

***RTI COVID-India***

We aim to monitor the changes in attitude, knowledge, and avoidance behavior related to COVID-19 over time as well as to estimate both the immediate and long-term effects of the pandemic. We plan to accomplish this through conducting phone surveys every other month, for 12 months, from May 2020 to April 2021. To avoid over-burdening the respondents, we keep the interview length at 15 minutes. We designed the instrument to allow for the investigation of several research questions by rotating some of the modules. However, there are a few modules we ask every round, including COVID-related questions, access to health care, economic impacts, and mental health. There are other questions we only administer once, such as copying behavior during the lockdown, risk perception, attitude toward gender, informal caregiving, and functional status. We also collect information on economic status and access to health care at the household level, while other questions are asked for each individual. The following table summarizes the content of the instrument with specific information about whether the questions are at the individual versus household level, the rounds when the questions are asked, and the number of repetitive assessments.

	<b>Individual vs. Household</b>	<b>Rounds Administered</b>	<b>No of Repeated Assessment</b>
Avoidance behavior, knowledge, symptoms	I	R1 – 6	6
Testing and Hospital Stays	I	R6	1
Diagnosis	I	R2 – 6	5
Food security	HH (R1)/ I (R2-6)	R1 – 6	6 at HH, 5 at I
Access to health care	H	R1 – 6	6
Economic impacts: income, labor, (consumption)	H	R1 – 6 (R2 – 6)	6 (5)
Change in living situation	I	R6	1
Attitude toward financial situation	I	R6	1
Discrimination	I	R1 – 2 & R5 – 6	4
Information	I	R1 – 3 & R5 – 6	5
Cognition	I	R2 & R5	2
Dementia (self-reported memory, orientation, CSID   IQCODE)	I	R4	1
Health	I	R3 & R6	2
Mental health: PHQ4 (partial PHQ9)	I	R1 – 6 (R3 & R6)	6 (2)
Coping behavior	I	R1 OR R2	1
Risk perception	I	R3	1

Attitude toward lockdown	I	Alternate	3
Attitude toward gender	I	R3	1
Vaccination: willingness	I	R4	1
Vaccination: whether received, side effects, reason and influence, willingness	I	R6	1
Social Isolation & Social Contact	I	R4	1
Informal Caregiving	I	R5	1
Functional Status	I	R5	1
Depression and Anxiety	I	R5	1

Our instrument has been developed in two stages; we first pushed out the baseline interview in May 2020 during the lockdown period, and then we further refined the instrument with additional content.

## Introduction

Namaste! My name is \_\_\_\_\_ from \_\_\_\_\_. I am a surveyor for the coronavirus in India study, conducted by researchers from AIIMS and the University of Southern California. You might remember we called you in May 2020 and asked if you would be willing to answer a monthly phone survey about the coronavirus and your family's health and economic situation. I am calling for that survey now. Before we get started, I will give you some more information about participation.

<<CONSENT HERE>>

## Cover screen. Household Composition

CVA000\_male/female. Could you tell me how many men and women aged 18 or older live in this household? Please include yourself in this count.

Male ages 18+: \_\_\_\_\_ Female ages 18+: \_\_\_\_\_

CVA001intro. Could you tell me how many boys 0-14, men/boys 15-17, girls 0-14, women/girls aged 15-17 are in this household?

Male aged 0-14: \_\_\_\_\_ Female aged 0-14: \_\_\_\_\_  
Male aged 15-17: \_\_\_\_\_ Female aged 15-17: \_\_\_\_\_

Ask NLxxx questions for **all respondents**.

NL005. Is the person on the phone the DAD Respondent?

1. Yes
2. No

NL006. Confirm Respondent?

1. Yes, continue
2. No, R passed away (skip to end of survey)
3. R has hearing problem (skip to end of survey)

NL002. How old are you?

Age in years \_\_\_\_\_

NL003. What is your highest level of education?

- |                        |                              |
|------------------------|------------------------------|
| 1. No Formal Education | 10. Tenth grade              |
| 2. First grade         | 11. Eleventh grade           |
| 3. Second grade        | 12. High school              |
| 4. Third grade         | 13. First year college       |
| 5. Fourth grade        | 14. Second year college      |
| 6. Fifth grade         | 15. Third year college       |
| 7. Seventh grade       | 16. College graduate         |
| 8. Eighth grade        | 17. Post-college (17+ years) |
| 9. Ninth grade         |                              |

NL004. What is your relationship to the main LASI-DAD?

- |                   |                     |
|-------------------|---------------------|
| 1. Spouse/Partner | 8. Neighbor         |
| 2. Child          | 9. Daughter-in-law  |
| 3. Grandchild     | 10. Sister-in-law   |
| 4. Sibling        | 11. Children-in-law |
| 5. Parent         | 12. Sibling-in-law  |
| 6. Friend         | 13. Grandparent     |
| 7. Guardian       | 14. Other (specify) |

<b>Extra Vaccination questions added in Round 6</b>
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VA012. Have you received any vaccination for COVID-19?

1. Yes
5. No.

VA013. (Ask if VA012 = 1) Have you received one shot or both shots?

1. One
2. Both shots

VA014. (Ask if VA012 = 1) Which vaccine did you get?

1. Covishield (Oxford-AstraZeneca vaccine, manufactured by the Serum Institute of India)
2. Covaxin (developed by Bharat Biotech)
3. Don't know

VA015. (Ask if VA012 = 1) Where did you get it?

