



2021 Socio-economic Impact Assessment of COVID-19 Survey Individual Questionnaire

IDENTIFICATION

LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER PROVINCE RURAL/URBAN (RURAL = 1, URBAN = 2) NAME AND LINE NUMBER OF ELIGIBLE INDIVIDUAL _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
INTERVIEWER'S NAME	_____	_____	_____	MONTH
INTERVIEW STATUS*	_____	_____	_____	YEAR
NEXT VISIT: DATE	_____	_____	_____	INT. NUMBER
TIME	_____	_____	_____	RESULT
				TOTAL NUMBER OF VISITS

*INTERVIEW STATUS CODES:

- | | | |
|---------------|--------------------|---------------|
| 1 COMPLETED | 4 REFUSED | |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | 7 OTHER _____ |
| 3 POSTPONED | 6 INCAPACITATED | (SPECIFY) |

INTRODUCTION

Hello, My name is..... from the Zambia Statistics Agency (ZamStats). We are conducting a survey on the socio-economic effects of Coronavirus (COVID-19) on households in Zambia. The survey will help government learn more about the socio-economic impact of Covid-19 on household welfare, effects of Covid-19 on access to selected health services and the health of people in general. Over 10,000 households have been selected to participate in the survey. Your household is among the selected households in your community. You and members of the household who are ten years and older have been selected for the survey. The interview will take about 30 minutes. All the information from you will be treated strictly confidential and will be used for statistical purposes only in line with the provision of Statistics Act No.13 of 2018. Results from this survey will be used by the government to make informed decisions.

INTERVIEWER

NAME _____

DATE _____

SUPERVISOR

NAME _____

DATE _____

SECTION 1: BACKGROUND CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q101	In what year, month and day were you born?	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY98 MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
Q102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
Q103	SEX OF RESPONDENT.	MALE 1 FEMALE..... 2	

SECTION 2: KNOWLEDGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q201	Have you ever heard about coronavirus (COVID-19)?	YES 1 NO 2	→ Q403
Q202	Where did you <u>first</u> hear or see any messages on Coronavirus (COVID-19)?	MINISTRY OF HEALTH 01 ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE 02 OTHER GOVERNMENT MINISTRY/ DEPARTMENT 03 HEALTH WORKER AT A HEALTH FACILITY 04 COMMUNITY HEALTH WORKER 05 WORD OF MOUTH (FAMILY, FRIENDS, NEIGHBOUR, COLLEAGUES) 06 SHORT MESSAGE SERVICE (SMS) 07 PLACE OF WORSHIP 08 LOCAL TELEVISION 09 LOCAL RADIO 10 PUBLIC ADDRESS SYSTEM (VEHICLE) 11 NEWSPAPERS 12 POSTERS 13 BILL BOARD 14 INTERNET 15 INTERNATIONAL TELEVISION CHANNEL 16 INTERNATIONAL RADIO STATION 17 SOCIAL MEDIA (e.g FACEBOOK, WHATSAPP, TWITTER) 18 OTHER 96 (SPECIFY)	
Q203	Where do you currently get most of your information about coronavirus (COVID-19)?	MINISTRY OF HEALTH 01 ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE 02 OTHER GOVERNMENT MINISTRY/ DEPARTMENT 03 HEALTH WORKER AT A HEALTH FACILITY 04 COMMUNITY HEALTH WORKER 05 WORD OF MOUTH (FAMILY, FRIENDS, NEIGHBOUR, COLLEAGUES) 06 SHORT MESSAGE SERVICE (SMS) 07 PLACE OF WORSHIP 08 LOCAL TELEVISION 09 LOCAL RADIO 10 PUBLIC ADDRESS SYSTEM (VEHICLE) 11 NEWSPAPERS 12 POSTERS 13 BILL BOARD 14 INTERNET 15 INTERNATIONAL TELEVISION CHANNEL 16 INTERNATIONAL RADIO STATION 17 SOCIAL MEDIA (e.g FACEBOOK, WHATSAPP, TWITTER) 18 NO SOURCE OF INFORMATION 19 OTHER 96 (SPECIFY)	
Q204	Do you need more information about coronavirus (COVID-19)?	YES 1 NO 2	→ Q206

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q205	What type of information on coronavirus (COVID-19) do you need? Anything else? SELECT ALL MENTIONED.	CAUSES A SIGNS AND SYMPTOMS B PREVENTION MEASURES C TREATMENT OPTIONS D CONSEQUENCES OF HAVING COVID-19 E STATISTICS ON COVID-19 F ORIGIN G TRANSMISSION H OTHER Z (SPECIFY)	
Q206	Which source do you trust the most to give you reliable information about coronavirus (COVID-19)?	MINISTRY OF HEALTH 01 ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE 02 OTHER GOVERNMENT MINISTRY/ DEPARTMENT 03 HEALTH WORKER AT A HEALTH FACILITY 04 COMMUNITY HEALTH WORKER 05 WORD OF MOUTH (FAMILY, FRIENDS, NEIGHBOUR, COLLEAGUES) 06 SHORT MESSAGE SERVICE (SMS) 07 PLACE OF WORSHIP 08 LOCAL TELEVISION 09 LOCAL RADIO 10 PUBLIC ADDRESS SYSTEM (VEHICLE) 11 NEWSPAPERS 12 POSTERS 13 BILL BOARD 14 INTERNET 15 INTERNATIONAL TELEVISION CHANNEL 16 INTERNATIONAL RADIO STATION 17 SOCIAL MEDIA (e.g FACEBOOK, WHATSAPP, TWITTER) 18 NONE 19 OTHER 96 SPECIFY	
Q207	Do you know how Coronavirus (COVID-19) spreads from one person to another?	YES 1 NO 2 NOT SURE 8	→ Q209
Q208	How is coronavirus (COVID-19) spread from one person to another? Anything else? SELECT ALL MENTIONED.	AIR DROPLETS DISPOSED BY AN INFECTED PERSON THROUGH SNEEZING AND COUGHING A TOUCHING INFECTED SURFACES OR OBJECTS AND THEN TOUCHING YOUR NOSE, EYES AND MOUTH B SHAKING HANDS WITH SOMEONE WHO HAS THE VIRUS C DRINKING INFECTED WATER D WASHING HANDS IN INFECTED WATEI. E CONTACT WITH ANIMALS F THROUGH SEXUAL INTERCOURSE ... G PHYSICAL CONTACT WITH INFECTED PEOPLE H FROM DIRTY ENVIRONMENT I OTHER Z SPECIFY	
Q209	Do you think it is possible to contract coronavirus (COVID-19) in your community/local area currently?	YES 1 NO 2 DON'T KNOW 8	→ 211

