

# COVID-19 Health Survey Kobo 2020

MY NAME IS ---- [SAY YOUR NAME] ---- AND I AM WORKING WITH ---- [SAY ORGANISATION] ----. WE ARE CONDUCTING AN ASSESSMENT ABOUT HOW YOU FEEL ON SOME ISSUES TO DO WITH THE CORONAVIRUS AND COVID19. THIS INTERVIEW CANNOT BE CONSIDERED GUARANTEE FOR ANY DIRECT OR INDIRECT SUPPORT TO YOU OR YOUR COMMUNITY, BUT THE INFORMATION YOU PROVIDE WILL HELP US TO WORK WITH YOU ON CORONAVIRUS AND COVID 19.

YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL AND PERSONAL INFORMATION WILL NOT BE SHOWN TO OTHERS UNLESS YOUR PRIOR APPROVAL IS OBTAINED.

YOUR PARTICIPATION IS VOLUNTARY, AND YOU CAN CHOOSE NOT TO ANSWER THE QUESTIONS OR STOP THE INTERVIEW AT ANY TIME. REFUSAL TO PARTICIPATE OR ANSWER ANY OF THE QUESTIONS WILL NOT AFFECT YOUR ACCESS TO ASSISTANCE OR SERVICES

DO YOU AGREE TO START?

- ☒ Yes
- ☐ No

ENUMERATOR ID

## A. Demographics

1. NAME OF PERSON INTERVIEWED

2. AGE

3. GENDER

- ☐ Male
- ☐ Female

4. FCN ID

5. MOBILE NO

## B. COVID knowledge and perceptions

5. WHAT ARE YOUR MAIN SOURCES OF RELIABLE INFORMATION ABOUT THE CURRENT CORONAVIRUS/CORONA/COVID-19 SITUATION?

- ☐ Mahji
- ☐ Community Health Worker
- ☐ Other volunteers
- ☐ Health care worker (at clinic)
- ☐ Social media (internet, Facebook, info hotline etc)
- ☐ Radio, TV
- ☐ Family/ friends
- ☐ Religious leaders
- ☐ Information campaigns in the camp (miking / info hubs / phone charging stations)
- ☐ Others (please specify)
- ☐ Don't know

5.A. PLEASE SPECIFY

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6. IN YOUR OPINION, WHAT ARE THE MAIN SYMPTOMS OF COVID-19?

- ☐ Fever
- ☐ Coughing
- ☐ Shortness of breath or difficulty breathing
- ☐ Loss of taste or smell
- ☐ Chills or repeated shaking with chills
- ☐ Muscle pain, headache, or sore throat
- ☐ Diarrhea
- ☐ Others (please specify)

6.A. PLEASE SPECIFY

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7. IF YOU THOUGHT YOU OR SOMEONE IN YOUR FAMILY MIGHT HAVE COVID19, WHAT WOULD YOU DO?

- ☐ Visit an NGO health clinic
- ☐ Visit a government clinic
- ☐ Buy medicines in a pharmacy in the camp
- ☐ Visit a traditional healer
- ☐ Visit quack doctor/ Rohingya doctor
- ☐ Talk to Community Health Worker or other volunteer
- ☐ Take home remedies
- ☐ Contact Mahji or other authorities
- ☐ Stay home
- ☐ Do nothing
- ☐ Others (specify)
- ☐ Don't know

7.A. PLEASE SPECIFY

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8. COMPARED TO OTHER DISEASES IN YOUR COMMUNITY, HOW SERIOUS (DANGEROUS?) DO YOU THINK COVID-19 IS FOR YOUR COMMUNITY?

- ☐ Very serious
- ☐ Serious
- ☐ Somehow serious
- ☐ Not serious
- ☐ Don't know

9. IN YOUR COMMUNITY, DO YOU THINK THAT MORE PEOPLE DIED AFTER THE START OF HOLY RAMADAN UNTIL NOW COMPARED WITH THE MONTHS BEFORE RAMADAN?