1. Public health facility
2. Private clinic
3. Other, please specify

VA016. (Ask if VA012 = 1) Did you have to pay for the vaccine shot?

1. Yes
5. No.

VA017. (Ask if VA016 = 1) How much did you pay for the vaccine?

\_\_\_\_\_Rs

VA018. (Ask if VA012 = 1) Did you experience any side effects?

1. Yes
5. No.

VA019. (Ask if VA018 = 1) What were the side effects?

1. Pain at the injection site
2. Swelling at the injection site
3. Fever
4. Chills
5. Tiredness
6. Headache
7. Skin rashes
8. Other, please specify \_\_\_\_\_

VA020. (Ask if VA012 = 1) What is the **main reason** that you chose to get vaccinated for COVID-19?

1. To protect myself from COVID-19 infection
2. Advice or pressure from others
3. Other, please specify

VA021. (Ask if VA020 = 2) Who influenced you to get vaccinated against COVID-19?

1. My family members
2. My family doctor
3. Community health worker
4. Village head/city official
5. PM Modi
6. Government officials
7. Religious leader
8. Other, please specify

VA022. (Ask if VA012 = 5) Will you get vaccinated when the opportunity comes?

1. Yes
5. No
7. Not sure

VA023. (Ask if VA022 = 1 or 7) Do you prefer one vaccine over the other – Covaxin, vaccine developed by the Bharat biotech or Covishield (manufactured by the Serum Institute of India)?

- a. Yes, I prefer Covishield
- b. Yes, I prefer Covaxin
- c. No, it doesn't matter
- d. Not aware of the vaccine differences

VA024. (Ask if VA022 = 5 or 7) Why are you unwilling or not sure about getting vaccinated? (multiple answers allowed)

- a. I am concerned about the safety (side-effects)
- b. I am concerned about the effectiveness of vaccines
- c. I have already had coronavirus infection and no longer need a vaccine
- d. I believe I can protect myself from infection in other ways
- e. I don't trust vaccines, the pharmaceutical companies, scientists, or governments
- f. I believe I am too old to get a vaccine
- g. Other reasons, please specify\_\_\_\_\_

VA025. (Ask if VA022 = 1) Would you be willing to pay to get vaccinated?

1. Yes
5. No

VA026. (Ask if VA025 = 1) Would you be willing to pay Rs 200 for the two doses of your preferred vaccine?

1. Yes
5. No

#### Section Functional Status. [Administered in Round 5 to DAD respondents only]

**GA200.** Now, I will ask you about few of your everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional, or memory problem. Please

exclude any difficulties you expect to last less than three months.  
Because of a health or memory problem, do you have any difficulty with...?

GA201. Dressing, including putting on chappals, shoes, etc.

1. Yes
5. No

GA202. Walking across a room

1. Yes
5. No

GA203. Bathing

1. Yes
5. No

GA204. Eating, breaking chapatti, mixing rice, etc.

1. Yes
5. No

GA205. Getting in or out of bed

1. Yes
5. No

GA206. Using the toilet, including getting up and down

1. Yes
5. No

GA207. Preparing a meal

1. Yes
5. No

GA208. Shopping for groceries

1. Yes
5. No

GA209. Making telephone calls

1. Yes
5. No

GA210. Taking medications

1. Yes
5. No

GA211. Doing work around the house or garden

1. Yes
5. No

GA212. Managing money, such as paying bills and keeping track of expenses

1. Yes
5. No

GA213 Getting around or finding address in unfamiliar place

1. Yes
5. No

### Section Informal Caregiving. [Administered in Round 5]

#### Care Given to others with IADL

ICR001. Because of the pandemic, did you help anyone outside your household, with shopping for groceries, errands, or chores?

1. Yes
2. No

ICR002. (If ICR001==1). *Mark all that apply.* Who did you help?

1. Spouse or Partner
2. Own children
3. Own parents
4. Other

ICR002a. Compared to before the pandemic, did you help [ICR002 answer]

1. less often
2. about the same
3. more often

#### **Care Given to Others with ADL**

ICR004. Did you help anyone during the COVID-19 pandemic, including your partner or other people, with personal care activities? By look after we mean the active provision of care, such as helping them eat, take bath, dress, go to toilet.

1. Yes
2. No

ICR005. (If ICR004==1) *Mark all that apply.* Who did you help?

1. Spouse or Partner
2. Own children
3. Own parents
4. Other

ICR005a. Compared to before the pandemic, did you help [ICR005 answer]

1. less often
2. about the same
3. more often

#### **CARE Received from Others with IADL**

ICR008. Because of the pandemic, did anyone living outside your household help you with shopping for groceries, errands, or chores?

1. Yes
2. No

ICR009. (If ICR008==1) *Mark all that apply.* Who did you receive help from?

1. Spouse or Partner
2. Own children
3. Own parents
4. Other

ICR09a. Compared to before the pandemic, did you receive help from [ICR009 answer]

1. less often
2. about the same
3. more often

#### **Care Received from Others with ADL**

ICR011. Before the outbreak of Corona, did someone, including your partner or other people, help you with personal care activities? By personal care activities, we mean dressing, eating, going to toilet, and taking bath.

1. Yes
2. No

ICR012. (If ICR011=1) Since the coronavirus outbreak started have your care needs been met?

