on other disease treatment

Start of Block: Thanks and Request

H10

THANK YOU FOR PARTICIPATING IN THIS SURVEY. WE APPRECIATE YOUR TIME.

To get a more representative data, we would like to **ask you a favor**. If you know anyone who currently works or most recently worked in following types of occupations, you could help us by: 1) Forwarding the link to that person, if he/she has a Smart Phone; or 2) interviewing that person over the phone, and completing this same questionnaire for that family by clicking on the original link.

We are looking for respondents who are engaged in following categories of employment:

Unskilled wage worker (e.g., on-farm laborer, gardener, cook, domestic helper, etc.)
Daily wage worker or contract/piece-rate
Seasonal/migrant worker
Street vendor (sells fruits, vegetables, meat, cooked food, small household items, garments, shoes, etc.)
Makes food/goods at home for sale in the neighborhood/street stalls Rickshaw drivers

End of Block: Thanks and Request