

WB Kenya Covid-19 Rapid Response Phone Survey with Households

In RED: Long Version to be added randomly -- These are modules we randomly add or drop to reduce maximum call time.

Section 1: Introduction

Greetings! You are about to begin "World Bank COVID-19 Rapid Response Phone Survey". Please fill in the following questions before calling the respondent

1. a. Please select your name:
- b. FO REMIT ID:

2. Which list are you using for the phone number?

- KNBS sample
 Random Digit Dialing (RDD)
 UNHCR

3. a. Household ID:

- b. Please re-enter the household ID:

c. If HHID incorrect, display: WARNING! This household ID does not exist for this sample. Please go back and fix.

- d. Did you send a text message before trying to reach this household? Yes / No

e. Was this household part of the intensive tracking activity? *By intensive tracking, we mean the list of households that were targeted again, after they were missed the first time.* Yes / No

4. **(if UNHCR)** You are trying to reach Household ID: [Household ID]. Your target respondent is [TR name], [TR gender], [TR age] years old, from [TR origin country], currently living in [HH Location]. The household head of this household is [HH Head name].

(if KNBS) You are trying to reach Household ID: [Household ID]. Your target respondent is [TR name], [TR gender], [TR age] years old. In [BL date], the household was located in [HH Location], and had the following adult members:

- Primary Male: [PM Name] [PM age]
- Primary Female: [PF Name] [PF age]
- [Member 1 name] [Member 1 age], [Member 1 gender]
- [Member 2 name] [Member 2 age], [Member 2 gender]
-

Below are the phone numbers available to call this household. Please try each phone number (in listed order) to reach this household. Try to speak to the target respondent ([TR name]), but, if unavailable or deceased, you may speak to anyone in the TR's CURRENT household. Once reached, select the phone number that reached this household before continuing to the next page.

- [Household Phone 1] → **SKIP to Intro Statement**
 [Household Phone 2] → **SKIP to Intro Statement**
 [Household Phone 3] → **SKIP to Intro Statement**

- Other: → **SKIP to Intro Statement**
- Reached someone outside the TR household → **CONTINUE to b**
- Exhausted all 10 attempts. Unable to reach household. → **TERMINATE survey**
- No available working phone number → **TERMINATE survey**

If reached, continue. If unable to reach, skip to conclusion.

b. (If reached someone outside the TR household) Try to ascertain whether this person knows the target respondent. If they do, ask whether they can help you reach anyone in the household of the target respondent, and give you their phone number.

Respondent does not know the target respondent (**SKIP to CLOSING STATEMENT**)

Respondent knows the target respondent, but does not have a phone number

(SKIP to CLOSING STATEMENT)

Respondent knows a phone number for the target respondent's household,

(SKIP to CLOSING STATEMENT, and NOTE DOWN THE NUMBER on your Tracking Sheet)

4alt (if RDD) You are trying to reach Household ID: [Household ID]. We have not contacted this household before. The phone number is: [Household Phone 1].

Once reached, select the phone that reached this household before continuing to the next page:

Household Phone 1

Exhausted all 10 attempts. Unable to reach household.

→ **TERMINATE survey**

Phone number not connected / not existing

→ **TERMINATE survey**

Introduce yourself: Hello, my name is [FO NAME] from REMIT Research Consulting. I am calling on behalf of the Kenyan National Bureau of Statistics (KNBS), The World Bank and The United Nations High Commissioner for Refugees (UNHCR). The KNBS, The World Bank and UNHCR are trying to help assess the socio-economic impact of CORONAVIRUS (COVID-19). Your household has been randomly chosen to participate in this survey. Your cooperation and answers would be extremely important. All personal information provided will be kept strictly confidential.

5. a. (if KNBS / UNHCR) Who are you speaking with?

[Target Respondent Name]

→ **SKIP to c**

Target respondent unavailable, other member of TR household

→ **SKIP to c**

Target respondent deceased, other member of TR household

→ **SKIP to c**

I am not 100% sure, but probably from the TR household

→ **SKIP to b**

5b. (if KNBS / UNHCR and 5a == unsure) Why are you not sure?

5c. Are you 18 years or older? Yes / No

If Yes, SKIP to INFORMED CONSENT. If No, and phone number from RDD or UNHCR list, SKIP to CLOSING STATEMENT.

5d. (if KNBS sample) Is there anyone else living in the household that is older than 18 years old? Yes / No

If No, SKIP to CLOSING STATEMENT. If Yes, Read: May I speak to that person now? If that person is not available, ask for another time that would be more suitable and note it in the tracking sheet. Alternatively, ask for a different phone number where that person can be reached.

5e. Alternative phone number *Please note this down on your Tracking Sheet.:*

5f. What date/time are you willing to schedule the interview for? *Please note this down on your Tracking Sheet.*

End interview here. DO NOT submit form.

5g. Date of interview: (DD/MM/YYYY)

|_|_|/|_|_|/|_|_|_|_|

5h. Time start interview: (24 hr clock) |_|_| : |_|_|

Informed consent and data protection: As I told you, the KNBS, The World Bank and UNHCR are conducting a nationwide phone survey in Kenya. The objectives of the survey are to better understand the impacts of the Coronavirus here in Kenya to help design appropriate policy responses. If you agree to participate in this survey, we will ask you some questions related to your experience and knowledge of the virus and its impact on your employment, food security, access to health and educational facilities, mental well-being, and transfers. The interview will take about 30 minutes, and we will schedule it when it is convenient for you.

There are no direct benefits to you, but as a small gift you will receive [XXX] KSh as airtime for the interview after the interview has ended.

Any responses that you give us will be confidential, that is, the researchers will not let anyone else know how you answered. The anonymized responses will be used for research purposes and published in reports. We can assure you that we will never include any names or other personal details in publications. The study is voluntary and if you do not want to participate, you can decide that at any time. There will be no negative impacts on you. If at any time you want to stop participating, please let me know and we will respect your decision.

6. Do you have any questions now? |_|_| Yes / No

Read: If you have any questions later, you can always call [OFFICE NUMBER].

7. Do you agree to participate in the survey? [VERBAL CONSENT] |_|_| Yes / No

If No, CONTINUE to question 8. If Yes, SKIP to Section 2

8. **(If RDD)** a. For how long have you been using this line?

|_|_| Less than a month

|_|_| 2- 6 months

- 6 - 12 months
- 1 - 5 years
- more than 5 years
- Cannot remember when I bought the line
- Refuse

b. **(if RDD)** Did this household exist 5 years ago (in 2015/16)? *By exist, we mean this group of people (or a similar composition of people with mostly similar people) lived together and ate from the same pot. Note: This may have been in the same place as today, or somewhere else. Migration of a full household does not constitute a new household.*

- Yes, this household existed 5 years ago
- No, this household was newly established in the last 5 years

c. **(if RDD and existed 5 years ago)** Where did this household live 5 years ago (in 2015/16)?

- i. County: Use county codes
- ii. Location: Use location codes

d. Is the place where this household resided 5 years ago (in 2015/16) located within a town or a trading centre?

- Yes
- No, lived in a village / rural area

e. **(if yes)** What was the name of the town or trading centre? *Use town codes*

9. What is the main reason for not participating in the survey?

- I am busy → **SKIP to question 11**
- Refusal for this round only → **SKIP to question 11**
- Refusal for this round and any future rounds → **SKIP to question 10**
- Unable to survey - parent or contact refusal → **SKIP to CLOSING STATEMENT**
- Unable to survey - spouse refusal → **SKIP to CLOSING STATEMENT**
- Unable to survey - in prison → **SKIP to CLOSING STATEMENT**
- Unable to survey - mental illness / disability → **SKIP to CLOSING STATEMENT**
- Unable to survey - other: _____

10. Record your impressions of why the FR refuses to participate during this survey round. If you feel comfortable doing so, you may ask the FR why: Why don't you want to participate in this survey round? Choose up to 3 reasons.