1. All of the time
2. Most of the time

3. Some of the time
4. Hardly ever

ICR014. (If ICR011=1) *Mark all that apply.* Who did you receive help from?

1. Spouse or Partner
2. Own children
3. Own parents
4. Other

ICR014a. Compared to before the pandemic, did you receive help from [ICR014 answer]

1. less often
2. about the same
3. more often

### Section WR. Word Recall [Word Recall tests will be administered in Round 2 and 5 only]

WR101\_INTRO

I will read a set of 10 words and ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall all the words, most people recall just a few. Please listen carefully as I read the set of words because I cannot repeat them. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear?

[IWER: PROBE AS NEEDED FOR UNDERSTANDING OF TASK. READ THE ITEMS AT A SLOW, STEADY RATE, ALLOWING R TO REPEAT THE WORD BEFORE MOVING ON TO THE NEXT WORD ON THE LIST.]

1 = Continue

WR102\_LIST

[Instruction for CAPI: Display which list appeared on the screen]

1. DAD word list: [Butter, Arm, Corner, Letter, Queen, Book, Stick, Ticket, Grass, Stone]
2. LASI word list 1: [River, Tree, Temple, School, Hospital, Dog, Cat, Radio, Chair, Gold]

IWER: READ EACH WORD, AND LET R REPEAT THE WORD BEFORE YOU SAY THE NEXT WORD ON THE SCREEN.

WR103.

Now please tell me the words you can recall.

IWER: PERMIT as much time as R wishes – up to about 2 minutes

IWER: Choose each word as it is recalled CORRECTLY.

Number of words R correctly recalls: \_\_\_

WR104 [LASI MH014]. Please indicate whether any of the following problems occurred in relation to word recall.

[Multiple answers are allowed]

- a. R has difficulty hearing any of the words
- b. Interruption occurred while you were reading the list
- c. Other problem (e.g., R seems to take a note), please specify \_\_\_\_\_
- d. No problem occurred

### Section Health. [Health Section administered in Round 3 and 6 only]

HT001 [LASI HT001\_b]. Now I want to ask you about your general health. Overall, how is your health in general? Would you say it is very good, good, fair, poor, or very poor?

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

HT002 [LASI HT230]. During the last 30 days, about how many days did you stay in bed more than half day because of illness or injury? Use 0 for none.

Number of days: \_\_\_\_

HT003 [LASI HT300]. Now I want to ask how your health affects paid work activities. Do you have any impairment or health problem that limits the kind or amount of paid work you can do?

1. Yes
2. No
3. Too old to work [Voluntary]

**Section DMR/DMI. [Dementia Section will be administered in Round 4 Only]**

**DMR will be administered to DAD Rs, and DMI will be administered to non-DAD Rs.**

**[DAD Respondents Only]**

DMR001 [DAD 101c]. Part of this study is concerned with people's memory and ability to think about things. First, how would you rate your memory at the present time? Would you say it is... [READ OUT]...

1. Very good
2. Good
3. Average
4. Poor
5. Very poor

DMR002. Compared to about a year ago, would you say your memory is... [READ OUT]...

1. Better now
2. About the same
3. Worse now than it was then

DMR003. Now I would like to ask you some questions about time,

[DAD MMSE102_Year]. What is the year?	1. Correct	5. Incorrect
[DAD MMSE103_Season]. What is the season of the year?	1. Correct	5. Incorrect
[DAD MMSE104_Date]. What is the date?	1. Correct	5. Incorrect
[DAD MMSE105_Day]. What is the day of the week?	1. Correct	5. Incorrect
[DAD MMSE106_Month]. What is the month?	1. Correct	5. Incorrect

DMR004. [DAD MMSE113\_BACKWARD] Now please list days of the week backwards, again starting from Sunday. INTERVIEWER RECORD THE NUMBER OF DAYS GIVEN IN CORRECT ORDER

DMR005. [DAD HT102\_Scissors]. Now I'm going to ask you for the names of things. What do people usually use to cut paper?

1. SCISSORS OR SHEARS ONLY
5. NOT CORRECT

DMR006. [DAD CSID2\_Hammer]. What do you do with a hammer?

[IWER: Acceptable answers include: to drive a nail into something; to pound/hammer something; to hit something with]

1. Correct
5. Incorrect

**[DAD Non-Respondents Only]**

DMI001 [DAD DM-RTR]. What is your relationship with [CAPI: DAD Respondent Name]?

1. Spouse/partner
2. Son
3. Daughter
4. Son-in-law
5. Daughter-in-law
6. Grandchild
7. Parent
8. Parent-in-law
9. Brother
10. Sister
11. Grandparent
12. Other relative
13. Servant
14. Friend
15. Other, non-relative

DMI002. [DAD DM\_Freq] On average in the past year how often did you see [CAPI: DAD Respondent Name]?

1. Lives with respondent
2. Daily
3. Several times/week
4. Once a week
5. One – three times a month
6. Less than once a month
7. Never
8. Other (specify)

DMI004 [DAD DM\_Care] Are you a caregiver for [CAPI: DAD Respondent name]?

1. Yes
5. No

DMI005. [LASI MH101]. Part of this study is concerned with people's memory, and ability to think about things. First, how would you rate [CAPI: DAD Respondent NAME]'s memory at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

DMI006 [LASI MH103\_intro]. I will present situations where this person has to use his/her memory or intelligence and I want you to indicate whether this has improved, stayed the same or got worse than

in that situation over the past year. Note the importance of comparing his/her present performance with one year ago. So if one year ago this person always forgot where he/she had left things and he/she still does this, then this would be considered 'Not much change'. Please indicate the changes you have observed by giving the appropriate answer.