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q210	<p>Why do you think it is not possible to contract coronavirus (COVID-19) in your community or local area?</p> <p>Anything else?</p> <p>SELECT ALL MENTIONED.</p>	<p>NEVER REPORTED ANY CASE IN THIS COMMUNITY A</p> <p>ITS NO LONGER A RISK B</p> <p>ITS FOR URBAN AREAS C</p> <p>ITS FOR THE RICH D</p> <p>IT DOES NOT AFFECT AFRICANS E</p> <p>OTHER _____ Z</p> <p>(SPECIFY)</p>	
Q211	<p>Who can get coronavirus (COVID-19)?</p> <p>Any one else?</p> <p>SELECT ALL MENTIONED.</p>	<p>ANYONE A</p> <p>ELDERLY B</p> <p>ADULTS C</p> <p>CHILDREN D</p> <p>PREGNANT / LACTATING WOMEN E</p> <p>HEALTH WORKERS F</p> <p>POOR PEOPLE G</p> <p>RICH PEOPLE H</p> <p>SEX WORKERS I</p> <p>THOSE WHO TRAVEL OUTSIDE THE COUNTRY J</p> <p>OTHER _____ Z</p> <p>SPECIFY</p>	
Q212	<p>Do you know the signs and symptoms of someone with coronavirus (COVID-19)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 215
Q213	<p>What are some of the signs and symptoms of coronavirus (COVID-19)?</p> <p>Anything else?</p> <p>SELECT ALL MENTIONED.</p>	<p>FEVER A</p> <p>HEADACHE B</p> <p>SORE THROAT C</p> <p>COUGHING D</p> <p>SNEEZING E</p> <p>CHILLS F</p> <p>RUNNY NOSE/NASAL CONGESTION ... G</p> <p>FATIGUE/TIREDNESS H</p> <p>CONJUNCTIVITIS I</p> <p>MUSCLE PAIN J</p> <p>JOINT PAIN K</p> <p>DIFFICULTIES IN BREATHING L</p> <p>LOSS OF APPETITE M</p> <p>DIARRHOEA N</p> <p>LOSS OF TASTE AND/OR SMELL O</p> <p>VOMMITING P</p> <p>OTHER _____ Z</p> <p>(SPECIFY)</p>	
Q214	<p>Is it everyone with coronavirus (COVID-19) who has signs and symptoms?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
Q215	<p>Do you know how a person can reduce their risk of contracting coronavirus (COVID-19)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 217

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q216	How can a person reduce their risk of contracting coronavirus (COVID-19)? Anything else? SELECT ALL MENTIONED.	WEARING A FACE MASK A MAINTAIN PHYSICAL DISTANCE B WASH HANDS FREQUENTLY WITH SOAP OR USE HAND SANITISER ... C AVOID CROWDED PLACES AND STAY AT HOME D AVOID INTERNATIONAL TRAVEL E AVOID LOCAL TRAVEL E STOPPING HANDSHAKES OR PHYSICAL CONTACT F AVOIDING PUBLIC PLACES (EG MARKET PLACES AND WATER POINTS) G AVOIDING PUBLIC TRANSPORT H WEARING GLOVES I COVERING SKIN IN GENERAL J KEEPING SURFACES CLEAN K DRINKING CLEAN WATER L TAKING VITAMINS L WASHING IN CLEAN WATER M PRAYERS N STAYING AWAY FROM ANIMALS O HERBALS P USING A CONDOM DURING SEXUAL INTERCOURSE Q AVOIDING GOING TO BARS AND NIGHT CLUBS R NOT SURE S OTHER Z SPECIFY	
Q217	Can coronavirus (COVID-19) be treated?	YES 1 NO 2 DON'T KNOW 8	→219
Q218	What is the treatment for coronavirus (COVID-19)? Anything else? SELECT ALL MENTIONED.	RESTING A PHYSICAL EXERCISE B ANTIBIOTICS C CHLOROQUINE D ANTI-RETROVIRALS (ARVS) E COUGH / FLU / FEVER MEDICATION F PAIN MEDICATION G DRINKING FLUIDS H SURGERY I STEAMING J OTHER Z SPECIFY NOT SURE X	
Q219	Do you think the problem of coronavirus (COVID-19) in Zambia is: very serious; serious; neutral; not very serious: or not serious at all?	VERY SERIOUS 1 SERIOUS 2 NEUTRAL 3 NOT VERY SERIOUS 4 NOT SERIOUS AT ALL 5	
Q220	Do you think coronavirus (COVID-19) can be transmitted by using a surgical face mask?	YES 1 NO 2 DON'T KNOW 8	
Q221	Do you think the COVID-19 test can transmit COVID-19?	YES 1 NO 2 DON'T KNOW 8	