// Other: _____

- 1 = Survey is too long
- 2 = FR has caregiving duties
- 3 = FR has to work
- 4 = FR does not want to disclose personal information
- 5 = FR is suspicious of REMIT/KNBS/WB
- 6 = FR hasn't received assistance from REMIT/KNBS/WB and doesn't want to participate

7 = FR just doesn't want to / no reason given
10 = Other (specify)

SKIP to CLOSING STATEMENT.

11. a. Are you willing to schedule the interview for a later date or time? Yes / No

b. **(If yes) Rescheduling instructions:** Please ask the FR when they are next available. If you cannot personally call back at this time, make a tentative appointment with the FR. Then, let the FR know that you will contact them to confirm when you will call back. Communicate the time with your TL to confirm if another person can call back. Record this information and the current time on the tracking sheet now. End the interview. **DO NOT submit this form.** Only submit a form if you either reached a household, or exhausted all attempts.

CLOSING STATEMENT. Read: Thank you very much for your time. If you change your mind and would like to participate in the interview, you may call me back any time. Here is my phone number [FO Phone Number]. End interview here.

Section 2: Household Background

Part A: FR Information

1. What is your full name, as it would appear on your national ID?

|_____| / |_____| / |_____|

First name

Middle name

Last name

1a. What is your common name? *This is the name you are commonly referred to by household members / friends.* _____

2. What is your age in completed years? |_____|

3. Is the FR a man or a woman? **Do not read.** *Confirm if unsure.*

|_____| Male / female

4. What is the highest level of education you have completed? *Do not read.*

|___| No Formal Education

|___| Pre-primary

|___| Primary

|___| Post-primary, vocational

|___| Secondary

|___| College, middle-level

- University undergraduate
- University postgraduate
- Madrassa/ Duksi
- Other, specify

5. What is your country of birth? *Do not read.*

- Kenya → **SKIP to question 9**
- Somalia
- Ethiopia
- Sudan
- South Sudan
- Democratic Republic of the Congo
- Tanzania
- Uganda
- Other, please specify: _____

6. In which year did you arrive in Kenya? |_____|

7. What is your migration status in Kenya? *Do not read.*

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Refugee | → CONTINUE to question 8 |
| <input type="checkbox"/> Asylum seeker -does not yet hold refugee status | → CONTINUE to question 8 |
| <input type="checkbox"/> Resident | → SKIP to question 9 |
| <input type="checkbox"/> On business trip | → SKIP to question 9 |
| <input type="checkbox"/> Tourist | → SKIP to question 9 |
| <input type="checkbox"/> Visiting relatives or friends | → SKIP to question 9 |
| <input type="checkbox"/> Other, specify? _____ | → SKIP to question 9 |

8. **(if refugee or asylum seeker)** Where do you currently reside in Kenya? *Do not read.*

- Kalobeyei settlement → **SKIP to question 11**
- Kakuma camp → **SKIP to question 11**
- Dadaab camp → **SKIP to question 11**
- Other → **CONTINUE to question 9**

9. Where do you currently reside?

- a. County: *Use county codes* |_____|
- b. Location: *Use location codes* |_____|

10. Is the place that you are currently residing in located within a town or a trading centre?

- Yes
- No, lives in a village / rural area

10a. **(if yes)** What is the name of the town or trading centre? *Use town codes* |_____|

11. a. Did you live in [County], [Location], [Camp] in January 2020? Yes / No

b. **(if No)** When did you move to [County], [Location]? *In case there were repeated migrations, give the date you LAST came back to live in [County], [Location]*

- In the past 7 days
- In the 7 days before that (between 14 to 7 days ago)
- May 2020
- April 2020
- March 2020
- February 2020
- January 2020
- Birth Place/ Permanent Home

c. **(if No)** Why did you move to [County], [Location]? *Do not read. Use g5 codes (below).*

- To avoid the lockdown
- School / university closed
- Parents moved
- Parents / guardian died
- Schooling/training
- Marriage
- To look for work
- To start a new job that you have already been hired for
- Drought/ famine/ flood
- Return to permanent home
- For fun/ new experience/ adventure
- Care for relative/friend
- To be near people of my tribe/ethnic group
- Just visiting
- Election Related
- Job Transfer
- Separation
- Divorce
- Job termination
- Political unrest
- Resettled by UNHCR
- Other: _____

12. What is your marital status? *Do not read.*

- Married monogamous, living with spouse
- Married monogamous, not living with spouse
- Married polygamous, living with spouse
- Married polygamous, not living with spouse
- Not married, but living together
- Separated

- Divorced
- Widow or widower
- Never married

13. In case we cannot reach you on this phone number in the future, is there another phone number where we can reach you? Yes / No

14. How many other numbers would you like to provide, so that we can reach out to you in the future? *Limit to 5 phone numbers.*

Loop through phone numbers {

a. Phone #:

b. Who's phone is this?

- Mine
 - My friend's/ relative
 - My village chief's
 - Someone in my household
 - Don't know
 - Refused
- }

Part B: Household Information

Read: Now we'd like to talk about your household, defined as a person, or group of people that "eat from the same pot" and spend 4 nights or more in an average week sleeping in your home.

15. What is your relationship to the head of household? *Do not read.*

- Self
- Current spouse / partner
- Former spouse / partner
- Son/ Daughter
- Grandchild
- Sister/ Brother
- Father/ Mother
- Nephew/ Niece
- In-law
- Grandparent
- Other relative, specify: _____
- Non-relative

16. Currently, how many people in total (INCLUDING yourself) are in your household, "eat from the same pot" and spend 4 nights or more in an average week sleeping in your home? ***If the FR is live-in house help or a live-in guard and has a spouse or adult dependent(s) staying with them at the employer's house, only include these spouse/dependent(s) on the household***

roster (do not count their employer or the employer's family as part of the FR's household).

|_____| Adults (>= 18)

|_____| School aged children (5 - 17)

|_____| Young children(0 - 4)

- a. What is the birth date of the youngest household member? *If there are children in the household, this should be the birth date of the youngest child. If the exact day is not known, select the first of the month the person was born.* |_____| Month |_____| Date |_____| Year

17. Has your household moved together as a unit from [COUNTY], [LOCATION]/[CAMP] since January 2020?

|_____| Yes → **if yes, go to 18**

|_____| No → **if no, skip to 19**

18. Where was your household living in January 2020?

County: _____

Location: _____

18a. Why did the household move? **Don't read, just ask.** |_____| Use g5 codes (see above)

19. Please list all current ADULT (>=18) members of the household (OTHER THAN the FR):

a. Name |_____| Age: |_____| Gender: |_____|

i. **(If 17 = No):** Lived in [COUNTY], [LOCATION]/[CAMP] in Jan 2020: |_____|

b. Name |_____| Age: |_____| Gender: |_____|

i. **(If 17 = No):** Lived in [COUNTY], [LOCATION]/[CAMP] in Jan 2020: |_____|

c. Name |_____| Age: |_____| Gender: |_____|

i. **(If 17 = No):** Lived in [COUNTY], [LOCATION]/[CAMP] in Jan 2020: |_____|

d. ...

LOOP through members that lived elsewhere in Jan 2020 (if any) {

e. Why did [Name] join this household? **Don't read, just ask.** |_____| Use g5 codes (see above)

f. When did [Name] join this household?

|_____| In the past 7 days

|_____| In the 7 days before that (between 14 to 7 days ago)

|_____| May 2020

|_____| April 2020

|_____| March 2020

|_____| February 2020

|_____| January 2020

g. Where did [Name] live in January 2020?

i. County: *Use county codes*

ii. Location: *Use location codes*

}

19h. **[FO: Do not read]**: There are currently xx household members. Is this correct?

Yes No (if no: how many members are there? _____)

20. **(If q15 not "SELF")** Who is the household head? *Select one.*

[HH Member 1]

[HH Member 2]

[HH Member 3]

....

a. **(If q15 not "SELF")** What is the household head's full name? *This is the name, as it would appear on a government ID.*

/ /
First name Middle name Last name

21. In January 2020, were there any other ADULT (>=18) household members that are no longer part of the household? Yes / No

21a. **(if yes)** Please list all ADULT (>=18) members of the household in January 2020, that are no longer part of the household.

i. Name Age:

ii. Name Age:

iii. Name Age:

iv. ...