		1	2	3	4	5
MH104	Remembering things about family and friends, e.g. occupations, birthdays, addresses	Much improved	A bit improved	Not much change	A bit worse	Much worse
MH105	Remembering things that have happened recently	Much improved	A bit improved	Not much change	A bit worse	Much worse
MH106	Recalling conversations a few days later	Much improved	A bit improved	Not much change	A bit worse	Much Worse
MH107	Remembering her/his address and telephone number	Much improved	A bit improved	Not much change	A bit worse	Much worse
MH109	Remembering where things are usually kept	Much improved	A bit improved	Not much change	A bit worse	Much worse
MH114	Following a story in a book or on TV	Much improved	A bit improved	Not much change	A bit worse	Much worse

### Section A. Awareness about COVID-19: Symptoms and Beliefs [Every Round]

CVAintro. I would like to start by asking you some questions about what you know about the coronavirus.

CVA001. **[Core: Ask everyone, every wave]** Which of the following have you done in the last seven days? [Interviewer: Prompt each question and check all that apply]

1. Worn a face mask
2. Washed hands with soap or used sanitizer more than three times a day
3. Stayed in your house at all times except for essential trips (e.g. to get food, medicine)
4. ~~Avoided contact with people who could be high risk for transmitting coronavirus~~
5. Gone to a residence that is not your own (e.g. friend, neighbor, or relative)
6. Had visitors such as friends, neighbors, or relatives at your residence
7. Attended a gathering with more than 10 people, such as a reunion, wedding, funeral, or religious service
8. Had close contact (2 arm's length) with people who you do not live with
9. Went out shopping for groceries, vegetables, medicines, etc.
10. Traveled to and from work
11. Asked household help/maids to stop coming to your house
12. Asked household help/maids to start coming back to your house

CVA002. **[Ask only in Round 1 and 4]** Do you know any of the symptoms of coronavirus? If so, what are they? [Do not prompt but check all that apply]

1. Fever or chills
2. Cough
3. Difficulty breathing/shortness of breath
4. Runny or stuffy nose
5. Sore throat
6. Chest pain
7. Sneezing
8. Skin rash
9. Muscle or body ache
10. Headache
11. Fatigue or tiredness
12. Abdominal discomfort
13. Ear pain
14. Lost sense of smell
15. Lost sense of taste
16. Diarrhea
17. Other (specify)\_\_\_\_\_

**Skip CVA003 – 5 in baseline and start asking these questions from Round 2**

CVA003. Do you know what you should do if you get symptoms of coronavirus?

1. No, I don't know
2. Stay home
3. Call doctor for advice
4. Visit local doctor for advice
5. Take fever and cough medicines
6. Other, please specify\_\_\_\_\_
7. Call COVID Helpline

CVA004. [Ask if CVA003 is = 3 or 4] Where would you go to seek medical care if you do have symptoms of coronavirus?

1. Registered medical practitioner in our community
2. Nearby public health facility or hospital
3. Nearby private clinic
4. Nearby private hospital
5. Traditional healer
6. Community health worker/ASHA

CVA005. Has anyone in your HH been diagnosed by a healthcare professional with coronavirus infection?

1. Yes
5. No

CVA006. Are you currently working for pay? By currently, I mean you have done work that earned money in the past 7 days.

1. Yes
2. No

CVA007. **[Added in Round 4]** I like to know how the lockdown affected your work. Could you tell me whether any of the following situation apply to you? [Prompt each question, and check all that apply]

- a. I lost my job after the lockdown
- b. I am working more than I was before the lockdown
- c. I am working less than I was before the lockdown
- d. I am paid less than I was before the lockdown
- e. I am paid more than I was before the lockdown
- f. I am working the same amount and paid the same.
- g. Work became more risky or dangerous
- h. Work became harder
- i. Switched to working from home or working remotely
- j. Retired / too old to work / not working / Homemaker

CVB013intro. **[Moved from Section B to A after Round 1]** Can you tell me if you experienced any of the following in the past seven days due to lack of money or resources? [1. Yes. 5. No. 7. Unsure]

- a. You were worried you would run out of food?
- b. You ate less than you wanted to?
- c. You ate different food because of cost considerations?
- d. You went without eating for a whole day?
- e. You could not eat what you usually have, because of unavailability?

**CVA008 – CVA010 added Round 6**

CVA008. Since the coronavirus outbreak began, have you experienced any of the following symptoms of coronavirus (Covid-19)?

1. High temperature
2. A new continuous cough
3. Shortness of breath or trouble breathing
4. Fatigue
5. Loss of sense of smell or taste
6. Diarrhea
7. Abdominal pain
8. Loss of appetite
9. None of these

CVA009. Have you been tested for coronavirus (Covid-19)? The test for coronavirus (Covid-19) is a swab that goes in your nose or mouth and is sent to a lab to determine if you have the disease or a blood test.

1. Yes

5. No

CVA009a. [Ask if CVA009==1] What was the result of your coronavirus (Covid-19) test?  
{Tel: INTERVIEWER: WHERE MORE THAN ONE TEST, CODE 'POSITIVE' IF ANY WERE POSITIVE.  
READ OUT IF NECESSARY}

1. It was positive
2. It was negative
3. Inconclusive
4. Waiting for results

CVA009b. [Ask if CVA009==5] Do you think that you have or have had COVID-19?