SECTION 3: ATTITUDE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q301	Do you think your risk of getting infected with coronavirus (COVID-19) is low, medium or high? Or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 DON'T KNOW 8	
Q303	If you or a household member were to get infected with coronavirus (COVID-19), would you want to keep it a secret?	YES 1 NO 2 DON'T KNOW 8	
Q304	If you or a member of your household were to get coronavirus (COVID-19) do you think you would be discriminated or stigmatised?	YES 1 NO 2 DON'T KNOW 8	
Q305	Have you ever heard of cases of discrimination of people with coronavirus (COVID-19) within your community?	YES 1 NO 2 DON'T KNOW 8	
Q306	Who is mainly responsible to prevent you from contracting coronavirus (COVID-19)	PERSONAL RESPONSIBILITY (INDIVIDUAL) 01 HOUSEHOLD HEAD 02 HOUSEHOLD MEMBER 03 COMMUNITY/RELIGIOUS LEADERS ... 04 LOCAL/TRADITIONAL LEADERS 05 HEALTH WORKERS 06 GOVERNMENT 07 LOCAL GOVERNMENT 08 NON-GOVERNMENTAL ORGANISATIONS 09 INTERNATIONAL ORGANISATIONS ... 10 GOD 11 SPIRITS 12 OTHER 96 _____ (SPECIFY)	