21b. **(if yes) LOOP through members that left {**

i. Why is [Name] no longer a member of this household?

Moved away

Deceased

Don't know

Refused

ii. (if moved away) Why did this person move away? *Use g5 codes (see above)*

iii. (if deceased) I am sorry for the loss. I understand this may be painful to talk about, but what was the cause of death? *Use d1 codes (below)*

Cancer

Heart attack/stroke

COVID-19 confirmed

Flu-like symptoms (fever, cough, pneumonia, etc.)

- Other health/medical condition, please specify: _____
- Road accident
- Workplace accident
- Home accident
- Committed suicide
- Slain
- Other, please specify: _____

iv. When did [Name] move away / pass away? stop being a member of this household?

- In the past 7 days
- In the 7 days before that (between 14 to 7 days ago)
- May 2020
- April 2020
- March 2020
- February 2020
- January 2020

v. (if moved away) Where did [Name] move to?

- i. County: *Use county codes*
- ii. Location: *Use location codes*

}

22. What is the predominant floor material of the [MAIN] dwelling unit? **Do not read.** *Select all that apply. Use materials codes (below).*

- Earth/Sand
- Dung
- Wood Planks/Shingles
- Palm/Bamboo
- Parquet Or Polished Wood
- Vinyl Or Asphalt Strips
- Ceramic Tiles
- Cement
- Carpet
- Other, please specify: _____
- Don't know
- Refused

23. What is the predominant wall material of the [MAIN] dwelling unit? **Do not read.** *Select all that apply. Use materials codes.*

- No walls
- Cane/Palm/Trunks
- Grass/Reeds
- Mud/Cow Dung
- Bamboo with mud

- Stone with mud
- Uncovered adobe
- Plywood
- Cardboard
- Reused wood
- Corrugated iron sheets
- Cement
- Stone with lime/cement
- Bricks
- Cement blocks
- Covered adobe
- Wood planks/shingles
- Other, please specify: _____
- Don't know
- Refused

24. a. Is your home physically connected to the electricity grid? Yes / No
If NO, skip to question 25.

- b. Have you used electricity from the grid in your home in the past 7 days (for example, a lightbulb, or a cell phone charger)? **Do not read, simply code the FR's response**
- Yes
 - No, it was disconnected because I did not pay Kenya Power
 - No, there is a power outage (due to e.g. heavy rain, a fallen tree, a blown fuse, the transformer blew up)
 - No, for another reason (specify): _____

25. Did anyone in your household own any of the following before March 2020? *Select all that apply.*

- None
- Radio
- Mattress
- Charcoal Jiko
- Refrigerator
- Don't know
- Refused

26. In total, how many mobile phone numbers do ALL members of your household use? *Include all members of the household, and all connected mobile phone numbers. That is, if one person owns two numbers, count both.* |_____|

Section 3: Travel Patterns & Interactions

1. In the past 14 days, which ADULT household members visited a market center/village/supermarket for purchasing goods? *Tick all that apply*
- None

- FR
- HH member 2
- HH member 3
- ...

2. **(if FR selected)** How many times have you personally visited a market center/village/supermarket for purchasing or selling goods or services? *Count each visit separately. Include trips to a shop WITHIN the same village / neighborhood.*

In the past 7 days:

In the 7 days before that (between 14 to 7 days ago):

3. In the last week, did you need to go to the bank, money agent (western union, moneygram, mobile money) or use the ATM? Yes / No

3a. Were you able to successfully access it? Yes / No / Refused

3b. Why were you not able to access it?

Office was closed

Movement restriction

Afraid to go out because of coronavirus

Other, specify

4. a. In the past 14 days, has any member of your household attended religious services in person? *Select all that apply.*

Yes, this week (in the past 7 days)

Yes, last week (between 14 to 7 days ago)

Yes, both this week and last week

No

b. **(if any selected)** Which denomination(s)? *Select all that apply.* **Use g11 codes**

5. In the past 14 days, did anyone from your household visit someone else's houses, or did anyone from outside the household visit your house for more than 15 minutes? *E.g. joint meals, working together, etc.* Yes / No

6. Taken together, how many people outside this household have you interacted with in-person? *By interact, we mean talk, touch, hug, etc. Do not count people you only crossed on the street and had no interaction with.*

Today

In the past 7 days:

7. How many people have you talked with on the phone or exchanged text messages with?

Today

In the past 7 days:

If school-aged children in the household, continue. Else skip to section 4.

8. Have your children between 5 - 17 years been engaged in any education or learning activities in the last week? Yes / No / DK

9. Are these children going to public school, private school or both public and private school?

Do not read.

Public

Private

Both

Don't know

Refused

10. Are all these children going to school now? Yes / No

10a. **(if No)** Why are the children that are not going to school staying home? *Do not read.*

Select all that apply.

Schools are closed due to virus

No money -uniforms, transport, books, fees etc.

Children needed to work/ Work in household

School too far from home/ No school close by

Fear of Coronavirus infection

Illness or disability

Poor quality of schools

Other, specify: _____

10b. **(if No)** Where are your children staying during the day? *Select all that apply.*

(1=At home with a parent, 2=At home with another adult relative/friend, 3=At home by themselves, 4=Outside the home with a friend/relative, 5=Coming with family member to work, 6=Daycare / other childcare, 7=At home with maid / domestic helper, 8=Other (specify) _____

10c. **(if schools closed)** Did you (or your children) have access to their teachers in the last week?

Yes / No

10d. **(if Yes)** How did you or your children have access to their teachers in the last week?

Do not read. Select all that apply.

In person

SMS

Online applications

Email

Mail

- Telephone (call)
- WhatsApp
- Facebook
- Other, specify: _____
- Don't know
- Refused

Ask about a random school aged child (5 or older and under 18) in the household. Read:
 You said you have [number school-aged] school aged children. Among those [number school-age], I'd now like to ask you about the [1st, 2nd, 3rd] born child.

11. What is this child's name? |_____| Age: |_____|

12. Now I'd like you to think about **[child]**. Right now, over the last 15 minutes, what is **[child]** doing? *If more than one, select the main activity.*
 (0=At school, 1=Sleeping, 2=Eating, 3=Playing outside, within compound/homestead, 4=Playing outside, outside compound/homestead, 5=Playing games on smartphone/tablet/computer, 6=Other playing inside, 7=Watching TV, 8=Reading/homework/schoolwork, 9=Household chores, 10 = Resting/Sitting, 11 = Not at Home / Don't Know, 12 = Doing pastoral/agricultural activity or helping a parent with work, -77=Other (specify)) |_____| Other: _____

13. In the last week, has **[child]** done any learning-related activities? *Select all that apply.*

- a. None
- b. Went to school
- c. Use self-prepared materials
- d. Homework / teaching materials prepared / assigned by the school
- e. E-learning modules prepared by the school
- f. Free online / mobile educational videos
- g. Educational radio programs
- h. Reading school textbooks
- i. Reading for pleasure
- j. Learn how to plant fruit or vegetables
- k. Other: _____

14. How many primary school students in your household rely on the government sponsored school meals to have one hot meal in a day?|_____|

15. Since March 2020, has the number of primary school students in your household relying on the government sponsored school meals... **Read options.**

- Increased
- Stayed the same
- Decreased

Section 4: Employment

Section 4a: Farming

1. In the past 14 days, have any household members performed any agricultural or pastoral activities? *Select all that apply.*
- Yes, agricultural activities
- Yes, pastoral activities
(incl. Livestock, herding, fish ponds, fishing, poultry, etc.)
- No

If No, SKIP to question 9.