1. Yes, my own suspicions
2. Yes, suspected by a doctor but not tested
3. No, not to my knowledge
4. Not Sure

CVA010. Have you had to stay in hospital for treatment due to coronavirus (Covid-19)?

1. Yes
5. No

CVA010a. [Ask if CVA010==1] If yes, when was that?

Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_

CVA010b. [Ask if CVA010==1] How many nights did you spend in the hospital?

Nights: \_\_\_\_

### Section DR. Delayed Recall

[Will be asked only Round 2 and 5]

DR 100

A little while ago, I read you a list of words and you repeated the ones you could remember. Now I want you to try to recall as many of those 10 words as you can. OK, now tell me as many of those ten words as you can remember.

IWER: PERMIT as much time as R wishes – up to about 2 minutes]

IWER: Choose each word as it is recalled CORRECTLY.

IWER: Choose **No Words Remembered** if no words at all are remembered.

Number of words R correctly recalls: \_\_

### Section B. Health Check Up [Every Round]

[Ask only female member of LASI-DAD households or males in HH without any adult females]

CVBintro. Now I would like to ask some questions about your family's wellbeing and ability to access medical care.

CVB001. First I want to ask about routine health checkups, like antenatal care for pregnant women or visits to monitor chronic diseases. Has anyone in your household, including you, experienced the following in the past month?

- a. Had a visit cancelled or been turned away due to closures, or unavailability of staff?  
1. Yes            5. No
- b. [Ask only if CVB001a=1] Could you tell me the age and gender of that person? If more than one household member had such experience, please list all their ages and genders.  
\_\_\_ age            \_\_\_ sex
- c. Cancelled a visit or avoided care because you could not travel to the facility or feared visiting a facility?  
1. Yes            5. No
- d. [Ask only if CVB001c=1] Could you tell me the age and gender of that person? If more than one household member had such experience, please list all their ages and genders.  
\_\_\_ age            \_\_\_ sex
- e. Now I would like to ask about health care visits for sickness or injury. In the past month, has anyone in your household, including you: tried to get care for sickness or injury and been turned away due to closures or unavailability of staff?  
1. Yes            5. No
- f. [Ask only if CVB001e=1] Could you tell me age and gender of that person? If more than one household member had such experience, please list all their ages and genders.  
\_\_\_ age            \_\_\_ sex
- g. Avoided care for sickness or injury because you could not travel to the facility or feared visiting a facility?  
1. Yes            5. No
- h. [Ask only if CVB001g=1] Could you tell me age and gender of that person? If more than one household member had such experience, please list all their ages and genders.  
\_\_\_ age            \_\_\_ sex

CVB002. Have you or any other family member experienced any of the following symptoms in the past 2 weeks? [Interviewer: Prompt each symptom and check all that apply]

1. Fever or chills
2. Cough
3. Difficulty breathing/shortness of breath
4. Runny or stuffy nose
5. Muscle or body ache
6. Fatigue or tiredness
7. Ear pain
8. Sinus pain
9. Lost sense of smell
10. Lost sense of taste

11. None of the above

CVB017. **[Ask only Round 1 and 4]** Have the elderly (aged 60+) in your household been affected in any of the following ways?

1. Not able to perform needed or usual household work
2. Not able to volunteer in the community
3. Not able to provide care to others
4. Not able to provide care to grandchildren
5. Not able to receive care from others
6. None of the above

CVB014. **[Ask only at the baseline interview or if not interviewed in any previous round]** Before the lockdown [March 24, 2020] what was your family's main source of food?

- a. Local market/vendors
- b. Supermarket/large store
- c. Government source/PDS/ Ration shop
- d. Mobile peddlers
- e. Other (specify)

CVB015. **[Ask only Round 1 – 3]** What is your family's main source of food right now?

- a. Local market/vendors
- b. Supermarket/large store
- c. Government source/PDS/ Ration shop
- d. Mobile peddlers
- e. Other (specify)
- f. We cannot find food

### Section C. Economic Effects [Every Round]

**[Ask only male member of LASI-DAD household or females in HH without any adult males]**

CVCintro. I would like to begin by asking some questions about your family's economic situation. Some of these questions might feel personal, but it is important for us to understand how the coronavirus is affecting the lives of families like yours.

CVC001. **[Ask only at the baseline or if not interviewed in any previous round]** Before the lockdown announced by Prime Minister Modi on March 24, 2020, what was your family's main source of income? [Check all that apply]

1. Farming own/leased land
2. Self-employment/small business
3. Casual labor (daily/irregular wage)
4. Private sector job that pays a wage
5. Government job that pays a wage
6. Pension from employer
7. Government assistance (including old-age pension and other assistance)
8. Remittance (financial transfer from family)

9. Assistance from others (non-government) e.g. community, NGO
10. We had no source of income

CVC002. [Skip if CVC001=10, **Ask only in Round 1**] How much was the total monthly income of your household before the lockdown?

