COVID-19 Gendered Risks, Impact & Response: Research and Policy Guidance Survey

Round 3: Questionnaire

Oct - Dec 2021

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A. Demographics

A0a.	Interviewer Name:	
A0b.	Interviewer ID:	|___|
A0c.	Interview Date:	Day: |___|___| Month: |___|___| Year: |___|___| |___|___|
A0d.	Start Time (24 Hour clock):	Hour: |___|___| Min: |___|___|
A0e.	Finish Time (24 Hour clock):	Hour: |___|___| Min: |___|___|
A1a.	What is your name?	
A1b	How old are you? *Please ask for age in complete years.*	
A2.	Is the respondent [name], a [gender] and your age is [age] we interviewed in [Interview Month] 2021? [Confirm if the details provided by the respondent match the details collected during the R2.]	1. Yes 2. No
A3.	[Question for enumerators] What is the respondent's gender? *Please select the original gender of the respondent again if no changes are needed.*	1. Male 2. Female
A4.	*Introduction: Hello Sir/Madam. My name is…….. and I am calling you from James P Grant School of Public Health, BRAC University,*	1. Yes 2. No

	Bangladesh. JPG is a non-profit organization that conducts development research. *About six months ago, you participated in an earlier round of a survey that is investigating the impact of the COVID-19 pandemic on people in Bangladesh. During our last interview with you, you gave us consent to contact you again in the future. Now, we are following up to see how the impact of the pandemic has changed over time. We will ask you questions similar to those we have asked you before but with some new items included. If you decide to complete the survey, we will send you 200 taka as a token of appreciation.* *All your information will be strictly confidential, and we will not share your personal information outside our team. We can also take breaks but once started the interview needs to be finished within the two days. You can ask me to stop at any point if you don't want to finish the interview.* *Do you have any problem to record your verbal consent?* *Do you have any other questions? Do you agree to participate in the survey?*	3. Reschedule
A6. Consent to record verbal consent A7. Consent to participate in the survey A8. Consent to record for quality control A9. Double-check availability		
A10.	What is your marital status?	1. Single 2. Married or living together 3. Divorced 4. Separated 5. Widowed 6. Other (specify) _____

A11.	Do you live in a different location than the [rural/urban location] area of upazila in the district when interviewed on December 2020?	1. Yes, same district in same county as last time interviewed >>>>> A17 2. No, different district in same county as last time interviewed
A12.	[Not Use] In which country are you currently living?	>>>>>>>> A16
A13.	[Not Use] In which county are you currently living?	
A14.	if A11 = No then in which district are you currently living?	
A15.	Do you live in a rural or urban location?	1. Rural Location 2. Urban Location
A16.	A household is defined as a person or group of persons: who are related or unrelated; who live together in the same dwelling unit; who acknowledge one adult male or female as the head of household; who share the same living arrangements; who share food; and who are considered as one unit. What is your relationship with the head of your household?	1. Me/respondent is the HoH 2. Spouse/partner 3. Parent/parent-in-law 4. Grandparent/spouse's grandparent 5. Child/adopted child/step-child 6. Son-in-law or daughter-in-law 7. Grandchild 8. Sibling/brother/sister 9. Other relative 10. Domestic workers 11. Other (specify) A16a. Other relationship to household head
A17.	Display matched information from R2: When interviewed on ${interview_month_**r2**} 2021, you told us there were ${children_num} child/children and ${hh_adults_bl} adults in your household. How many total people, including yourself, live in your current household? ____	

A17a.	Young children (pre-primary and below):	
A17b.	Primary school-aged children (class 1-8):	
A17c.	Other children not in primary school (not 18 years):	
A17d.	Adults (18 years and above):	
A18.	Where are you at this moment [i.e. ask where the survey is taking place]?	1. In a room in the house alone 2. In a room in the house accompanied by household members, friends, or others 3. In the homestead alone 4. In the homestead accompanied by household members, friends, or others 5. At your workplace alone 6. At your workplace with some of your colleagues in the room 7. In a public space without a person in sight 8. In a public space accompanied by others you know 9. In a public space accompanied by people you don't really know 10. At a place of business 11. Shopping centre 12. School (if a student) 13. Refused to answer 14. Other (specify) _____
A18a.	Please specify other locations.	