SECTION 4: PREVENTIVE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
As a way of mitigating the spread of COVID-19, the Government prohibited any large gathering of people (e.g. festivals, sporting events, etc.), continuously encourages washing hands or sanitising hands and made wearing of face masks in public mandatory.			
Q401	Do you think the measures the government has taken are enough to contain the spread of coronavirus?	YES 1 NO 2 DON'T KNOW 8	→ Q402 → Q402
Q401A	What measures do you think Government should have or should put in place to contain the spread of coronavirus (COVID-19)? Anything else? SELECT ALL MENTIONED.	TOTAL LOCKDOWN FOR A SPECIFIC PERIOD A ENFORCEMENT OF WEARING FACE MASKS IN PUBLIC B BANNING OF ALL GATHERINGS C ARRESTING PEOPLE NOT WEARING FACE MASKS IN PUBLIC, IN NIGHT CLUBS AND OTHER SUCH PLACES . D COVID-19 TESTING MANDATORY E ISOLATE ALL CONFIRMED CASES OF COVID-19 IN HEALTH FACILITIES ... F OTHER _____ Z (SPECIFY)	
Q402	How do you feel about Coronavirus (COVID-19)?	VERY SCARED 01 SCARED 02 INDIFFERENT 03 SOMEWHAT SCARED 04 NOT SCARED 05	
Q403	When was the last time you shook hands or hugged someone outside your home?	TODAY 1 LAST TWO DAYS 2 LAST 3-6 DAYS 3 MORE THAN A WEEK AGO 4 NO CONTACT WITH PERSONS OUTSIDE MY HOUSEHOLD 5	
Q404	In the last 30 days were you in a physical meeting or gathering?	YES 1 NO 2	→ Q408
Q405	Which of the following gatherings did you attend or go to: a) Funeral? b) Church ? c) Bar/Restaurant? d) Work meeting/workshops? e) Parties: Weddings, kitchen party, chilanga mulilo, birthday etc?	YES NO FUNERAL 1 2 CHURCH 1 2 BAR/RESTAURANT 1 2 WORK MEETING/WORKSHOPS . 1 2 PARTIES (WEDDINGS, KITCHEN PARTY, CHILANGA MULILO, BIRTHDAY ETC.) 1 2	
Q406	Which gathering did you attend or go to last: a) Funeral? b) Church ? c) Bar/Restaurant? d) Work meeting? e) Parties: Weddings, kitchen party, chilanga mulilo, birthday etc?	FUNERAL 1 CHURCH 2 BAR/RESTAURANT 3 WORK MEETING 4 PARTIES (WEDDINGS, KITCHEN PARTY, CHILANGA MULILO, BIRTHDAY ETC.) 5	
Q407	At the last physical meeting or gathering, were people: a) Wearing face masks? b) Handwashing with soap and/or hand sanitising? c) Social distancing?	YES NO a) WEARING FACE MASKS ... 1 2 b) HANDWASHING WITH SOAP AND/OR HAND SANITISING . 1 2 c) SOCIAL DISTANCING 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
Q408	Did you use public transport (road/rail/water/air) during the last 7 days?	YES 1 NO 2	→ 410												
Q409	Were people wearing face masks on the (bus/train/taxi)?	YES, MOST OF THEM 1 YES, A FEW PEOPLE 2 NO 3													
Q409A	Were you wearing a face mask on the (bus/train/taxi)?	YES 1 NO 2													
Q410	Did you go to a salon/barbershop/gym/massage parlour or any such facility in the last 14 days?	YES 1 NO 2	→ 411A												
Q411	Were people in the (salon/barbershop/gym/massage parlour) or any such facility: a) Wearing face masks? b) Handwashing with soap and/hand sanitising? c) Social distancing?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) WEARING FACE MASKS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HANDWASHING WITH SOAP AND/HAND SANITISING</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SOCIAL DISTANCING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) WEARING FACE MASKS	1	2	b) HANDWASHING WITH SOAP AND/HAND SANITISING	1	2	c) SOCIAL DISTANCING	1	2	
	YES	NO													
a) WEARING FACE MASKS	1	2													
b) HANDWASHING WITH SOAP AND/HAND SANITISING	1	2													
c) SOCIAL DISTANCING	1	2													
Q411A	CHECK : Q201 <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ Q501A												
Q412	Do you wash your hands with soap or sanitise your hands to prevent coronavirus (COVID-19)?	YES 1 NO 2	→ 414												
Q413	When, after or before which actions do you usually wash your handsto prevent coronavirus (COVID-19)? Anything else? SELECT ALL MENTIONED.	AFTER HANDLING DOCUMENTS A AFTER HANDLING MONEY B BEFORE AND AFTER EATING FOOD C AFTER USING PUBLIC TRANSPORT D BEFORE ENTERING A BUILDING E AFTER ENTERING ANY BUILDING F AFTER COMING FROM A PUBLIC PLACE G AFTER BLOWING NOSE, COUGHING OR SNEEZING H AFTER SHAKING HANDS I BEFORE ENTERING A MARKET J AFTER TOUCHING DOOR HANDLES AND OTHER SURFACES IN PUBLIC PLACES K OTHER Z (SPECIFY)	→ Q415												
Q414	Why don't you wash your hands with soap or sanitise your hands to prevent coronavirus (COVID-19)?	NOT NECESSARY 1 DON'T WANT 2 NOT AT RISK 3 DISCOMFORT 4 TIRED 5 OTHER 6 (SPECIFY)													
Q415	Do you wear face masks or face shields in public places?	YES, BOTH FACE MASK AND FACE SHIELD 1 YES, ONLY FACE MASK 2 YES, ONLY FACE SHIELD 3 NO 4	→ 418												
Q416	What type of face mask do you <u>mainly</u> use?	SURGICAL MASKS 1 N95 2 CLOTH MASK 3 CLOTH/BANDANA 4 OTHER 6 (SPECIFY)	→ 420 → 420												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q417	How often do you wash your (cloth face mask or cloth/bandana)?	EVERYDAY 1 AFTER A FEW DAY'S USE 2 ONCE A WEEK 3 NEVER 4 OTHER 6 (SPECIFY)	→ Q420
Q418	Why don't you wear a face mask?	NOT NECESSARY 1 DON'T WANT 2 NOT AT RISK 3 DISCOMFORT 4 FACE SHIELD PROTECTS ME 5 OTHER 6 (SPECIFY)	
Q420	Do you know a relative/friend/ colleague who has or had coronavirus (COVID-19)?	YES 1 NO 2	
Q421	What would you do if you think you or someone in your household has coronavirus (COVID-19)? Anything else? SELECT ALL MENTIONED.	QUARANTINE THE INFECTED PERSON A STAY HOME AND SELF-MEDICATE ... B CALL EMERGENCY SERVICES C CALL DEDICATED COVID-19 NUMBER D SPEAK TO A RELIGIOUS LEADER ... E SPEAK TO A COMMUNITY HEALTH WORKER/LEADER F GO TO A PHARMACY G GO TO A DOCTOR'S OFFICE OR HEALTH CENTRE H GO TO A HOSPITAL I GO TO A TRADITIONAL/LOCAL HEALER J STAY HOME AND DO NOTHING/TAKE NO MEDICINE K NOTHING, CONTINUE DAILY LIFE AS NORMAL L TRADITIONAL AND HERBAL MEDICINES M STEAMING N NOT SURE O OTHER Z (SPECIFY)	
Q422	Would you consider seeking medical care if you get any of the following: fever, cough, cold, sore throat, high temperature, headache, diarrhoea ?	YES 1 NO 2 NOT SURE 3	
Q423	Are you aware of a coronavirus (COVID-19) vaccine?	YES 1 NO 2	
Q424	If a coronavirus (COVID-19) vaccine was made available, would you be willing to be vaccinated?	YES 1 NO 2 DON'T KNOW 8	→ Q426
Q425	Would you prefer a coronavirus (COVID-19) vaccine that is an injectable or oral or other?	INJECTABLE 1 ORAL 2 OTHER 6 SPECIFY	
Q426	Who do you think should be prioritised to receive the coronavirus (COVID-19) vaccine?	HEALTH WORKERS 01 ELDERLY 02 CHILDREN 03 ADULTS 04 PREGNANT / LACTATING WOMEN 05 THOSE WHO TRAVEL OUTSIDE THE COUNTRY 06 THOSE WITH UNDERLYING HEALTH CONDITIONS (EG. DIABETES, BP, HIV ETC.) 08 EVERYONE 09 NO ONE 10 OTHER 96 SPECIFY	→ Q428