Rs. \_\_\_\_\_

CVC002a. – C2c. [Ask only if R does not give an exact answer to CVC002] Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or about equal to [threshold value randomly chosen]?  
[Rupees 500; Rupees 3,000; Rupees 7,000; Rupees 15,000; Rupees 35,000]

CVC003. [**Ask Only in Round 1 – 3**] How has coronavirus affected your work and the work of other members of the household? [Mark all that apply. **Please prompt each question**]

1. I lost my job
2. Other HH members lost their jobs → Go to CVC003a
3. I or others HH members are working reduced hours
4. I or other HH members have no work or less work (for self-employed)
5. I or other HH members are not allowed to work on the farms (for farmers)
6. I or other HH members are asked to work more (or longer) hours
7. No effect [Vol]
8. I/Others have been asked to stay home for a few days without pay
9. I/Others have been asked to stay home for a few days with pay
10. Asked to take sick leave
11. Others, please specify \_\_\_\_\_

CVC003a. [Ask only if CVC003=b] What are age and sex of the HH member who lost the job? If multiple HH members lost job, please give age and sex of each person who lost job.

Age\_\_\_ [soft check, if age<15]

Gender\_\_\_

CVC004. What is your family's main sources of income right now? [Check all that apply. Options 11 – 13 are introduced in Round 2]

1. Farming own/leased land
2. Self-employment/small business
3. Casual labor (daily/irregular wage)
4. Private sector job that pays a wage
5. Government job that pays a wage
6. Pension from employer
7. Government assistance (including old-age pension and other government transfers)
8. Remittance (financial transfer from family)
9. Assistance from others (non-government) e.g. community, NGO
10. We have no source of income
11. Savings
12. Loans

13.NREGA

14.Selling assets

CVC004a. [Skip if CVC004=10] In the past month, how much income did your household have?

Amount: \_\_\_\_\_

CVC012a. –c. [Ask only if R does not give an exact answer to CVC004a] Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or about equal to [threshold value randomly chosen]?

[Rupees 500; Rupees 3,000; Rupees 7,000; Rupees 15,000; Rupees 35,000]

CVC005. **Including yourself**, how many people aged 15 and older in your household are currently working for pay? By currently, I mean they have done work that earned money in the past 7 days.

(a) \_\_\_\_\_ men/boys [hard check if CVC005a>Number males ages 15+ - 1 if male R reports paid work in CVA006]

(b) \_\_\_\_\_ women/girls [hard check if CVC005b> Number females ages 15+ -1 if female R reports paid work in CVA006]

CVC006. How many people aged 15 and older in your household are not working but looking for work? If you are looking for work, please include yourself in this count.

(a) \_\_\_\_\_ men/boys [hard check if CVC006a+CVC005a > Number of males ages 15+ - 1 if male R reports paid work in CVA006]

(b) \_\_\_\_\_ women/girls [hard check if CVC006b+CVC005b > Number of females age 15+ - 1 if female R reports paid work in CVA006]

CVC007. **[Ask only in Round 1 – 3]** Do you have any household members who had migrated for work and are trying to come back home because of the coronavirus pandemic?

1. Yes, they have returned. 2. Yes, they are still trying to come home. 5. No

CVC008. In the past month, did your household receive any cash benefits from government? If so, how much money did your household get from government schemes?

1. Yes 5. No

CVC008\_amount. [Ask if CVC008=1] Amount received: \_\_\_\_\_ Rupees

CVC009. In the past month, did your household receive any cash benefits from NGOs or other charities? If so, how much money did your household get?

1. Yes 5. No

CVC009\_amount. [Ask if CVC009=1] Amount received: \_\_\_\_\_ Rupees

CVC010. In the past month, did your household receive any cash gifts or remittances from family or friends? If so, how much money did your household get?

1. Yes 5. No

CVC010\_amount. [Ask if CVC010=1] Amount received: \_\_\_\_\_ Rupees

CVC010a. In the past month, did your household take any loans from family, friends, or community groups (like savings group, SHG)? If so, how much money did your household get?

1. Yes      5. No

CVC010a\_amount.      [Ask if CVC010a=1]      Amount received: \_\_\_\_\_ Rupees

CVC010b. In the past month, did your household take any loans from a bank, MFI, or other financial institution? If so, how much money did your household get?

1. Yes      5. No

CVC010b\_amount.      [Ask if CVC010b=1]      Amount received: \_\_\_\_\_ Rupees

CVC011. In the past month, did your household receive any free food or in-kind transfers from the government, charities, or family/friends? [Check all that apply]

1. Received from government
2. Received from NGOs or charitable organizations
3. Received from family/friends
4. Did not receive

**CVB101-CVB103. Expenditure Questions were introduced in CVB section then moved to CVC section in Round 3**

CVB101. In the past 7 days, how much has your household spent on food? We don't need an exact amount, just a ballpark estimate will be fine.

\_\_\_\_\_ INRs.

CVB102. Now please think about your household's non-food expenditure in the past 30 days. Approximately how much did your household spend on non-food items? These include healthcare expenditures, phone bills, utilities, house rent, personal care items, tobacco, and other expenses.

\_\_\_\_\_ INRs

CVC016. Which of the following best describes the impact of the coronavirus pandemic on your ability to meet financial obligations or essential needs such as rent or mortgage payments, utilities, and groceries?

1. Major impact
2. Moderate impact
3. Minor impact
4. No impact
5. Too soon to tell

**CVC017 – CVC022 added Round 6**

CVC017. As a result of the COVID-19 pandemic, has there been a change in where you live? This could mean temporarily living in a different place.

1. Yes
5. No

CVC017a [Ask if CVC017==1] If you did change where you live because of the COVID-19 pandemic, where did you move to?