B. COVID Knowledge, Awareness, Risk, and Exposure

Read to the Respondent: Now, I am going to ask you some questions related to your awareness and general exposure with the Coronavirus, and behaviors preventing it.

Note for the Enumerator: Our research focuses on the gendered impact of COVID-19 and this section assesses the respondent's knowledge, awareness, exposure and prevention behaviors to the disease.

B1.	Do you personally know anyone that has, or has had, COVID-19/coronavirus/Corona?	1. Yes 2. No
B1a.	[If yes to B1] Who are these people (select all that apply)	1. Self 2. Other family members living in the same household 3. Family members living outside of the household 4. Friends/Neighbors in the same community 5. Friends living outside of the same community 6. People from work, including colleagues, boss, clients, etc. 7. Other (specify) _____
B1b.	Please specify the other person	
B1c.	[If self has/had COVID in B1a] When did you develop the symptoms?	[Month and Year]
B1d.	[If self has/had COVID] Were you formally diagnosed through any types of COVID-19 test?	1. Yes 2. No
B2.	Do you feel that you or anyone in your household is at risk of contracting COVID-19/coronavirus/Corona?	1. Yes 2. No

B3. Please READ ALOUD ALL MEASURES AND CHECK EACH ITEM THAT APPLIES.	1. All of the time 2. Most of the time 3. About half of the time
a. In the last 7 days, how often did you wash your hands with soap and water?	

b. In the last 7 days, how often did you wear a mask when out in public?	4. Some of the time 5. None of the time 6. Not applicable, I have not been out in public in the past 7 days (Adjusted based on scenarios)
c. In the last 7 days, how often did you stay at home and avoid large social gatherings?	
d. In the last 7 days, how often did you maintain a safe distance when talking with friends or co-workers?	

C. Shocks

Read to the Respondent: Now, I am going to ask you some questions about major events that you or members of your household may have experienced.

Note for the Enumerator: In this section we want to understand if the respondent's household has experienced big hits in the past year that might affect their livelihood.

C1.	Has your household been affected by [SHOCK] **since {interview_month_r2} 2021? (Select all that apply, read all options and answer yes or no one by one)**	1. Job loss 2. Nonfarm business closure 3. Disruption of farming, livestock, fishing activities 4. Increase in price of major food items consumed 5. Illness or injury of a household member 6. Death of a household member 7. Wedding of a current or former household member

D. Mental Health

Read to the Respondent: I will read out a list of some of the ways you may feel or behave. Please indicate how often you have felt this way during the past 14 days/2 weeks, using the scale below.

Note for the Enumerator: Please read the question statements exactly as they are shown to keep consistency with the baseline.

Module D1: Patient Health Questionnaire (PHQ-9)

D1_1	Little interest or pleasure in doing things?	Over the last two weeks, how often have you been bothered by any of the following problems? • 0 = Not at all • 1 = Several days • 2 = More than half the days • 3 = Nearly every day
D1_2	Feeling down, depressed, or hopeless?	
D1_3	Trouble falling or staying asleep, or sleeping too much?	
D1_4	Feeling tired or having little energy?	
D1_5	Poor appetite or overeating?	
D1_6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	
D1_7	Trouble concentrating on things, such as reading the newspaper or watching television?	
D1_8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	
D1_9	Thoughts that you would be better off dead, or of hurting yourself in some way?	

Module D2: Generalized Anxiety Disorder (GAD-7)

D2_1	Feeling nervous, anxious, or on edge	Over the last 2 weeks, how often have you been bothered by the following problems? • 0 = Not at all • 1 = Several days • 2 = Over half the days • 3 = Nearly every day
D2_2	Not being able to stop or control worrying	
D2_3	Worrying too much about different things	
D2_4	Trouble relaxing	
D2_5	Being so restless that it's hard to sit still	
D2_6	Becoming easily annoyed or irritable	
D2_7	Feeling afraid as if something awful might happen	

E. Access to Health Services

Read to the Respondent: Now, I am going to ask you some questions about access to health services to you and to members of your household.