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q427	Why would you not be willing to get the coronavirus (COVID-19) vaccine?	FEAR OF SIDE EFFECTS 1 VACCINE EXPERIMENTAL 2 I DON'T TRUST THE VACCINE 3 I DON'T THINK THE VACCINE IS EFFECTIVE 4 OTHER _____ 6 (SPECIFY)	
Q428	Do you think the vaccine for coronavirus (COVID-19) would be effective?	YES 1 NO 2	
Q429	Do you think limiting the number of people entering an open market would reduce the spread of coronavirus (COVID-19)?	YES 1 NO 2 DON'T KNOW 8	
Q430	Do you think limiting the number of people gathering at a water point at one time to collect water would reduce the spread of coronavirus (COVID-19)?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q508	<p>How did you feel being away from school for an extended period of time?</p> <p>Anything else?</p> <p>SELECT ALL MENTIONED.</p>	<p>WAS NOT AFFECTED IN ANY WAY A</p> <p>WAS BORED B</p> <p>WAS DEPRESSED C</p> <p>MISSED PLAYING WITH FRIENDS D</p> <p>MISSED LEARNING AS A GROUP E</p> <p>FELT ISOLATED F</p> <p>WAS HAPPY G</p> <p>OTHER _____ Z</p> <p>(SPECIFY)</p>	
Q509	<p>Did your being away from school affect any other aspect of your life?</p>	<p>YES 1</p> <p>NO 2</p>	→ Q511
Q510	<p>What aspects of your life were affected by being away from school?</p> <p>Anything else?</p> <p>SELECT ALL MENTIONED.</p>	<p>MISSED INTERACTING WITH FRIENDS ... A</p> <p>MISSED SCHOOL FEEDING B</p> <p>MISSED PLAYING WITH FRIENDS C</p> <p>STUDYING WITH FRIENDS D</p> <p>MISSED GROUP DISCUSSIONS E</p> <p>TOO MUCH WORK AT HOME F</p> <p>NO TIME TO STUDY G</p> <p>LOST INTEREST IN SCHOOL H</p> <p>MORE TIME WITH FAMILY I</p> <p>MORE TIME TO PLAY J</p> <p>FORCED INTO MARRIAGE K</p> <p>OTHER _____ Z</p> <p>SPECIFY</p>	
Q510A	<p>CHECK Q504:</p> <p>EXCLUDING "A" NO FORM OF LEARNING PROVIDED <input type="checkbox"/></p> <p>"A" NO FORM OF LEARNING PROVIDED <input type="checkbox"/></p>		→ Q517
Q511	<p>Did you have access to TV, Radio, Internet as modes of learning?</p>	<p>YES 1</p> <p>NO 2</p>	→ Q513
Q512	<p>Did you have a gadget (phone, tablet, computer, TV, Radio) that was easily accessible for use in learning?</p>	<p>YES 1</p> <p>NO 2</p>	
Q513	<p>Were you easily able to do your school work?</p>	<p>YES 1</p> <p>NO 2</p>	
Q514	<p>Did you require any help with your school work?</p>	<p>YES 1</p> <p>NO 2</p>	→ Q517
Q515	<p>Did you receive any help in doing your school work?</p>	<p>YES 1</p> <p>NO 2</p>	→ Q517
Q516	<p>Who was <u>mainly</u> helping you in doing your school work?</p>	<p>PARENTS/GUARDIAN 01</p> <p>SIBLING (S) 02</p> <p>FRIENDS 03</p> <p>NEIGHBOURS 04</p> <p>RELATIVES IN THE SAME HOME 05</p> <p>PRIVATE TUTORS 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
Q517	<p>Did you go back to school between September 2020 and December 2020 after schools re-opened?</p>	<p>YES 1</p> <p>NO 2</p>	→ Q524
Q518	<p>What were some of the COVID-19 preventive measures your school was able to observe?</p> <p>Anything else?</p> <p>SELECT ALL MENTIONED.</p>	<p>WEARING OF FACE MASKS BY ALL PUPILS AND TEACHERS A</p> <p>PHYSICAL DISTANCING (1 METRE OR MORE APART) B</p> <p>REGULAR HANDWASHING (HANDWASHING BASIN PUT AT THE ENTRANCE OF SCHOOL/CLASSROOM) C</p> <p>MEASURING TEMPERATURE UPON ARRIVAL D</p> <p>REDUCED LEARNING HOURS E</p> <p>OTHER _____ Z</p> <p>SPECIFY</p>	→ Q524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q519	How did being away from school for an extended period affect your ability to prepare for your final examinations?	WAS NOT AFFECTED IN ANY WAY 1 WAS WORRIED ABOUT FAILING THE EXAMS 2 WAS ABLE TO DO REVISIONS 3 WAS NOT ABLE TO DO ANY REVISIONS ... 4 OTHER 6 SPECIFY	
Q520	When you returned to school were you able to cover all the material to prepare you for your final examinations?	YES 1 NO 2	→ Q522
Q521	What was done to ensure that you covered enough material to prepare you for your final examinations? Anything else? SELECT ALL MENTIONED.	THE SCHOOL HAD EXTENDED HOURS OF LEARNING A MORE HOMEWORK WAS PROVIDED TO COVER ENOUGH MATERIAL B I DID PRIVATE TUITION C CONTINUED LEARNING DURING HOLIDAYS . D OTHER Z SPECIFY	
Q522	What were some of the COVID-19 preventive measures your school was able to observe? Anything else? SELECT ALL MENTIONED.	WEARING OF FACE MASKS BY ALL PUPILS AND TEACHERS A PHYSICAL DISTANCING (SITTING 1 METER OR MORE APART) B REGULAR HANDWASHING (HAND WASHING BASIN PUT AT ENTRANCE TO SCHOOL OR CLASSROOM) C MEASURING TEMPERATURE UPON ARRIVAL D HAND SANITISING E OTHER Z (SPECIFY)	
Q523	How do you describe learning during COVID-19 when you re-opened school in June 2020?	STRANGE 1 NORMAL 2 UNCOMFORTABLE 3 DISTURBING 4 OTHER 6 SPECIFY	
Q524	Are you currently attending school?	YES 1 NO 2	→ Q526
Q525	Why are you currently not attending school?	COMPLETED SCHOOL 01 WROTE EXAMS (G7, G9) 02 FEAR OF CONTRACTING COVID-19 03 FINANCIAL CONSTRAINTS DUE TO COVID-19 04 FINANCIAL CONSTRAINTS NOT DUE TO COVID-19 05 UNDERLYING MEDICAL CONDITION 06 DROPPED OUT BECAUSE WAS NOT ABLE TO COPE WITH THE ACCELERATED PACE OF LEARNING 07 OTHER 96 SPECIFY	→ Q601
Q526	What are some of the COVID-19 preventive measures that your school is observing? Anything else? SELECT ALL MENTIONED.	WEARING OF FACE MASKS BY ALL PUPILS AND TEACHERS A PHYSICAL DISTANCING (1 METRE OR MORE APART) B REGULAR HANDWASHING (HANDWASHING BASIN PUT AT THE ENTRANCE OF SCHOOL/CLASSROOM) C MEASURING TEMPERATURE UPON ARRIVAL D D REDUCED LEARNING HOURS E NO MEASURES OBSERVED F OTHER Z SPECIFY	