1. To own home
2. To a child's / stepchild's home
3. To a home of some other family member
4. To a friend's home
5. To a health care facility (incl. nursing home)
6. Other, specify

CVC018. Did you have someone move in with you because of the COVID-19 pandemic?

1. Yes
5. No

CVC019. How worried, if at all, are you about your future financial situation?

1. Not at all worried
2. Somewhat worried
3. Very worried
4. Extremely worried

CVC020. Overall, how do you feel your current financial situation compares to before the beginning of the COVID-19 pandemic?

1. I am much worse off
2. I am a little worse off
3. I am about the same
4. I am a little better off
5. I am much better off

CVC021. Since the outbreak of coronavirus, did you need to withdraw from your savings, sell assets, mortgage, or pawn things to cover the necessary day-to-day expenses?

1. Yes
2. No
3. I have no savings to withdraw from

CVC022. Since the outbreak of coronavirus, did you experience any of the following?

1. Miss or request to delay payment of rent, bills and EMI's/loan repayments
2. Could not pay hospital bills or afford medical care
3. Did not have enough money to buy food
4. No hardship
5. Other (specify)

Rotate Section D and E3-8 (E1 and 2 are core):

In Round 1 and 2, half of the sample gets D, and the other half gets E3-8

In Round 3, everyone received Section D and E

In Round 4, Skip Section D and E3-8

In Round 5, Skip E3-8

## Section D. Discrimination and (mis) information

CVDintro. Now I would like to ask a few questions about your sources of information about the coronavirus.

CVD001. Which information sources have you used to learn about the coronavirus in the past 7 days? [Do not prompt, Check all that apply]

1. Local health workers (ANM/anganwadi/ASHA)
2. Government officials
3. Newspapers
4. Friends, family, neighbors, and residential societies
5. Family doctor (western medicine practitioner)
6. Traditional medicine practitioner
7. Television or radio
8. WhatsApp groups
9. Other social media (Facebook, Twitter, etc)
10. Other sources (e.g., village head, sarpanch, etc)

CVD003 **[Skip in Round 3 and 4]**. Have any of the following things happened to you due to people thinking you might have the coronavirus? [Check all that apply].

1. You were treated badly/without respect
2. You were chased out of your home or neighborhood
3. You were offered help
4. People acted as if they were scared of you
5. You were threatened or harassed
6. None of the above

[Risk Perception]

CVD006. **[Ask only in Round 3]**. How likely do you think someone your age is hospitalized if they contract the coronavirus?

1. Very likely
2. Likely
3. Unlikely
4. Very unlikely

CVD007. **[Ask only in Round 3]**. How likely do you think that someone your age would die, if they are hospitalized as a result of the coronavirus?

1. Very likely
2. Likely
3. Unlikely
4. Very unlikely

### Section E. Mental Health and Wellbeing [Every Round]

CVE001. **[Core]** Over the last two weeks, how often have you been bothered by any of the following problems? [The scale has changed from Round 1: All the time, frequently, occasionally, rarely]

- [1. Nearly every day;      2. More than half days;      3. Several days; 4. Not at all]
- a. Feeling nervous or anxious
  - b. Unable to stop worrying
  - c. Feeling down, depressed or hopeless
  - d. Little interest or pleasure in doing things

**CVE101. 6 additional questions from PHQ9 are administered in Round 3 and Round 6 Only**

CVE101. **[Ask only Round 3 and 6]** Over the last 2 weeks, how often have you been bothered by any of the following problems? [1. Nearly every day; 2. More than half days; 3. Several days; 4. Not at all]

1. Trouble falling or staying asleep, or sleeping too much
2. Feeling tired or having little energy
3. Poor appetite or overeating
4. Feeling bad about yourself- or that you are a failure or have let yourself or your family down
5. Trouble concentrating on things, such as reading the newspaper or watching television
6. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual

CVE002. **[Core]** How has the coronavirus pandemic impacted your family's life? [Do not prompt, mark all that apply]

1. Unable to access healthcare
2. We lost work/jobs
3. We lost income
4. Facing discrimination
5. Impacted our social/religious activities
6. Disrupted education of me or my family members
7. Loss of family member
8. Other (specify)

CVE002a. [if CVE002=7] Was the death COVID-related?

1. Yes    5. No

CVE002b. [if CVE002=7] When did it happen? Pls specify year and month.

\_\_\_ Year \_\_\_ Month

CVE003. How concerned are you about each of the following impacts of coronavirus?

[1. Not at all concerned; 2. Somewhat concerned; 3. Very concerned; 4. Extremely concerned]

- a. Fear of infection/death in your family
- b. Feeling lonely/cannot meet relatives or friends
- c. Increased stress among household members

CVE004. **[Ask only in Round 1 and 2]** What have you done to cope with the coronavirus pandemic?

[Check all that apply]

1. Consult/seek consolation from friends and family
2. Picked up a hobby (e.g. reading, gardening)
3. Exercise/physical activities
4. Yoga, meditation, and other relaxation techniques
5. Volunteering/reach out to help others
6. Watch TV/video
7. Spirituality/prayer
8. Other (specify)

## 9. Nothing particular

CVE005. When do you think we can recover from the coronavirus pandemic? How likely do you think we will be able to get back to normal life in the next 6-months?

1. Very likely    2. Likely    3. Unlikely    4. Very unlikely

CVE006. Do you think the restrictions related to the coronavirus have been lifted too soon, at the right time, too late, or the restrictions were unnecessary to begin with?