- ☐ Yes
- ☐ No
- ☐ Don't know

## C. TESTING

10. IF YOU HAVE COVID-19 SYMPTOMS AND A COMMUNITY HEALTH WORKER (CHW) OR HEALTH STAFF SUGGESTS TO YOU TO GET TESTED, WOULD YOU GET TESTED?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Already get tested

10.A. IF YES, WHY WOULD YOU WANT TO GET TESTED

- ☐ Want to know if I'm sick
- ☐ Want to protect others in my family from getting sick
- ☐ Think health staff know best and follow advise
- ☐ others

10.A.A. PLEASE SPECIFY

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10.B. IF NO, WHY NOT (WHAT ARE YOUR CONCERNS)?

- ☐ Do not want to be tested
- ☐ Being taken to a facility
- ☐ Being separated from my family
- ☐ My family will be taken away/ to quarantine
- ☐ The authorities will come to my house (incl. Contact tracing)
- ☐ Neighbours/ friends/ family find out/ stigma
- ☐ I might get infected if i take the test
- ☐ Don't think there is treatment
- ☐ Don't think it is a serious disease
- ☐ Afraid of being send to Bashan Char
- ☐ Other

10.B.A. PLEASE SPECIFY

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11. WHO DO YOU TRUST THE MOST TO GIVE YOU ACCURATE AND HONEST INFORMATION ABOUT HAVING A TEST FOR COVID19

- ☐ NGOs
- ☐ Health clinic staff
- ☐ Religious leaders, Imam
- ☐ Community elders/ academics
- ☐ Mahji, authorities
- ☐ Community Health Workers
- ☐ Other (please explain)
- ☐ Pharmacist or (quack) doctor in the camp
- ☐ Family and friends
- ☐ Other (please explain)

11.A. PLEASE SPECIFY

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## D. Mask wearing

12. DO YOU HAVE A CLOTH MASK?

- ☐ Yes
- ☐ No
- ☐ Don't want to answer

12.A. IF YES, HOW MANY CLOTH MASKS DO YOU HAVE?

- ☐ 1
- ☐ 2
- ☐ More than 2

12.A.A. HOW MANY?

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13. WHERE DID YOU GET YOUR MASK/S FROM?

- ☐ Distribution by NGO or others
- ☐ Bought mask/s
- ☐ Rented mask/s
- ☐ Others (please specify)
- ☐ Don't know

13.A. PLEASE SPECIFY

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14. WHEN YOU LEAVE THE HOUSE, HOW FREQUENTLY DO YOU WEAR A FACE MASK?

- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Never
- ☐ Don't know/ don't want to answer

15. WHAT IS THE MAIN REASON THAT YOU DON'T ALWAYS WEAR A FACE MASK?

- ☐ Not distributed by NGO
- ☐ Too expensive
- ☐ God will protect us, no need for a mask
- ☐ Mask is not attractive
- ☐ Nobody is sick, so I don't need a mask
- ☐ Not comfortable to wear (too hot, can't breathe)
- ☐ I wear a veil/ face covering
- ☐ Not going out
- ☐ Other (please specify)
- ☐ Not answered

15.A. PLEASE SPECIFY

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16. WHAT IS THE MAIN REASON THAT YOU DO WEAR A FACE MASK?

- ☐ Protects me from getting infected
- ☐ Protects others from getting infected
- ☐ Don't want me/ my family to get sick
- ☐ Authorities (mahji, CiC) require me to wear a mask
- ☐ Afraid to pay a fine if not wearing it
- ☐ Required when I go to facilities/ distribution sites
- ☐ Others

16. PLEASE SPECIFY

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17. IF YOU DO WEAR A MASK IN WHICH PLACES DO YOU WEAR IT?

- ☐ Distribution sites
- ☐ Health facility
- ☐ Other service centres (nutrition, protection etc)
- ☐ Mosque
- ☐ Market
- ☐ When visiting a friend/ family
- ☐ Everywhere outside my home
- ☐ At home
- ☐ Others

17.A. PLEASE SPECIFY

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