SECTION 6: ECONOMIC ACTIVITY

Q601	CHECK Q102: 12 YEARS <input type="checkbox"/> AND OLDER ↓ LESS <input type="checkbox"/> THAN 12 YEARS →	→ Q701	
Q602	Were you in paid employment/self-employment/ helping without pay in the family business from January to March 2020?	YES 1 NO 2	→ Q604
Q603	What was the <u>main</u> reason you were not in paid employment/self-employment/ helping without pay in the family business from January to March 2020?	RETRENCHED /LAID OFF 01 RETIRED 02 CLOSE OF BUSINESS DUE TO COVID-19 ... 03 POOR HEALTH (CHRONIC ILLNESS) 04 STUDENT (SCHOOL) 05 UNEMPLOYED & LOOKING OR AVAILABLE FOR WORK 06 TO CARE OF AGED OR SICK FAMILY MEMBER 07 TEMPORAL LAYOFF DUE TO COVID-19 ... 08 CLOSE OF BUSINESS BY EMPLOYER DUE TO COVID-19 09 PERMANENT LAYOFF DUE TO COVID-19 ... 10 NOT LOOKING AND NOT AVAILABLE FOR WORK 11 OTHER 96 (SPECIFY)	
Q604	Were you in paid employment/self-employment/ helping without pay in the family business from April to June 2020?	YES 1 NO 2	→ Q606
Q605	What was the <u>main</u> reason you were not in paid employment/self-employment/ helping without pay in the family business from April to June 2020?	RETRENCHED /LAID OFF 01 RETIRED 02 CLOSE OF BUSINESS DUE TO COVID-19 ... 03 POOR HEALTH (CHRONIC ILLNESS) 04 STUDENT (SCHOOL) 05 UNEMPLOYED & LOOKING OR AVAILABLE FOR WORK 06 TO CARE OF AGED OR SICK FAMILY MEMBER 07 TEMPORAL LAYOFF DUE TO COVID-19 ... 08 CLOSE OF BUSINESS BY EMPLOYER DUE TO COVID-19 09 PERMANENT LAYOFF DUE TO COVID-19 ... 10 NOT LOOKING AND NOT AVAILABLE FOR WORK 11 OTHER 96 (SPECIFY)	
Q606	Were you in paid employment/self-employment/ helping without pay in the family business from July to September 2020?	YES 1 NO 2	→ Q608

Q607	What was the <u>main</u> reason you were not in paid employment/self-employment/helping without pay in the family business from July to September 2020?	RETRENCHED /LAID OFF 01 RETIRED 02 CLOSE OF BUSINESS DUE TO COVID-19 ... 03 POOR HEALTH (CHRONIC ILLNESS) 04 STUDENT (SCHOOL) 05 UNEMPLOYED & LOOKING OR AVAILABLE FOR WORK 06 TO CARE OF AGED OR SICK FAMILY MEMBER 07 TEMPORAL LAYOFF DUE TO COVID-19 ... 08 CLOSE OF BUSINESS BY EMPLOYER DUE TO COVID-19 09 PERMANENT LAYOFF DUE TO COVID-19 ... 10 NOT LOOKING AND NOT AVAILABLE FOR WORK 11 OTHER _____ 96 (SPECIFY)						
Q608	Were you in paid employment/self-employment/helping without pay in the family business from October to December 2020?	YES 1 NO 2	→ Q610					
Q609	What was the <u>main</u> reason you were not in paid employment/self-employment/helping without pay in the family business from October to December 2020?	RETRENCHED /LAID OFF 01 RETIRED 02 CLOSE OF BUSINESS DUE TO COVID-19 ... 03 POOR HEALTH (CHRONIC ILLNESS) 04 STUDENT (SCHOOL) 05 UNEMPLOYED & LOOKING OR AVAILABLE FOR WORK 06 TO CARE OF AGED OR SICK FAMILY MEMBER 07 TEMPORAL LAYOFF DUE TO COVID-19 ... 08 CLOSE OF BUSINESS BY EMPLOYER DUE TO COVID-19 09 UNEMPLOYED AND NOT LOOKING FOR WORK 11 OTHER _____ 96 (SPECIFY)	→ Q613					
Q610	What was your employment status from October to December 2020?	PAID EMPLOYMENT 1 EMPLOYER 2 SELF EMPLOYED 3 HELPING WITHOUT PAY IN THE FAMILY BUSINESS 4 OTHER _____ 6 (SPECIFY)						
Q611	In your job or employment from October to December 2020 were you entitled to pension, gratuity, social security?	YES 1 NO 2						
Q612	What was the <u>main</u> economic activity in your company/business/job? DESCRIBE THE ECONOMIC ACTIVITY (INSERT ISIC CODE)	ACTIVITY _____ CODE <table border="1" data-bbox="1129 1697 1321 1765"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

Q613	Were you in paid employment/self-employment/ helping without pay in the family business in the last 7 days?	YES 1 NO 2	
Q614	What is the <u>main</u> economic effect that the outbreak of coronavirus has had on you?	NO OR LITTLE IMPACT 01 I LOST MY JOB 02 I LOST MY SAVINGS 03 I CAN'T PAY MY LOAN/ MORTGAGE ANYMORE 04 I CAN'T AFFORD TO BUY FOOD 05 MY BUSINESS WAS CLOSED 06 REDUCED INCOME 07 REDUCED PRODUCTION 08 INCREASED PRODUCTION 09 OTHER _____ 96 (SPECIFY)	

SECTION 7: HEALTH CARE AND GBV

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
	Now I am going to ask you questions on health care and GBV.																																										
Q701	Do you have any of the following conditions: a. Diabetes? b. Hypertension? c. Cardiovascular diseases (heart)? d. Cancer? e. Renal (Kidney) disease? f. Chronic Pulmonary (lung) disease (asthma and bronchitis)? g. Tuberculosis (TB)? h. Anthritis (Lupus or any other auto-immune diseases)? i. HIV?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>DIABETES</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>HYPERTENSION</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>CARDIOVASCULAR DISEASES (HEART)</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>CANCER</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>RENAL (KIDNEY) DISEASE</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>CHRONIC PULMONARY (LUNG) DISEASE (ASTHMA AND BRONCHITIS)</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>TUBERCULOSIS (TB)?</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>ANTHRITIS (LUPUS OR ANY OTHER AUTO-IMMUNE DISEASES)</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>HIV</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	DIABETES	1	2	8	HYPERTENSION	1	2	8	CARDIOVASCULAR DISEASES (HEART)	1	2	8	CANCER	1	2	8	RENAL (KIDNEY) DISEASE	1	2	8	CHRONIC PULMONARY (LUNG) DISEASE (ASTHMA AND BRONCHITIS)	1	2	8	TUBERCULOSIS (TB)?	1	2	8	ANTHRITIS (LUPUS OR ANY OTHER AUTO-IMMUNE DISEASES)	1	2	8	HIV	1	2	8	
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Q702	CHECK IF Q701(i): <table border="0"> <tr> <td align="center">YES <input type="checkbox"/></td> <td align="center">NO/DK AND ANY YES TO <input type="checkbox"/></td> </tr> <tr> <td align="center">↓</td> <td align="center">→ Q706A</td> </tr> </table> a' to 'h' (EXCLUDING 'HIV')	YES <input type="checkbox"/>	NO/DK AND ANY YES TO <input type="checkbox"/>	↓	→ Q706A																																						
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Q703	Have you been able to access treatment or other HIV services since March 2020?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→ Q705																																				
YES	1																																										
NO	2																																										
Q704	What was the <u>main</u> reason for failure to access HIV services?	<table border="0"> <tr> <td>UNABLE TO PHYSICALLY TRAVEL TO HEALTH FACILITIES</td> <td align="right">01</td> </tr> <tr> <td>HEALTH FACILITIES TOO BUSY TO SERVE ALL PATIENTS</td> <td align="right">02</td> </tr> <tr> <td>HEALTH FACILITIES LACK MEDICATION REGULAR HEALTH SERVICES SUSPENDED DUE TO COVID-19</td> <td align="right">03</td> </tr> <tr> <td>SCARED OF CONTRACTING COVID-19</td> <td align="right">04</td> </tr> <tr> <td>FEEL AT GREATER RISK OF CONTRACTING AND DYING FROM COVID-19</td> <td align="right">05</td> </tr> <tr> <td>OTHER</td> <td align="right">06</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">96</td> </tr> </table>	UNABLE TO PHYSICALLY TRAVEL TO HEALTH FACILITIES	01	HEALTH FACILITIES TOO BUSY TO SERVE ALL PATIENTS	02	HEALTH FACILITIES LACK MEDICATION REGULAR HEALTH SERVICES SUSPENDED DUE TO COVID-19	03	SCARED OF CONTRACTING COVID-19	04	FEEL AT GREATER RISK OF CONTRACTING AND DYING FROM COVID-19	05	OTHER	06	OTHER _____ (SPECIFY)	96	→ Q706																										
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Q705	What has been the experience in accessing Anti-Retroviral Therapy (ART) since March 2020?	<table border="0"> <tr> <td>RECEIVED MEDICATION WITHOUT ANY CHALLENGES</td> <td align="right">1</td> </tr> <tr> <td>RECEIVED PARTIAL MEDICATION</td> <td align="right">2</td> </tr> <tr> <td>GOT ARV SUPPLIES (REFILL) FOR MORE MONTHS THAN USUAL</td> <td align="right">3</td> </tr> <tr> <td>WAS TOLD THERE WAS NO MEDICATION SO DID NOT RECEIVE</td> <td align="right">4</td> </tr> <tr> <td>OTHER</td> <td align="right">6</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td></td> </tr> </table>	RECEIVED MEDICATION WITHOUT ANY CHALLENGES	1	RECEIVED PARTIAL MEDICATION	2	GOT ARV SUPPLIES (REFILL) FOR MORE MONTHS THAN USUAL	3	WAS TOLD THERE WAS NO MEDICATION SO DID NOT RECEIVE	4	OTHER	6	OTHER _____ (SPECIFY)																														
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Q705A	CHECK Q701: ANY YES FROM 'A' TO 'H' <input type="checkbox"/> ↓	OTHERWISE <input type="checkbox"/>	→ Q707A																																								
Q706	Since March 2020, were you in need of any other medical treatment but not able to access health services and medication?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→ Q707 → Q707A																																				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q707	What is the <u>main</u> reason for failure to access medical treatment?	UNABLE TO PHYSICALLY TRAVEL TO HEALTH FACILITIES 01 HEALTH FACILITIES TOO BUSY TO SERVE ALL PATIENTS 02 HEALTH FACILITIES LACK MEDICATION . 03 REGULAR HEALTH SERVICES SUSPENDED DUE TO COVID-19 04 SCARED OF CONTRACTING COVID-19 ... 05 FEEL AT GREATER RISK OF CONTRACTING AND DYING FROM COVID-19 06 OTHER _____ 96 (SPECIFY)	
Q707A	Over the past two weeks, how often have you felt down, depressed or hopeless due to the coronavirus (COVID-19)?	ALL THE TIME 1 OFTEN 2 SOMETIMES 3 NOT AT ALL 4	
Q707B	Over the past two weeks, how often have you felt nervous, anxious or on edge due to the coronavirus (COVID-19)?	ALL THE TIME 1 OFTEN 2 SOMETIMES 3 NOT AT ALL 4	
Q707C	Over the past two weeks how often have you failed to control worrying due to the coronavirus (COVID-19)?	ALL THE TIME 1 OFTEN 2 SOMETIMES 3 NOT AT ALL 4	
Q708	CHECK 102 AND 103: AGE 10 - 50 <input type="checkbox"/> AND FEMALE↓ ALL MALES AND <input type="checkbox"/> FEMALES AGE 51+		→ Q801
Q709	From March 2020 to date, were you ever pregnant?	YES 1 NO 2	→ Q717
Q710	Did you miss any antenatal care visits during this period ?	YES 1 NO 2	→ Q717
Q711	Why did you miss an antenatal visit?	FEAR OF CONTRACTING COVID-19 AT THE FACILITY 1 FACILITY TOO FAR 2 NO TRANSPORT MONEY 3 NOT NECESSARY 4 OTHER _____ 6 (SPECIFY)	
Q712	What was the pregnancy outcome?	CURRENTLY PREGNANT 1 LIVE BIRTH 2 STILL BIRTH 3 MISCARRIAGE 4 OTHER _____ 6 (SPECIFY)	→ Q717 → Q717
Q713	Where did you deliver from?	HEALTH FACILITY 1 HOME 2 OTHER _____ 6 (SPECIFY)	→ Q715
Q714	Why did you not deliver in a health facility?	RESTRICTED MOVEMENT 1 HIGH TRANSPORT COST 2 FEAR OF COVID-19 AT THE HEALTH FACILITY 3 HEALTH FACILITY TOO FAR 4 OTHER _____ 6 (SPECIFY)	
Q715	Did you receive postnatal care?	YES 1 NO 2	→ Q717

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q716	Why did you not receive postnatal care?	RESTRICTED MOVEMENT 1 HIGH TRANSPORT COST 2 FEAR OF COVID-19 AT THE HEALTH FACILITY 3 HEALTH FACILITY TOO FAR 4 OTHER _____ 6 (SPECIFY)	
Q717	From March 2020 to date, did you have the desire to receive family planning services?	YES 1 NO 2	→ Q720
Q718	Did you receive family planning services?	YES 1 NO 2	→ Q720
Q719	Why did you not receive family planning services?	PREFERRED METHOD NOT AVAILABLE . 1 FEARED COVID-19 AT THE CENTRE ... 2 HIGH TRANSPORT COST 3 HEALTH WORKERS ARE NOT FRIENDLY 4 HEALTH FACILITY TOO FAR 5 OTHER _____ 6 (SPECIFY)	
Q720	I will read out a statement to you: Since March 2020, violence (sexual, emotional and physical abuse) against women has increased in the community, do you: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 NEITHER AGREE NOR DISAGREE 3 SOMEWHAT DISAGREE 4 STRONGLY DISAGREE 5	
Q721	Have you ever been kicked, hit, slapped, physically hurt or sexually abused?	YES 1 NO 2	→ Q801
Q722	Since March 2020, how often has this happened?	MORE OFTEN 1 SAME AS BEFORE 2 LESS OFTEN 3 NOT AT ALL 4	→ Q801
Q723	Did you seek help?	YES 1 NO 2	→ Q801
Q724	Where did you seek help? Any where else? SELECT ALL MENTIONED.	POLICE (VICTIM SUPPORT UNIT) A HEALTH WORKER B COMMUNITY/LOCAL LEADER C GBV COMMUNITY VOLUNTEER D ONE STOP CENTRE E LOCAL NGO F SOCIAL WORKER G OWN FAMILY H FRIEND I NEIGHBOUR J LAWYER K DOCTOR/MEDICAL PERSONNEL L	

SECTION 8: EFFECTS OF COVID-19 ON ADOLESCENTS AND YOUNG PEOPLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q801	CHECK 102: AGE 10 - 24 YEARS <input type="checkbox"/> ↓	ALL OTHERS <input type="checkbox"/> →	END
Q802	Has COVID-19 affected you in any way?	YES 1 NO 2	→ END
Q803	How has COVID-19 <u>mainly</u> affected you?	BEING RESPONSIBLE FOR HOUSEHOLD CHORES LIKE CLEANING, TIDYING UP AND COOKING 01 LOOKING AFTER SMALL CHILDREN AT HOME 02 MOVEMENT RESTRICTIONS 03 LIMITED ACCESS TO SERVICES 04 EXPOSURE TO DOMESTIC VIOLENCE ... 05 EXPOSURE TO CONTRACTING COVID-19 WHEN TAKING CARE OF A QUARANTINED FAMILY MEMBER 06 BEING MARRIED 07 OTHER _____ 96 (SPECIFY)	
THANK THE RESPONDENT FOR COMPLETING THE INDIVIDUAL INTERVIEW			