2. In the past 7 days, how many hours did each of the following household members perform those agricultural or pastoral activities? *Put 0 for those that did not work.*
- FR Hours:
 - HH member 2 Hours:
 - HH member 3 Hours:
 - ...
 - All children combined Hours:
3. In the past 14 days, how many workers from outside the household did your household employ for all agricultural and pastoral activities combined? *Include casual workers and volunteers.*

If ONLY PASTORALIST, SKIP to question 9.

4. What is the total size of the land you used for this activity in the last 12 months? *1 Hectare ≈ 2.5 Acres* Acres
5. What is the most important crop for your household?
- Maize
- Sorghum
- Beans
- Cassava
- Millet
- Sugarcane
- Groundnuts
- Kale
- Sweet potato
- Banana / Plantain
- Coffee
- Tea

- Potatoes (Irish or White)
 Other: _____

6. In which phase of the crop cycle are you?

- Land preparation
 Planting
 Crop on the farm: Applying inputs, weeding
 Harvesting
 Selling
 None of the above (off-season)

7. **(if planting)** In this planting season, did your household plant more, less or the same as last planting season?

- More Same Less
 Did not plant last season Did not plant this season

7a. **(if less than last year / did not plant this season)** Why did you plant less than last year? *Do not read.*

- I expect I won't be able to sell as much produce
 I expect prices will be lower
 I, or other members of the household, migrated
 I, or other members of the household were ill
 I had difficulty hiring workers
 I had to take care of an ill relative
 Travel restrictions for me or my workers
 Market closures
 Usual suppliers are not operating
 Suppliers are operating, but do not have enough stock for me
 Supplies / materials were more expensive than usual
 Other: _____

7b. **(if more than last year / did not plant last season)** Why did you plant more than last year? *Do not read.*

- I think I will need more food for our own household consumption
 I think I will be able to sell more this year
 I think prices will be higher this year
 My farm is growing every year
 Other: _____

8. **(if harvesting)** In this harvesting season, did your household harvest more, less or the same as last harvesting season?

- More Same Less Did not plant last season/this season

8a. **(if less than last year)** Why did you harvest less than last year? **Do not read.** *Select all that apply.*

- Usual fluctuations across year
- Bad harvests because of locusts
- Bad harvest because of bad rain
- Bad harvest for other reasons: _____
- I expect I won't be able to sell as much produce
- I expect prices will be lower
- I, or other members of the household, migrated
- I, or other members of the household were ill
- I had difficulty hiring workers
- I had to take care of an ill relative
- Travel restrictions for me or my workers
- Market closures
- Usual suppliers are not operating
- Suppliers are operating, but do not have enough stock for me
- Supplies / materials were more expensive than usual
- Other: _____

8b. **(if more than last year)** Why did you harvest more than last year? **Do not read.** *Select all that apply.*

- Usual fluctuations across years
- Good harvest because of good rains
- Good harvest for other reasons: _____
- We bought more land
- Household members worked on our farm more than last year
- We hired more workers than last year
- More demand
- I think I will need more food for our own household consumption
- I think I will be able to sell more this year
- I think prices will be higher this year
- My farm is growing every year
- Other: _____

If ONLY AGRICULTURAL, SKIP to question 10.

9. What is the current market value of all your livestock combined? _____ KSh

10. **(if any ag activity)** In the past 14 days, what were the total earnings for your household for those agricultural and pastoralist activities combined? _____ KSh

10a. How much were the total earnings for your household from agricultural and pastoral

activities over the same 14-day period last year? [____] KSh

10b. (if lower than usual) Why are your sales lower than last year? **Do not read.** *Select all that apply.* [____] Usual fluctuations across years

- Bad harvests because of locusts
- Bad harvest because of bad rain
- Bad harvest for other reasons: _____
- Sold livestock
- Animals were ill
- I sold land
- Household members worked less
- I hired less workers
- I hold on to my produce because of uncertainty
- I hold on to my produce because prices will go up
- I have less demand
- Travel restrictions for me
- Travel restrictions for my customers
- Market closures
- Usual suppliers are not operating
- Suppliers are operating, but do not have enough stock for me
- Supplies / materials were more expensive than usual
- Other: _____

10c. (if higher than last year) Why are your sales higher than last year? **Do not read.** *Select all that apply.*

- Usual fluctuations across years
- Good harvest because of good rains
- Good harvest for other reasons: _____
- We bought more land
- Household members worked on our farm more than last year
- We hired more workers than last year
- More demand
- I think I will need more food for our own household consumption
- I think I will be able to sell more this year
- I think prices will be higher this year
- My farm is growing every year
- Other: _____

Section 4b: Family business

11. Since January 2020, other than farming, how many non-agricultural self-employed enterprises have members of your household run? | *Include enterprises operating at ANY point since January 2020, regardless if still operating or not. Enter 0 if none.*

If > 0, loop through each enterprise. If none, go to question 23. {

12. a. Enterprise name: _____

b. What category is/was this enterprise? *Select one.*

- Agriculture, forestry and fishing
- Mining and quarrying
- Manufacturing
- Electricity, gas, steam and air conditioning supply
- Water supply; sewerage, waste management and remediation activities
- Construction
- Wholesale and retail trade; repair of motor vehicles and motorcycles
- Transportation and storage
- Accommodation and food service activities
- Information and communication
- Financial and insurance activities
- Real estate activities
- Professional, scientific and technical activities
- Administrative and support service activities
- Public administration and defence; compulsory social security
- Education
- Human health and social work activities
- Arts, entertainment and recreation
- Other service activities: _____
- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use
- Activities of extraterritorial organizations and bodies
- Other, please specify: _____

c. Is the enterprise related to the tourism sector? Yes / No

d. When was this enterprise established: (month/year). *FR may estimate if they don't know exactly.:*

i. Month (-99 for DK): _____

ii. Year (-9999 for DK): _____

13. Is this enterprise currently operating?

Yes

- No, temporarily closed -- mandated by government
- No, temporarily closed -- own choice
- No, permanently closed

If temporarily or permanently closed, CONTINUE. If YES, go to question 16.

14. When did this enterprise stop operating? **Note:** *If the enterprise shut down BEFORE January 2020, we do not want to include it. Go back and change the number of enterprises.*

- In the past 7 days
- In the past 7 days before that (between 14 to 7 days ago)
- May 2020
- April 2020
- March 2020
- February 2020
- January 2020

15. Why did this enterprise stop operating? **Do not read. Simply record the answer. Select all that apply.**

- Closed because of lockdown/curfew
- Closed because of worries about COVID-19/coronavirus
- Seasonal closure / usually closed in this season
- Cannot get inputs
- Cannot travel or transport goods
- Need to take care of an ill relative
- Lack of demand
- Lack of enough capital
- Business running at a loss
- Enterprise owner deceased
- Theft / vandalism
- Government requirements (by-laws, trading licenses)
- Mechanical breakdown
- Dissolution of the business by the partners
- Other: _____
- Don't know

Note: *If temporarily or permanently closed, we want the following information at the time the enterprise shut down.*

16. How many employees work in this enterprise? **Note:** *Count ALL the employees/workers; If FR is the enterprise owner and works in this enterprise, then the FR should be included in the count. Include temporary and part-time workers, and those that work for no pay.*

17. How many employees were laid off in the...? *Include zero none option. Show on one screen.*

- In the past 7 days
- In the 7 days before that (between 14 to 7 days ago)
- May 2020
- April 2020
- March 2020
- February 2020
- January 2020

17a. **(if any)** Why were those employees laid off? *Select all that apply.*

- Retirement
- Seasonal layoff / usually lay off people in this season
- Worker was not good
- Worker got another job
- Business is worse because of lockdown/curfew
- Business is worse because of worries about COVID-19/coronavirus
- Worker had to take care of ill relative
- Worker migrated elsewhere
- Lack of demand
- Lack of enough capital
- Business running at a loss
- Other: _____
- Don't know

18. What were the total earnings / revenue (money in only - do not subtract any expenses) of this enterprise in the last 14 days weeks? |_____| KSh

19. In a typical 2-week period in February 2020, what were the total earnings / revenue of this enterprise (money in only - do not subtract any expenses)?