Note to the Enumerator: A key aspect of household welfare is the ability to seek and have access to medical care when required. This section collects information on health access and utilization of public or private health services in the household. We want to know if the households have access to and can afford the basic healthcare services.

E1.	Has anyone in this household given birth within the past 12 months (ask as month X 2020) [if more than 1, ask about the most recent]? If no, skip to the next question E2	1. Yes 2. No
E1a.	If yes to E1, in which month was the baby born?	|_____|
E1b.	If yes to E1, Where was the baby born? [Select category]	**Home** 1. Your Home 2. Other Home **Public Sector** 3. Govt. Hospital 4. Govt. Health Center 5. Govt. Dispensary 6. Other Public (Specify) _____ **Private Medical Sector** 7. Mission Hospital/Clinic 8. Private Hospital/Clinic 9. Nursing/Maternity Home 10. Other Private Medical Sector (Specify) _____ 11. Other (specify) _____ 12. Don't Know 13. Refused to answer
E2.	In the past year (last 12 months), how often, if ever, has anyone in your household gone without medicines or medical treatment? *(Instances when they were sick but did not seek care)* If answered "Several times" or more, further answer the next question E2a.	1. Never 2. Just once or twice 3. Several times 4. Many times 5. Always 6. Don't know 7. Refused to answer

E2a.	When you say you went without medicines for medical treatment [Frequency], how many times did it occur?	1. About once every two or three months 2. About once a month 3. Two or three times a month 4. About once a week 5. Several times a week 6. Everyday 7. Don't know
E3.	In the past month, how much have you or anyone in your household paid out of pocket on the following items to obtain medical services? (this includes transportation fees, provider fees, test or diagnostic tests, medicines, hospital fees and other health expenditures?)	
E4.	For each of the following statements, please indicate how much you agree with the statement using the following scale: 1. Vaccines are important for children to have 2. Vaccines are important for adults to have 3. Overall, I think vaccines are safe 4. Overall, I think vaccines are effective 5. Vaccines are compatible with my religious beliefs	1. Strongly disagree 2. Tend to disagree 3. Do not know 4. Tend to agree 5. Strongly agree
E5.	Are you or anyone else in your household covered by a health insurance scheme?	1. Yes 2. No
E6.	**Note for the Enumerator:** Please read the activities exactly as they are shown. You should only ask the total number of things the respondent did. DO NOT ASK which one they did or didn't do. Considering your activities over the last 7 days, **how many** of these items would you say you did **all or almost all of the time**?	

	You don't need to answer each question yes or no, so please count the total number of things you have done when I read the list and only tell me how many things in total in the end. **E6a. Version 1: Control Group** a) Washed hands with soap and water before eating b) Drank cold beverages with meals c) Using bed nets while sleeping at night d) Got at least 8 hours of sleep at night **E6b. Version 2: Treatment Group** a) Washed hands with soap and water before eating b) Drank cold beverages with meals c) Using bed nets while sleeping at night d) Wore a facemask when in a public place e) Got at least 8 hours of sleep at night	

F. Time Use

Read to the Respondent: In the first interview, we asked how you allocate your time on various activities within 24 hours. Now, we want to follow up with the same questions. Please let us know how much time you spent on these activities in the last 24 hours (00:00 - 23:59 yesterday).

Note for enumerator: In this section, we want to track how the respondent allocated their time on the 9 listed categories in the past 24 hours. (CAPI Instructions: All items in column 1 should add up to 24.)

No	Activity	Last 24 hours (hours) (Note: Conversion 0.25=15 minutes; 0.50=30 minutes; 0.75=45 minutes)

Fa.	School (including homework)/ Work for salary/wage/ Paid or unpaid work for business (farming/livestock/fishing or non-agricultural activity)	
Fb.	Getting health services for self or other household members	
Fc.	Cooking or other domestic work (including cleaning, fetching wood or water)	
Fd.	Unpaid care for children (including helping children with studies/schoolwork)/ Unpaid care for adults (sick, elderly)	
Fe.	Shopping/Buying Goods	
Ff.	Traveling and commuting	
Fg.	Religious activities/prayers and religious services/ Social activities, social media (Facebook, Instagram, Twitter), hobbies, leisure (e.g., watching TV/listening to radio/reading, exercise)	
Fh.	Sleeping and resting/ Personal care (bathing, grooming)	
Fi.	Eating and drinking	

