

### Script for household follow-up by phone (CONTROL and INTERVENTION)

As-salaamu-alaikum. I am from Innovations for Poverty Action, we are calling households across the country to ask some questions about coronavirus. Do you give your consent to answer some questions about your health?

1. Has \${name\_roster} been vaccinated? (hh\_mem\_age>12)
  - a. Have they received the first dose?
  - b. When was the first dose administered?
  - c. Which month did they receive the first dose?
  - d. Have they received the second dose?
  - e. When was the second dose administered?
  - f. Which month did they receive the second dose?
2. Has \${name\_roster} experienced any of the following symptoms <b> in the past 7 days </b>?
3. Has \${name\_roster} experienced any of the following symptoms <b> in the past 4 weeks </b>?

#### Symptoms

I will read a list of symptoms to you. Having these symptoms does not mean that you have coronavirus. But doctors in your community need to prepare for treating people with coronavirus and other diseases, such as digestive problems. Please be assured that we will not tell anyone your answers, these questions are only meant to help healthcare providers in your community to treat anyone who feels ill, not just coronavirus patients.

Has anyone in your household experienced any of the following symptoms <b> in the past 4 weeks </b>?

If yes: Who in your household has experienced \${symptom}? (select all that apply)

Symptoms:

Fever

Dry cough

Wet cough or sputum/mucus production

Shortness of breath or difficulty breathing

Sore throat

Headache

Diarrhea

Fatigue or malaise

Body aches (muscle or joint pain)

Runny nose or nasal congestion

Loss of taste or smell

None of the above

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### Exposure

In the past 4 weeks, what is the total number of times any adult household member gone to the market? (could be for food, clothing, other items) |\_\_|\_\_| times (max 15 times)

Yesterday, how many times did the male household head go to mosque? |\_\_|\_\_| days (max 5 days) (-99 = don't know)

### **ONLY for the week 9 phone survey**

#### Hospitalization and death

Has anyone in your household been hospitalized in the last 2 months? (y/n)

How many adults in your household been hospitalized in the last 2 months? (max is max number of household members)

How many children <18 years old in your household been hospitalized in the last 2 months? (max is max number of children)

Has anyone in your household passed away in the last 2 months? (y/n)

How many adults in your household passed away in the last 2 months? (max is max number of household members)

How many children <18 years old in your household passed away in the last 2 months? (max is max number of children)