|_____| KSh

19a. **(if higher)** Why were your earnings / revenue higher than usual? *Tick all that apply.*

- Usual business fluctuations
- Seasonal changes in activity
- My business is growing because I have invested
- I have more demand
- I lowered my prices
- My customers want to stock up for an uncertain future
- My customers want to stock up because of travel restrictions
- Other: _____

19b. **(if lower than usual)** Why were your earnings / revenue lower than usual? *Tick all that apply.*

- Usual business fluctuations
- Seasonal changes in activity
- I have less demand
- Travel restrictions for me
- Travel restrictions for my customers
- Market closures
- Usual suppliers are not operating
- Suppliers are operating, but do not have enough stock for me
- Supplies / materials were more expensive than usual
- Other: _____

19c. At the current scale of operations, how many weeks could you survive without selling additional assets or getting additional assistance / loans to continue your business operations?
|_____|

19d. In your view, what types of government or external assistance policies will benefit your family business the most during the COVID-19 crisis? **Read options. Choose up to 3 options.**

- Rental or utilities deferral
- Access to micro loans and credit guarantees
- Salary subsidies
- Cash transfers and unemployment benefits
- Inventory management and preservation
- Training for digital marketing and selling
- Subsidized provision of products and services by suppliers
- Other, please specify: _____

20. What was the total profit of this enterprise over the past 14 days? *Note: In Ksh. Here we mean the amount you received after paying for expenses for this business, including hired workers, money for household members who helped, purchase of goods for sale or for inputs, such as raw materials, fuel, and electricity, but before purchasing personal items for yourself or your household. If unsure, FR can estimate. Ask in terms of ""commission"" if the FR runs an M-Pesa shop.)* |_____| KSh

20a. In a typical 2-week period in February 2020, what was the total profit of this enterprise?
|_____| KSh

21. Have you adjusted your business model to reduce direct customer interaction (online, delivery, take-away) due to the COVID-19 crisis? Yes / No
If Yes, skip to 21b, if No, CONTINUE

21a. **(if No)** Are you planning to adjust your business model to reduce direct customer interaction? Yes / No **If Yes, CONTINUE, if No, SKIP to question 22**

21b. What adjustments have you made or are you planning to make? *Do not read. Select all*

that apply.

- Use of the phone for marketing, placing orders, customer service, etc.
- Use of internet, online social media, specialized apps, or digital platforms
- Switched to delivery service only
- Changed product/service offering
- Other, please specify: _____

}

22. **(If ANY enterprises currently operating or if any closed in the past 7 days)** In the past 7 days, how many hours did each of those HH members perform those non-agricultural self-employed activities? *If a household member worked in multiple businesses, add the hours of all businesses combined. Put 0 for those that did not work.*

- FR Hours:
- HH member 2 Hours:
- HH member 3 Hours:
- ...
- All children combined Hours:
(include and sum up the work done by all HH members 18 years or younger)

Section 4c: Wage Employment

23. Which ADULT household members are currently employed, working for pay? *Include work that is not paid, but is done for training purposes, such as volunteering, internships, traineeships, etc. Select all that apply.*

- None
- FR
- HH member 2
- HH member 3
- ...

If any currently employed, LOOP through each. O/w skip to question 33 {

24. What is the industry in which [NAME] was working? ***Do not read. Simply record the answer.***

- Agriculture, forestry and fishing
- Mining and quarrying
- Manufacturing
- Electricity, gas, steam and air conditioning supply
- Water supply; sewerage, waste management and remediation activities
- Construction
- Wholesale and retail trade; repair of motor vehicles and motorcycles
- Transportation and storage

- Accommodation and food service activities
- Information and communication
- Financial and insurance activities
- Real estate activities
- Professional, scientific and technical activities
- Administrative and support service activities
- Public administration and defence; compulsory social security
- Education
- Human health and social work activities
- Arts, entertainment and recreation
- Other service activities: _____
- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use
- Activities of extraterritorial organizations and bodies
- Other, please specify: _____

25. Is [NAME]'s employment related to the tourism sector? Yes / No

26. What kind of contract does [NAME] have for this job?

- None
- Permanent
- Fixed-term
- Hourly

27. In the last 7 days, how many hours has [NAME] worked for wages? Enter 0 if none.

27a. Did [NAME] work in this job before March 2020? Yes / No

If Yes, continue. If No, Skip to question 28.

27b. Before March 2020, how many hours was [NAME] working over a typical 7 day period?

Enter 0 if none.

28. In the past 14 days, what was the total cash salary of [NAME]? *Include only salary paid for work performed in the last 14 days. Also include the salary they EXPECT to get from the work performed in the last 14 days, even if they have not yet been paid. If an employee was paid even though they did not work, include this as well. Do not include pay for work performed more than 14 days ago.*

KSh.

28a. **(if 27a = Yes)** In a typical 2-week period (if in February 2020, what was the cash salary of [NAME]? KSh

29. How many employees work in the business that [NAME] works in as their main job? *If DK, can estimate.* |_____|

30. Does [NAME] currently receive any of the following benefits from their employer? **Read options.**

Medical Insurance

Social security coverage

Sick leave

Subsidized meals

Subsidized lodging

Other, specify: _____

None

31. Is [NAME] currently...

Working from home

Working partly from home, partly as usual

Going to work as the usual workplace outside the home

32. **(if going to work as usual)** Could [NAME] work from home in principle? Yes / No

}

33. Since January 2020, which ADULT members of this household were laid off / lost their job involuntarily (even if only temporarily)?

None

FR

HH member 2

HH member 3

...

(if any) LOOP through laid off workers. Otherwise SKIP to question 34 {

Note: For the following questions, if a HH member lost multiple jobs since January 2020, please only report the most recent.

33a. What industry was [NAME] employed in? **Do not read. Simply record the answer.**

Agriculture, forestry and fishing

Mining and quarrying

Manufacturing

Electricity, gas, steam and air conditioning supply

Water supply; sewerage, waste management and remediation activities

Construction

Wholesale and retail trade; repair of motor vehicles and motorcycles

- Transportation and storage
- Accommodation and food service activities
- Information and communication
- Financial and insurance activities
- Real estate activities
- Professional, scientific and technical activities
- Administrative and support service activities
- Public administration and defence; compulsory social security
- Education
- Human health and social work activities
- Arts, entertainment and recreation
- Other service activities: _____
- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use
- Activities of extraterritorial organizations and bodies
- Other, please specify: _____

33b. Was [NAME]'s employment related to the tourism sector? Yes / No/Don't Know

33c. When did [NAME] get laid off / lose their job?

- In the past 7 days
- In the 7 days before that (between 14 to 7 days ago)
- May 2020 April 2020
- March 2020
- February 2020
- January 2020
- Before January 2020

33d. Why did [NAME] get laid off / lose their job?

- Retirement
- Seasonal layoff / usually lay off people in this season
- Got another job
- Employer business shut down / was closed
- Business is worse because of lockdown/curfew
- Business is worse because of worries about COVID-19/coronavirus
- [NAME] had to take care of ill relative
- [NAME] had to migrate elsewhere
- Employer had lack of demand
- Employer lacked enough capital
- Employer running at a loss

- Employer deceased
- Other: _____
- Don't know

33e. Does [NAME] expect to return to their previous employment? Yes / No

33f. **(if Yes)** When does [NAME] expect to return to their previous employment?

- In a few days
- In a few weeks
- In the next 3 months
- More than 3 months from now
- Next year
- Don't know
- Refused to answer

}

34. Were you working before March 2020? Yes / No / DK / Refuse

35. **(if yes)** How many hours did you usually work per week?

36. In the past 4 weeks, which household members were actively looking for paid work or tried to start any kind of business/income generating activity?

- None
- FR
- HH member 2
- HH member 3
- ...

37. If they were offered a job, which of your household members would be available to start working within the coming 4 weeks?

- None
- FR
- HH member 2
- HH member 3
- ...