F2.	[For people who are married] Comparing how much your workload has changed in relation to how much your spouses' workload has changed, do you think the changes to your workload are fair?	1. Yes, it is fair 2. Neutral, it is neither fair or unfair 3. No, it is unfair

G. Employment and Income

Read to the Respondent: Now, I am going to ask you some questions about your employment status and income.

Note for enumerator: In this section, we want to understand the employment status and income sources of the respondent, which might be affected by COVID-19.

G1.	In the last 7 days, did you work for someone else/self for pay, for one or more hours?	1. Yes 2. No
G2.	If Yes to G1, which sector best describes your main job/activity in the last 7 days?	1. Agriculture (includes livestock) 2. Forestry and fishing 3. Mining and quarrying 4. Manufacturing 5. Construction or utilities 6. Water supply; sewerage, waste management and remediation activities 7. Electricity 8. Gas, steam and air conditional supply 9. Retail or wholesale trade 10. Repair of motor vehicles and motorcycles 11. (Street) vendor 12. Transportation and storage 13. Accommodation and food services 14. Information and communication 15. Financial and insurance activities 16. Real estate activities 17. Education 18. Human health and social work activities 19. Professional, scientific and technical activities 20. Administrative and support service activities 21. Public administration and defense; compulsory social security 22. Arts, entertainment and recreation 23. Other service activities 24. Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use 25. Activities of extraterritorial organizations and bodies

		26. Other (Specify)_____
G2a.	Please specify other sectors.	
G3.	How many hours did you work a day at this main job? *Note: must not exceed 24 hours*	
G4.	What was the average daily wage earned for performing this job? (in taka)	
G5.	Has anyone in your household ever used any informal savings group to save money? *Examples: ROSCA's, merry-go-round, table-banking*	1. Yes 2. No 3. Don't know
G6.	[If Yes to G5] Has anyone in this household used any informal savings group to save money in the past 12 months?	1. Yes 2. No 3. Don't know
G7.	[If Yes to G5] Has anyone in this household used any informal savings group to save money before March 2020/the beginning of COVID?	1. Yes 2. No 3. Don't know
G8.	[If Yes to G7] Has anyone in this household used any informal savings group to save money after March 2020/the beginning of COVID?	1. Yes 2. No 3. Don't know
G9.	[If Yes to G5] Is anyone in this household currently using any informal savings group to save money?	1. Yes 2. No 3. Don't know

H. Savings groups

If yes to G8, please answer the following questions on savings group:

Read to the Respondent: As you mentioned you or your household members are in savings groups before and after COVID. In the next section, I will ask you about how you or your household has participated in the savings groups.

H1.	H1. Did you or anyone in your household contribute less money (buy fewer shares) to your Savings Group as a result of COVID-19?	1. Yes 2. No 3. Don't know
H2.	Did other members contribute less money (buy fewer shares) to your Savings Group as a result of COVID-19?	1. Yes 2. No 3. Don't know
H3.	Did you receive more or less assistance from your Savings Group as a result of COVID-19? *Please note that this refers to assistance received by either you or anyone in your household who is part of a savings group. Assistance here only means financial assistance or related to the core functions of the savings group.*	1. More 2. About the same 3. Less 4. Don't know

I. Food Security

Read to the Respondent: The next section is on food security. I will ask you about your household's eating patterns. Please be as open as possible when responding to the questions.

Note for the Enumerator: This section asks about the availability of food in the past 7 days. More broadly it is meant to capture how well the household is able to fulfill its food needs. With all subjective questions and therefore you must rely on the responses provided by the respondent.

J1.	In the past 7 days, were there days when your household did not have enough food or money to buy food?	1. Yes 2. No
J2.	How many days did your household have to:	Days (0-7)
a)	Rely on less preferred, less expensive food?	
b)	Rely on borrowed food from friends or relatives?	

c) Reduce the number of meals eaten per day?	
d) Reduce the portion size of meals?	
e) Reduce the quantities eaten by adults in order for small children to eat?	