1. Too soon    2. At the right time    3. Too late    4. Unnecessary to begin with

[Gender Attitude]

CVE 007\_intro. **[Ask only in Round 3]** Now I would like to ask your opinion about the roles of men and women. There is no right or wrong answer. Can you tell me if you agree, disagree or neither agree nor disagree with the following statements?

CVE007. [Ask only in Round 3] When jobs are scarce, men should have more right to a job than women.

1. Agree    2. Neither    3. Disagree

CVE008. [Ask only in Round 3] If a woman earns more money than her husband, it's almost certain to cause problems.

1. Agree    2. Neither    3. Disagree

### Section Vaccination. [administered in Round 4]

VAC001. When a government-approved vaccine for COVID-19 becomes available, will you get vaccinated?

1. Yes, if it is free or easily affordable  
2. Yes, in any case  
3. No  
4. Not sure

VAC002. (Ask if VAC001 = 3 or 4) Why are you unwilling or not sure about getting vaccinated? (multiple answers allowed)

- a. I am concerned about the safety and effectiveness of vaccines in general  
b. I am concerned about the safety and effectiveness of a COVID-19 vaccine specifically  
c. I don't trust the pharmaceutical companies developing it  
d. I don't trust the government  
e. I have already had coronavirus infection and no longer need a vaccine  
f. I believe I can protect myself from infection in other ways  
g. I believe I am too old to get a vaccine  
h. Other reasons, please specify \_\_\_\_\_

VAC003. (Ask if VAC001 = 1, 2, or 4) Do you think that a COVID-19 vaccine will be affordable to you?

1. Yes    5. No

VAC004. (Ask if VAC001 = 1, 2 or 4) How much are you willing to pay for a COVID-19 vaccine?

\_\_\_\_\_

VAC005. (Ask if VAC1 = 1, 2, or 4) Do you think that a COVID-19 vaccine will be available to you at a health center in your village, the area you live, or a nearby location you can easily get to?

1. Yes      5. No

### Section Social Isolation and Social Contact. [Administered in Round 4]

#### Social Isolation

		Often	Some of the time	Hardly ever or never
SOC001	How often do you feel you lack companionship?			
SOC002	How often do you feel left out?			
SOC003	How often do you feel isolated from others?			

#### Social Contact

Now I would like to ask you some questions about how often you are in contact with different types of people from outside your household. Contact defined as more than 10 minutes.

Please only consider individuals you do not live when answering these questions.

SOC101- SOC104. Since the outbreak of Coronavirus, how often did you have in-person contact, that is, face to face, with the following people you do not live with?

		Daily	Several times a week	About once a week	Less often	Never	Not applicable
SOC101	Own non-resident children						
SOC102	Own non-resident parents						
SOC103	Other non-resident relatives						
SOC104	Other non-relatives like neighbors, friends, or colleagues						

SOC101- SOC104. Since the outbreak of Coronavirus, how often did you have contact by phone, email, or any other electronic means with the following people you do not live with?

		Daily	Several times a week	About once a week	Less often	Never	Not applicable
SOC101	Own non-resident children						
SOC102	Own non-resident parents						
SOC103	Other non-resident relatives						
SOC104	Other non-relatives like neighbors, friends, or colleagues						

SOC105. How many people did you meet in-person during the last 7 days? Please do not count your household members. If you met a person more than once in the last 7 days, count him/her once only. Contact defined as more than 10 minutes.

No of persons outside of the household: \_\_\_

### Section Depression and Anxiety. [Administered in Round 5]

#### GA401\_intro.

Now think about the past week and the feelings you have experienced. Please tell me if each of the following was true for you much of the time during the past week.

GA402. During the past week, how often did you have trouble concentrating?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA403. During the past week, how often did you feel depressed?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA404. During the past week, how often did you feel tired or low in energy?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA405. During the past week, how often were you afraid of something?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA406. During the past week, how often did you feel you were overall satisfied?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA407. During the past week, how often did you feel alone?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA408. During the past week, how often were you bothered by things that don't usually bother you?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA409. During the past week, how often did you feel that everything you did was an effort?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA410. During the past week, how often did you feel hopeful about the future?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA411. During the past week, how often did you feel happy?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

**GA421. Beck's anxiety inventory (BAI)**

Please listen carefully to the statements next. How often did you feel that way DURING THE PAST WEEK? The best answer is usually the one that comes to your mind first.

GA422. How often did you feel this way during the past week- I had fear of the worst happening?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

GA423. How often did you feel this way during the past week- I was nervous?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

GA424. How often did you feel this way during the past week- I felt my hands trembling?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

GA425. How often did you feel this way during the past week- I had a fear of dying?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

GA426. How often did you feel this way during the past week- I felt faint?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

Thanks for your participation

[Comprehension and quality check] [ENUMERATOR TO FILL AFTER CALL ENDED]

CVQ001. Did you face any challenges during the interview? [Mark all that apply]

1. Language barrier
2. Poor respondent comprehension of questions
3. Difficulty understanding respondent
4. Bad connection/noise on call
5. Cut or disconnected call
6. Interference/interruptions by people staying with the respondent
7. None of the above

CVQ002. Overall, how well did the respondent understand the questions?

2. Understood all questions
3. Understood most (>75%) questions
4. Understood some (25-50%) questions
5. Understood few (<25%) questions
6. Did not understand any questions