38. In the last 7 days, how many hours have you spent doing childcare for your household, even if it overlapped with other tasks? hours (DK=-99, N/A=88)

Section 5: Food Security

Section 5.1: Consumption module

1. **Read:** Think of all the food your household consumed in the last 7 days. How much, in total, did you consume from your own agricultural or pastoral production? *E.g. crops you grew, livestock you owned and slaughtered, animal products like eggs, etc.*

Prompt for KSh. If not in KSh, ask how much that amount would have cost if they had bought it at the market over the last 7 days.

2. In the last 7 days, did your household receive any gifts of food from other households for your consumption? *Include food you exchanged, shared meals, etc.*

Yes / No

2a. If yes, what was the total value of those gifts?

Prompt for KSh. If not in KSh, ask how much that amount would have cost if they had bought it at the market over the last 7 days.

3. **Read:** Now think of all the purchases your household made in the last 7 days.

CATEGORY	In the past 7 days, how much did members of your household spend on [CATEGORY]? Prompt for shillings. If not in KSh, ask how much that amount would have cost if they had bought it at the market over the last 7 days.
Groceries / Food <i>Include all meat, fish, eggs, dairy, oils, fats, vegetables, fruit, sugar products and drinks</i>	<input type="text"/> KSh
	In the past 2 weeks, how much did members of your household spend on [CATEGORY]? Prompt for shillings. If not in KSh, ask how much that amount would have cost if they had bought it at the market over the last 2 weeks.
Household and personal items <i>soap, cleaning agents, toilet paper/tissues, air freshener, shoe polish, insecticide, matches, candles, toiletries, cosmetics</i>	<input type="text"/> KSh
Assets / Durables. FO: Read categories, and sum up <i>1 Vehicles (car, boat, bike, motorbike, handcarts, etc.)</i> <i>2 Furniture (bed, chair, vases, mirror, etc.)</i>	<input type="text"/> KSh

3 Kitchen and other equipment (cutlery, pots, pans, plates, etc.) 4 Electronic equipment, (lamps, mobile phone, television, etc.) 5 Tools 6 Livestock	
Local Services Maize grinding, haircuts, prepared meals eaten outside the home, bicycle repair, recreation, etc.	_____ KSh
Communication Airtime, internet, other phone expenses	_____ KSh
Housing Rent, mortgage, home maintenance and repairs	_____ KSh
Energy and Utilities Electricity, water, firewood, charcoal, kerosene	_____ KSh
Transport Petrol, tolls, transport such as taxi/bus/matatu/boda/piki/train/flight fare, hotel stays (NOT including medical reasons)	_____ KSh
Medical expenses consultation fees, medicines, hospital costs, lab test costs, ambulance costs, and related transport	_____ KSh

5.2 Prices

Note: Each HH will only be asked about a random subset of 4 of those items.

PRODUCT	UNIT	1. In the past 14 days, did your household purchase [PRODUCT]? Yes / No. Does not need to be the exact same unit listed.	2. What is the current price of [UNIT] of [PRODUCT] in the nearest market? <i>That is, what did you (or would you) pay if you bought this item today. Prompt if the product is currently available at your local village / market. If not available, enter -98.</i>
Maize	2kg	____	_____ KSh
Beans	2kg	____	_____ KSh
Rice	1kg	____	_____ KSh
Tomatoes	Four	____	_____ KSh
Onions	Four	____	_____ KSh
Banana-sweet	Bunch	____	_____ KSh
Egg	One	____	_____ KSh
Beef meat	1kg	____	_____ KSh
Fish (Tilapia)	Whole	____	_____ KSh
Sugar	1kg	____	_____ KSh
Bar Soap	One	____	_____ KSh

Charcoal	2kg	<input type="checkbox"/>	<input type="checkbox"/> KSh
Calf (local)	One	<input type="checkbox"/>	<input type="checkbox"/> KSh
Goat	One	<input type="checkbox"/>	<input type="checkbox"/> KSh
Chicken (hen)	One	<input type="checkbox"/>	<input type="checkbox"/> KSh
Panadol	Pair	<input type="checkbox"/>	<input type="checkbox"/> KSh
Adult head shaving	One	<input type="checkbox"/>	<input type="checkbox"/> KSh
Fixing a small hole at a tailor	One	<input type="checkbox"/>	<input type="checkbox"/> KSh

Section 5.3: Food Security

4. In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?
 Yes, at least once / No, always sufficient

5. Now I would like to ask you some questions about food. During the last 30 days, was there a time when you, or any other adult in your household, were hungry but did not eat because there was not enough money or other resources for food? Yes / No / DK

6. In the last 30 days, did you worry that your household would not have enough food? (1=Yes, 2=No)

	In the past 7 DAYS, how many days have ADULTS in your household...	In the past 7 DAYS, how many days have CHILDREN (<18) in your household...
7. ...gone to bed hungry?	a. <input type="checkbox"/>	b. <input type="checkbox"/>
8. ... skipped meals or cut the amount of meals?	a. <input type="checkbox"/>	b. <input type="checkbox"/>
9. ...gone entire days without food?	a. <input type="checkbox"/>	b. <input type="checkbox"/>

10. Did any of the meals your household ate yesterday include... (1=Yes, 2=No)
 - a. Meat or fish? *Omena (small fish) should be included. Do not include eggs*
 - b. Eggs?

Section 6: INCOME LOSS

1. In the past 14 days, did your household sell any livestock, or other household assets to generate income? [Vehicles, Furniture, kitchen or electronic equipment, tools]
 - No
 - Yes, livestock
 - Yes, other assets

1a. **(if assets)** Which assets? *Select all that apply.*

- Vehicles (car, boat, bike, motorbike, handcarts, etc.)
- Furniture (bed, chair, vases, mirror, etc.)
- Kitchen and other equipment (cutlery, pots, pans, plates, etc.)
- Electronic equipment, (lamps, mobile phone, television, etc.)
- Tools
- Other: _____

1b. **(if yes)** What was the value of all the assets / livestock you sold in the past 14 days?

_____ KSh

2. In the past 14 days, did anyone in this household take out a new loan for use on household consumption? Yes / No

2a. **(if yes)** What kind of loan? *Select all that apply.*

- loan from a friend / relative
- commercial bank / commercial lender
- mobile lending (MShwari, etc.)
- money lender / shylock
- SACCO
- Merry-go-round / ROSCA
- Other: _____

2b. **(if yes)** What was the total value of these loans? _____ KSh

Section 7: Transfers

1. Does your HH usually receive remittance from family members who work in another place or other country? Yes / No / DK

2. In the past 14 days, did anyone in this household receive a gift / assistance of money or goods from someone outside the household? *Do not include transfers from the government or employers; also do not include loans or interest payments, or goods that the household purchased. If FR is in boarding school count gifts from parents as transfers.*

- No
- Yes, from outside Kenya
- Yes, from within Kenya

2a. **(if any yes)** What was the total value? _____ KSh

2b. In a typical 2-week period in February 2020, how much did your household receive in gift / assistance of money or goods from someone outside the household?

|_____| KSh

3. In the past 14 days, did anyone in this household give or send money or goods to someone outside the household? (1=Yes, 2=No) |_____|

3a. **(if yes)** What was the total value? |_____| KSh

3b. In a typical 2-week period in February 2020, how much did this household send in money or goods to someone outside the household?

|_____| KSh

4. In the past 14 days, did anyone in this household receive a gift / assistance of money or goods, or job from a government program? *For example, the Kenyan National Safety Net Programme, but all other government programs are also included. Prompt and give a few examples.*

|_____| No

|_____| Yes, from outside Kenya

|_____| Yes, from within Kenya

4a. **[if yes]** What was the total value? |_____| KSh

4b. In a typical 2-week period in February 2020, how much did this household receive in gift / assistance of money or goods, or job from a government program?

|_____| KSh

5. In the past 14 days, did anyone in this household receive a gift / assistance of money or goods from a non-governmental organization or community group?

5a. **[if yes]** What was the total value? |_____| KSh

5b. In a typical 2-week period in February 2020, how much did this household receive in gift / assistance of money or goods from a non-governmental organization or community group?

|_____| KSh

6. In the past 14 days, did anyone in this household receive a gift / assistance of money or goods from an individual politician or government official?