J. Assets

Read to the Respondent: Now, I am going to ask about functional assets that are owned by you or the household.

Note for the Enumerator: This section asks about the durable goods currently possessed by the household, not only by the respondent him/her-self. The questions were asked in Round 1.

J1.	Do you own the following items now in your household? [Select all that apply]	1. Television 2. Radio 3. Refrigerator 4. Electric Iron 5. Fan/Electric Fan 6. Electricity 7. Smartphone 8. Internet connectivity

K. Support

Read to the Respondent: Now, I am going to ask you about the different kinds of support you may have gotten from and given to family and friends.

Note for the Enumerator: This section asks about the support the respondent receives and is expected to give during the COVID-19 pandemic and in comparison to before. With randomization implemented, only half men and half women will get the support level questions, while others will skip K1a-K1e and K2a-K2e.

K1. Do you feel you are **receiving** more support, less support, or the same level of support of the following categories **from** your friends and family as you did before the pandemic and social containment efforts?	
a) Social/psychological support	1. More support 2. Less support 3. Same level of support/No change
b) Spiritual/religious support	
c) Financial support (loans, transfers, in-kind)	
d) Help with tasks at home (childcare, chores, agriculture, etc.)	
e) Professional support (finding work, advancing at work, etc.)	
K1f. [FOR ALL] How much cash or in-kind transfers have you received from friends and family in the past 3 months? (sum up in taka)	
K2. Do you feel you are **giving** more support, less support, or the same level of support of the following categories **to** your friends and family as you did before the pandemic and social containment efforts?	
a) Social/psychological support	1. More support 2. Less support 3. Same level of support/No change
b) Spiritual/religious support	
c) Financial support (loans, transfers, in-kind)	
d) Help with tasks at home (childcare, chores, agriculture, etc.)	
e) Professional support (finding work, advancing at work, etc.)	
K2f. [FOR ALL] How much cash or in-kind transfers have you given friends and family in the past 3 months? (sum up in taka)	

L. Network size

People we know from our social network, where we might get information and support. In this section, the definition of "knowing someone" is that you know them, and they know you by sight or by name, that you could contact them, that they live within Kenya and that there has been some contact (either in person, by telephone or mail) in the past 2 years. We would like to know more about your social network through the number of specific types of people that you know. The answers should all be integers.

L1. Categories of people	How many people do you know in this category? Note: If you don't have an accurate counting of numbers, please give the best estimation.
a. People who have had COVID-19	
b. People who have died of COVID-19 (Skip if L1a = 0)	

M. Policy and Trust Perception

Read to the Respondent: Now, I am going to ask you about your trust and perception of the policy response to COVID-19

M1.	How much do you trust your country's government to take care of its citizens?	1. Strongly distrust 2. Somewhat distrust 3. Neither trust nor distrust 4. Somewhat trust 5. Strongly trust
M2.	How much do you agree with the following sentence: the government is trustworthy in the way in which it manages the coronavirus crises?	
M3.	How much do you trust your neighbors?	
M4.	Do you trust that your government is making decisions in your best interest with respect to the provision of COVID-19 vaccines?	

N. COVID-19 Vaccines

Read to the Respondent: Now, I am going to ask you about your uptake and attitudes on COVID-19 vaccine.

N1.	Have COVID-19 vaccines ever been made available to you?	1. Yes 2. No 3. Don't know
N2.	Have you already received at least one jab/dose of a vaccine against COVID-19?	1. Yes, two or more doses >> N3 2. Yes, one dose >> N3 3. No >> N4
N3.	If yes to N2, answer the following questions for the first dose:	
	a) In which month did you receive the first dose of COVID-19 vaccine?	[Month]
	b) How long does it take you to go to the vaccine center/hospital for your first dose of COVID-19 vaccine?	1. Less than 15 mins 2. 15-30 mins (including 30 mins) 3. 30 mins-1 hr (including 1 hr) 4. 1-2 hrs (including 2 hrs) 5. More than 2 hours
	c) How long did you **wait at** the vaccine center/hospital before you received the first dose?	1. Less than 15 mins 2. 15-30 mins (including 30 mins) 3. 30 mins-1 hr (including 1 hr) 4. 1-2 hrs (including 2 hrs) 5. More than 2 hours
	d) Which brand of the vaccine did you receive as your first dose?	1. AstraZeneca/Oxford 2. Sinopharm or "Chinese" 3. Moderna 4. Pfizer 5. Sputnik or "Russian" 6. Johnson & Johnson 7. Other 8. Don't know

