Engaging community health workers, technology, and youth in the COVID-19 response with concurrent critical care capacity building: A protocol for an integrated community and health system intervention to reduce mortality related to COVID-19 infection in Western Kenya.

Kaseje N, Kaseje D, Oruenjo K, Milambo J, Kaseje M

**Tool 1: Household Health Behaviour and Fever, Respiratory Symptoms Screening/Survey (developed specifically for the COVID-19 response in Kenya)**

**Name Sub-county …… Code**
**Name CHU ……..Code**
**Household Code ……**
**Name of interviewer ----------**
**Date of interview ……----------**
**Supervisor ----------**

| Ind No. | **01. Age** in yrs | **02. Sex** 1= M 2=F | **03. Marital status** 1.Married 2.Widowed 3.Separated 4.Single 5.N.A | **04. Education** 1. None 2.Primary 3. Secondary 4. College+ 5. N.A | **05. Sick in the last 2 weeks** 1.Fever 2, ARI 3.D&V 4. Chronic cough >2wks 5.NCD 6. No illness 7. No answer | **06.Temp** 1.normal 2.high | **07. Symptoms suffered** 1. Chills, sweating 2. Running nose 3. Sneezing 4. Coughing 5. Sore throat 6. Breathlessness | **08. Sought care from):** 1 health facility 2. Duka 3. Healer 4. Neighbor 5. None 6. Others |
|---|---|---|---|---|---|---|---|---|
| 01 | | | | | | | | |
| 02 | | | | | | | | |
| 03 | | | | | | | | |
| 04 | | | | | | | | |
| 05 | | | | | | | | |
| 06 | | | | | | | | |
| 07 | | | | | | | | |
| 08 | | | | | | | | |

**09. Rapid malaria test done**
1. positive
2. negative
3. not done

**10. What is your main source of income/livelihood?**
1. Subsistence
2. Employment, pension
3. Trade, self-employment
4.Remitance
5. None
6. Other household economic activities, specify ……

**11. Have you received in your home a guest or anyone from outside your county in the last four weeks?**
1. Yes

2. No

**12. If yes to question 11 above, where did the visitor(s) come from?**

1. Nairobi
2. Mombasa
3. Other counties
4. Other, specify

**13. Observe for hand washing facility with soap at strategic points in the home/house?**

1=Yes, adequate
2=Yes, inadequate
3= None

**14. What do you do to prevent COVID-19 infection?** ***(Ask what else and record all mentioned)***

1. Frequent hand washing with soap after touching objects, surfaces
2. Applying sanitizer after touching objects, surfaces
3. Keeping safe inter-individual distance
4. Wearing face mask
5. Covering mouth, nose when coughing, sneezing
6. Don't know
7. Others, specify …….

**15. How many times did you wash your hands with soap yesterday?**

1. Numerous countless times
2. 5 or more times
3. Less than 5 times
4. None

**16. What else did you use to ensure your hands are clean, free of infection?**

1. Used sanitizer
2. Nothing
3. Don't know

**17. Last week, how many times did you go out to public places?**

1. None
2. 1 to 2 times
3. 3 times or more

**18. The last time you went out to public places, what did you use to protect yourself from COVID-19 virus?**

1. Used face mask
2. Nothing
3. Don't know
4. Others, specify ……

**19. Last week, how many times did you use public transport?**

1. None
2. 1 to 2 times
3. 3 times or more

**20. The last time you used public transport, what did you use to protect yourself from COVID-19 virus?**

1. Used face mask
2. Nothing
3. Don't know
4. Others, specify ……

**21. Yesterday, what did your household feed on?**

**a) In the morning**

1. Tea with escort
2. Tea only

3. Uji
4. Nothing

**b) Lunch time**

1. Ugali and vegetable, meat or fish
2. Nyoyo, rabuon, omuogo etc
3. Nothing

**c) Dinner time**

1. Ugali and vegetable, meat or fish
2. Nyoyo, rabuon, cassava etc
3. Nothing

**B. ALGORITHM QUESTIONNAIRE**

**Name Sub-county …… Code**
**Name CHU …….. Code**
**Household Code ……**
**Name of interviewer** ----------
**Date of interview ……**----------
**Supervisor** ----------

| | Yes | No |
|---|---|---|
| Are you over 60 years old: | 1 | 0 |
| Do you have hypertension: | 1 | 0 |
| Do you have heart disease: | 1 | 0 |
| Do you have diabetes: | 1 | 0 |
| Do you have chronic respiratory disease: | 1 | 0 |
| Do you have cancer: | 2 | 0 |
| Have you recently been treated for malaria: | 1 | 0 |
| Have you recently been treated for tuberculosis: | 2 | 0 |
| Have you been in self quarantine in the last 7 days: | 0 | 1 |
| Have you taken public transportation in the last 7 days: | 1 | 0 |
| Have you been to any gatherings of more than 5 people in the last 7 days: | 1 | 0 |
| Have you been to any weddings or religious gatherings in the last 7 days: | 1 | 0 |
| Have you had fever: | 2 | 0 |
| Have you had a cough: | 2 | 0 |
| Have you felt more tired than usual: | 1 | 0 |
| Have you had any shortness of breath: | 2 | 0 |
| Have you had any changes in taste or smell: | 1 | 0 |
| Have you traveled to Nairobi, Mombasa kata oko mar Kenya in the last 2 weeks: | 2 | 0 |
| Total score = sum of column B + sum of column C | | |
| Total score 5 - 10 (medium) --> go to a health post for a temperature check | | |
| Total score 10 - 20 (high): testing at a district hospital with critical care capacity | | |