6a. **[if yes]** What was the total value? |_____| KSh

6b. In a typical 2-week period in February 2020, how much did this household receive in gift / assistance of money or goods, from an individual politician or government official?

|_____| KSh

Section 8: Subjective Welfare

The 50% of households that are assigned this section, the other 50% are assigned section 11.

Read: I will read out a list of some of the ways you may feel or behave. Please indicate how many days you have felt this way during the past 7 days.

FO: Use the following scale while coding:

- 0 = Not at all or less than 1 day
- 1 = 1-2 days
- 2 = 3-4 days
- 3 = 5-7 days

Don't read: -88 = Refuse to answer

In the past 7 days, how many days.....

- 1. ...have you felt nervous, anxious, or on edge?
- 2. ...have you felt depressed?
- 3. ...have you felt lonely?
- 4. ...have you felt hopeful about the future?
- 5. ...have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience (e.g., social distancing, loss of income/work, concerns about infection) with the coronavirus/COVID-19 pandemic?

Section 9: Health

1. Now I'm going to ask you some questions on your health that in some way may touch your private life. You may have experienced some of these illnesses or not. Please let me know if **you** have experienced any of these illnesses or symptoms in the past 14 days.

(A) Fever	<input type="text"/>	(G) Difficulty breathing / Chest tightness	<input type="text"/>
(B) Persistent cough	<input type="text"/>	(H) Runny nose	<input type="text"/>
(C) Always feeling tired	<input type="text"/>	(I) Sore throat	<input type="text"/>
(D) Muscle pain (myalgia)	<input type="text"/>	(J) Pneumonia	<input type="text"/>
(E) Headache	<input type="text"/>	(K) Loss of sense of smell / not being able to taste food	<input type="text"/>
(F) Diarrhea / Nausea / vomiting	<input type="text"/>	(L) None of the above	<input type="text"/>

If YES to any, continue. If NO, skip to question 2.

1a. How many days ago did these symptoms first appear? Days

1b. Have these symptoms resolved? Yes / No

2. In the past 14 days, which OTHER household members had any of the above symptoms?
Exclude chronic conditions.

None
 HH member 2
 HH member 3
 ...
 Any child household member

2a (if any) Have these symptoms resolved? Yes / No

3. In the past 30 days, have you or any member of your household needed medical treatment or needed to make routine visits to a health facility? *Include check-ups, chronic illnesses, emergency visits, etc.?* Yes / No

If No, SKIP to question 10. If YES, continue.

4. What was the reason for needing this treatment? *Select all that apply. Use major health problem codes (below)*

<input type="checkbox"/> Pregnancy - Prenatal checkups	→ CONTINUE to question 5
<input type="checkbox"/> Giving birth	→ SKIP to question 7
<input type="checkbox"/> Routine Check-Up: General Health	→ CONTINUE to question 5
<input type="checkbox"/> Routine Check-Up: Cancer	→ CONTINUE to question 5
<input type="checkbox"/> Routine Check-Up: Chronic heart disease	→ CONTINUE to question 5
<input type="checkbox"/> Routine Check-Up: Chronic lung disease	→ CONTINUE to question 5
<input type="checkbox"/> Malaria	→ SKIP to question 7
<input type="checkbox"/> Testing for Covid-19 / coronavirus	→ SKIP to question 9
<input type="checkbox"/> Flu-Like Symptoms (fever, cough, pneumonia, etc.)	→ SKIP to question 7
<input type="checkbox"/> Gastrointestinal Illness (Stomach Pain, Vomiting, Diarrhea, etc.)	→ SKIP to question 7
<input type="checkbox"/> HIV/AIDS related	→ SKIP to question 7
<input type="checkbox"/> Serious wound or injury	→ SKIP to question 7
<input type="checkbox"/> A major accident	→ SKIP to question 7
<input type="checkbox"/> Minor Pains (Back, Muscle, Knee, etc.)	→ SKIP to question 7
<input type="checkbox"/> For child's check-up (routine, vaccination, etc.)	→ SKIP to question 7
<input type="checkbox"/> Other, please specify: _____	→ SKIP to question 7

5. **(if prenatal, or routine checkup)** Compared to before March 2020, are you and/or this household member able to go for health check-ups as frequently? *Do not read.*

As frequently as before March
 Not as frequently but still able to go
 Not able to go at all

6. **(if not as frequently/not at all)** What is the reason for not being able to go as frequently as before or not able to go at all? *Do not read. Select all that apply.*

Fear of getting infected due to Coronavirus
 Long waiting lines

- Consulting doctor not available or busy due to high demand
- Access to hospital denied
- Other reasons, please specify: _____
- Refused

7. **(if other health problem)** Were you or the member of your household able to access the medical treatment? Yes / No

If No , CONTINUE. If Yes, SKIP to question 9.

8. **(if no)** What was the reason you or the member of your household were not able to access the medical treatment? *Do not read. Select all that apply.*

- Lack of money
- No medical personnel available
- Health facility had limited supplies
- Turned away because facility was full
- Refused

9. **(if COVID / flu-like symptoms)** Which members of your household got tested for COVID-19? *Select all that apply.*

- None
- FR
- HH member 2
- HH member 3
- ...
- Any child household member

(if none) 9a. Did anyone try to get tested but was unable to? Yes / No

(if any) Loop through selected members {

9b. What was the outcome of the test for this person? Positive / Negative / Don't know yet

}

10. In the last week, has your household been unable to buy medicine?

- Yes / No / Not tried / Refused

11. Are you covered by health insurance? Yes / No

12. What is the source of health insurance?

- NHIF
- Private Insurance
- Universal Health Care
- Other, specify: _____

13. Has this insurance coverage provided you any of the following benefits: *Do not read. Select all that apply.*

- Easier access to facilities which I or my family members could not otherwise access
- Reduced out of pocket payments
- No concrete benefits
- Others, please specify: _____
- Refused

Section 10: COVID-19 Knowledge

1. Have you heard about the COVID-19 or the pandemic associated with the coronavirus?

(1=Yes, 2=No) **If YES, continue. If NO skip to next section.**

2. Do you know anyone that has, or has had, COVID-19/coronavirus? *By knowing someone, we mean someone you could identify by name, and that you have interacted with.* (1=Yes, 0=No)

If YES, continue. If NO skip to question 3.

a. Who are these persons? Select all that apply.

- Self
- Other household members: Who? _____ *Select all that apply.*
- Family members living in [VILLAGE / TOWN] (parents, siblings, relatives)
- Family members living in [COUNTY], but outside [VILLAGE / TOWN]
- Family members living outside [COUNTY]
- Someone from workplace
- Friends living in this [VILLAGE / TOWN]
- Friends living in [COUNTY], but outside [VILLAGE / TOWN]
- Friends living outside [COUNTY]
- Neighbors,
- Other: _____

b. Have these persons been asked to self-quarantine? Yes / No

c. Do you think people who have tested positive for Coronavirus will be perceived negatively by the community? Yes / No / Don't know

3. In case of exposure/ infection from COVID-19 would you have a place in your household to isolate a household member? Yes / No

4. What are the symptoms of COVID-19/coronavirus? *Select all that apply, list multiple symptoms under other if needed. (**DO NOT READ, simply code the FR's response**)*

- 1=Cough
- 2=Fever
- 3=Vomiting
- 4=Pneumonia
- 5=Loss of sense of smell
- 6=Pox / Boils / Rash