N4.	If no to N2: If a vaccine to prevent COVID-19 were made available to you, would you get the vaccine?	With randomization, half men and half women who get this question will have the list below and others will have reversed order: 1. Definitely would get the vaccine 2. Probably would get the vaccine 3. Unsure 4. Probably would not get the vaccine 5. Definitely would not get the vaccine
N5.	For those who reported receiving a vaccine or vaccine acceptance (probably or definitely would receive) (If yes to N2 and 1 or 2 to N4): What were the main reasons you received or would like to receive the vaccine? *Select all that apply.*	1. Protect self 2. Protect others 3. Economic reasons (work, job, school) 4. Social reasons (friends said so, family said so) 5. Other (Specify)
N5a.	Other reasons	
N6.	For those who reported unsure or would not get the vaccine (3 or 4 or 5 to O4): What are the main reasons why you would not get the vaccine? *Select all that apply.*	1. Concerns around side effects 2. Plan to wait and see 3. Think others need it more than them 4. Do not know if it will work 5. Don't trust vaccines 6. Don't trust government 7. Don't believe that I need a vaccine 8. Don't like vaccines 9. Concerned about the costs of a vaccine 10. My doctor has not recommended it/has recommended against it 11. Registration process is cumbersome 12. Other (Specify)
N6a.	Other reasons	

N7.	How concerned are you that the vaccine will not be effective against COVID-19?	1. Not concerned at all 2. Somewhat concerned 3. Very concerned 4. Extremely concerned
N8.	How concerned are you that the vaccine, if taken, will have adverse side effects that may interfere with your normal activities?	1. Not concerned at all 2. Somewhat concerned 3. Very concerned 4. Extremely concerned

O. Security

Read to the Respondent: Now I will ask you some questions to understand how secure/free from harm you feel. Please be open and honest in your response.

Note for the Enumerator: This section asks about the level of security the respondent feels and the tensions among household members and as a citizen.

O1.	Could you tell me how secure you feel these days?	1. Very secure 2. Quite secure 3. Not very secure 4. Not at all secure
O2.	When people live together in the same household, they usually share both good and bad moments. And it is normal for people who live together to have arguments. How often in the last six months would you say that people in your household have argued or have had some sort of conflict among themselves?	1. Never 2. Once or twice 3. Monthly (Around 3-12 times) 4. Weekly (13-72 times times) 5. Daily (>72 times) 6. Don't know 7. N/A (Only 1 person lived at home six months ago) 8. Refuse to answer

O3.	Would you say COVID-19 has made conflict more frequent, less frequent or about the same?	1. More frequent 2. About the same 3. Less frequent 4. N/A (Only 1 person lived at home six months ago) 5. Don't know 6. Refuse to answer

P. Airtime Number and Contact Information

Read to the Respondent: We have come to the end of the interview. As mentioned earlier, we have a token of appreciation in the form of airtime worth 200 Taka which will be sent directly to your phone.

Note for the Enumerator: The next set of questions asks for additional contact information in order to distribute the compensation.

P1.	Thank you so much for your active participation in the survey. As we promised, we will transfer BDT. [200] to your account. What type of account is it?	1. bKash 2. Rocket 3. Nagad 4. mCash 5. Mobile Top-up
P2.	Should we transfer it to the same number that we called you at?	1. Yes 2. No 3. Don't want remuneration
P3.	If it is rocket/ Nogod, please specify the number.	[0 | 1 |__|__|__|__|__|__|__|__|__]
P4.	If Not, then which number we should send the money?	[0 | 1 |__|__|__|__|__|__|__|__|__]