- 7=Nausea
- 8=Feeling unwell
- 9=Chronic fatigue/Feeling very tired
- 10=Sore throat
- 11=Diarrhea
- 12=Skin rashes
- 13=Unexplained bruises
- 14=Unexplained bleeding
- 15=Coughing blood
- 16=Nasal congestion
- 17=Headache
- 77= Other (specify) _____
- 99=DK

|__| / |__| / |__|

5. To your knowledge, what measures can you adopt to reduce the risk of contracting coronavirus? PLEASE READ ALOUD ALL MEASURES AND RECORD YES/NO FOR EACH OF THEM
- a. |__| Handwashing
 - b. |__| Use of sanitizer
 - c. |__| No Handshake or physical greetings
 - d. |__| Use of mask
 - e. |__| Use of gloves
 - f. |__| Avoid travel
 - g. |__| Staying at home and avoid going out unless necessary
 - h. |__| Avoid crowded places or gatherings with many people
 - i. |__| Maintain enough distance of at least 1 meter
 - j. |__| Avoiding touching your face
6. Have you changed your behavior in any way since learning about covid-19? |__| Yes / No
If YES, continue. If NO, skip to question 8.
- 6a. Last week, did you wash your hands with soap more often than you used to?
 |__| Yes / No / DK
- 6b. Last week, did you avoid handshakes or physical greetings? |__| Yes / No / DK
- 6c. Last week, did you avoid groups of more than 10 people such as family gatherings, parties, church / mosque, funerals, etc?
 |__| Yes / No / DK
7. In what other ways has your behavior changed in the past 7days? (**DO NOT READ, simply code the FR's response**)
- |__| Stay at home more
 - |__| Use hand sanitizer more frequently
 - |__| Travel outside of home area less

- | | |
|--|--|
| <input type="checkbox"/> Cover mouth more when cough or sneeze | <input type="checkbox"/> Go to work less |
| <input type="checkbox"/> Wear face mask | |
| <input type="checkbox"/> Stock up on food and other essentials | |
| <input type="checkbox"/> Drink warm/hot water | <input type="checkbox"/> Drink tea with lemon |
| <input type="checkbox"/> Eat fruits with vitamin C to boost immune system | |
| <input type="checkbox"/> Eat Lemon / Garlic / Avocado / Mango / any other type of food | |
| <input type="checkbox"/> Eat Alkaline foods | <input type="checkbox"/> Drink bicarbonate/baking soda |
| <input type="checkbox"/> Visited a doctor | <input type="checkbox"/> Cancelled visit to a doctor |
| <input type="checkbox"/> Prayed | <input type="checkbox"/> Returning home earlier at night |
| <input type="checkbox"/> Other: _____ | |

7a. **(if any selected)** Take a moment to think about other households in your community. Out of 10 such households, how many do you think practice the measures you just stated?

8. What sources have provided you with information about covid-19/coronavirus? *Select all that apply. (DO NOT READ, simply code the FR's response)*

News Source Choice List:

1=TV

2=Newspaper

3=National radio

4=Local (mother tongue) radio

5=International/Government agencies (Ministry of Health, WHO, CDC, etc)

6=News on internet

7=Whatsapp or SMS

8=Facebook

9=Twitter

10=Religious leaders (e.g., pastor, imam, etc.)

11=Local medical professionals (e.g., local pharmacist, doctors/nurses at community health center)

12=Other medical professionals (e.g., doctors, nurses, public health officials speaking on TV/Radio)

13=NGO's or CBO's

14=Political leaders (local or national)

15=Billboards or posters

16=School teachers

17=From friends, family, or colleagues

97=Other internet source (describe)

95=Other non-internet source (describe)

97=Other (describe)

9. Are you feeling nervous or anxious due to the coronavirus outbreak? Yes / No

9a. (if yes) What is your major reason for worrying or being anxious? (**DO NOT READ**, simply code the FR's response)

- Loss of employment / business
- Fear of myself or family getting infected by coronavirus
- Fear of myself or family dying due to coronavirus
- Fear of me infecting others in the community
- Fear of being unable to feed or provide for family
- Fear of losing access to health facilities
- Effect on education system and school closures
- Economic Crisis/Paralyzed Movement
- Uncertainty of when lockdown will end / things will return to normal
- Other (specify): _____

10. Has the household had to do any of the following actions in response to the COVID crisis? *Select all that apply.*

- Sale of assets (ag and no-ag)
- Engaged in additional income generating activities
- Received assistance from friends & family
- Borrowed from friends & family
- Took a loan from a financial institution
- Credited purchases
- Delayed payment obligations
- Sold harvest in advance
- Reduced food consumption
- Reduced non-food consumption
- Relied on savings
- Received assistance from NGO
- Took advanced payment from employer
- Received assistance from government
- Was covered by insurance policy
- No action taken
- Other, specify: _____

11. What steps has the government or local authorities taken to curb the spread of the Coronavirus in your area? **Do not read.** Prompt FO to list all the actions they are aware of. *Select all that apply. It is important here to note down any other answers.*

- Advised citizens to stay at home
- Advised citizens to wash hands / use sanitizer
- Advised citizens to avoid people / gathering events
- Advised citizens to maintain enough distance when talking face-to-face
- Advised citizens to use masks / gloves
- Provided sanitizer, mask, soap for free / at reduced price
- Restricted travel within country or area
- Restricted international travel
- Closure of schools and universities

- Curfew
- Lockdown
- Closure of markets
- Closure of non essential businesses
- Cancelled market fees
- Cancelled business registration fees
- Reduced the salaries of politicians / officials
- Don't know

Section 11: Household and Social Relations

50% are assigned this section, the other 50% are assigned section 8.

Read: Now, I would like to ask you about your social activities and your views on society.

1. Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?
 - Most people can be trusted
 - Need to be careful
 - DK

2. **(if not refugee)** How much do you trust your country's government to take care of its citizens?
 - Strongly distrust
 - Somewhat distrust
 - Neither trust nor distrust
 - Somewhat trust
 - Strongly trust

3. **(if refugee)** How much do you trust the Kenyan government to take care of immigrants / refugees within Kenya?
 - Strongly distrust
 - Somewhat distrust
 - Neither trust nor distrust
 - Somewhat trust
 - Strongly trust

4. Are you satisfied with the government's response to the coronavirus crisis? [Y/N/DK]

5. **(if no)** Why are you not satisfied with the federal/state government's response?
 - Limited Testing
 - No financial assistance from the government
 - Late response by government
 - Shortage of medical materials
 - Other (specify)

6. Using the following scale, please indicate how much you agree or disagree with the following statements: Disagree=1 / Neutral= 2 / Agree = 3

- a. The Government is trustworthy in the way it manages the Coronavirus crisis:
- b. The Government is willing to provide health care to address the Coronavirus crisis:
- c. The Government is able to provide health care to address the Coronavirus crisis:
- d. The Government is able to provide enough assistance (cash and in-kind) in response to the crisis:
- e. You intend to follow the Government's guidelines to mitigate the spread of the coronavirus.
- f. Other people are following the Government's guidelines to mitigate the spread of the coronavirus.

7. During the past 14 days, have you been the victim of any crime? *Crime includes any criminal behavior punishable by law. Prompt, and give examples from question* Yes / No

7a. **(if yes)** What crime? *Select all that apply.*

- Theft, or attempted theft
- Physical assault
- Physical assault with a weapon (such as a club, machete or gun)
- Sexual assault
- Witchcraft
- Mistreatment by the police
- Refused to answer
- Other: _____

8. Over the past 14 days, has there been a higher than usual amount of fights, conflicts or arguments with members of your household? Yes / No Refused to answer

4. Was this call dropped or interrupted at any time, and continued later? Yes / No
4a. **(if yes)** In which section(s) did this happen? List section numbers. Select all that apply.

5. Time end interview / HH:MM

6. What was this household's ID?

7. In what language was the survey administered? Select all that apply.

Kiswahili

Luo

English

Other: _____

8. How was the respondent's skill in speaking and understanding the survey language?

Displayed no problems speaking or understanding language

Displayed a little difficulty speaking or understanding language

Displayed moderate difficulty speaking or understanding language

Displayed serious problems speaking or understanding language

9. Are you very confident, somewhat confident or not very confident in the overall quality and truthfulness of this respondent's responses?

Very confident

Somewhat confident

Not confident

10. If SOMEWHAT or NOT CONFIDENT: Why?

11. Please note any other comments on the survey at this time:
