

RTI COVID-India

We aim to monitor the changes in attitude, knowledge, and avoidance behaviour 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, starting from May 2020. 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 behaviour during the lockdown, and few times, such as risk perception, attitude toward gender, and informal caregiving. 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.

	Individual vs. Household	Rounds Administered	No of Repeated Assessment
Avoidance behavior, symptoms	I	R1 – R9	9
Knowledge	I	R1, R4, R7	3
Migration		R1, R2, R3, R6 (partial), R7, R8, R9	7
Diagnosis (test & treatment)	I & HH(R9)	R2 – R9 (R6 – R8) (R9)	8 (3) (1 at HH)
Food security	HH (R1)/ I (R2-9)	R1 – R9	1 at HH, 8 at I
Access to health care	H	R1 – R9	9
Economic impacts: income, labor, (consumption)	H	R1 – R9 (R2 – 9)	9 (8)
Discrimination	I	R1 OR R2, R5-7	4
Information	I	R1 OR R2, R3, R5-7	5
Cognition (word recall, delayed recall)	I	R2, R5, R7	3
Animal Naming	I	R8	1
Dementia (self-reported memory, orientation, CSID IQCODE)	I	R4 & R7	2
Health	I	R3, R6, R9	3
Mental health (full PHQ9)	I	R1 – 9 (R3 & R6)	9 (2)
Coping behavior	I	R1 OR R2	1
Risk perception	I	R3, R8, R9	3
Substance Use	I	R8	1

Attitude toward lockdown	I	R1-R3, R6 (partial), R7, R8, R9 (partial)	7
Attitude toward gender	I	R3 & R8	2
Vaccination	I	(R4-partial), R6-R9	5
Social Isolation & Social Contact	I	R4	1
Informal Caregiving	I	R5	1
Functional Health	I	R5 & R8	2
Depression and Anxiety	I	R5, R7, R8, R9	4

Our instrument has been developed in multiple 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.

Round 1, the baseline interview, was conducted in May 2020. We collected information on the following: avoidance behavior and symptoms, knowledge of symptoms of coronavirus, migration, food security, access to health care, economic impacts, discrimination and information, mental health, coping behaviors, and attitude toward lockdown.

Round 2 was conducted from July – August 2020. In addition to the questions asked in round 1, we added questions on covid-19 diagnosis. We also added questions about consumption in our economic impacts section. Word recall and delayed recall were added to assess cognition. Respondents who were not asked about their coping behaviors, discrimination experiences, or sources of information in round 1, were asked about them in round 2. Starting in round 2, the question about food security was moved from section B to section A, and was asked to all respondents.

Round 3, was conducted from September – October 2020. Questions about the respondent’s risk perceptions and attitude toward gender were asked only in round 3. During this round, we also added questions on the respondent’s general health. Six questions from the Patient Health Questionnaire (PHQ9) were added to the mental health section. Word recall, delayed recall, coping behaviors, and knowledge about the symptoms of coronavirus were not asked in round 3.

Round 4, was conducted from November 2020 – January 2021. In this round, we added questions on vaccinations, social isolation, social contact, and dementia. We also added back questions on knowledge about the symptoms of coronavirus. Questions on migration, discrimination, information, word recall, delayed recall, coping behaviours, PHQ9, general health, and attitude toward lockdown were not asked in round 4.

Round 5, was conducted from January – February 2021. In this round, we added questions on information caregiving, functional health, and depression and anxiety. We administered word recall and delayed recall tasks again in round 5 (previously asked in round 2). Questions on knowledge about the symptoms of coronavirus, migration, PHQ9, dementia, general health, coping behaviours, attitude toward lockdown, vaccination, social isolation, and social contact were not asked in round 5.

Round 6, was conducted from March – April 2021. In this round, we added questions on vaccinations, which are different than the vaccination questions asked in round 4. In the middle of

the round, we brought back a question on migration. We also added questions on testing and treatment of coronavirus. In addition, general health and mental health (PHQ9) assessments were asked again in round 6 (previously asked in round 3). Questions on knowledge of coronavirus symptoms, word recall, delayed recall, dementia, coping behaviours, social isolation, social contact, information caregiving, functional health, and depression and anxiety were not asked in round 6.

In round 7, we plan to re-administer the dementia section (previously asked in round 4), the depression and anxiety section (previously administered in round 5), and the word recall and delayed recall task (previously administered in rounds 2 and 5). Questions on general health, mental health (PHQ9), social isolation, social contact, informal caregiving, and functional health will not be asked in round 7.

In round 8, we added questions on substance use and abuse, and an animal naming task. We plan to re-administer the functional health and informal caregiving sections (previously asked round 5). Questions on risk perception and gender attitude will also be asked again (previously asked in round 3), in addition to the core set of questions asked every round. Questions on knowledge of coronavirus symptoms, cognition, dementia, health, mental health (PHQ9), coping behaviour, discrimination, information, and depression and anxiety will not be asked in round 8.

In round 9, we added questions about the second dose of COVID Vaccine, social behaviour in preceding two months, (different from previously administered questions), Diagnosis and Treatment of Covid in the Household (different from previously administered questions directed at the individual). We plan to re-administer the Vaccination module partially (added in Round 6), Risk Perception module (added in Round 3), and Depression and Anxiety module (added in Round 5) in addition to the core set of questions asked every round.

The following instrument reflects such development.

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: _____

Cover screen. Individual

NL005. Is the person on the phone [Preload: Respondent's Name]?

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. [Ask only at baseline or age is unknown] How old are you?

Age in years _____

NL003. [Ask only at baseline or education is unknown] 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. [Ask only at baseline or relationship is unknown] What is your relationship to the main LASI-DAD respondent?

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

NL008. [Added in Round 8; Ask in Round 9 only if not answered earlier] Could you tell me how many children under age 5 live in your household?

Vaccination Questions before the market introduction [Asked in Round 4 only]

VA001. [Asked Round 4 only] 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

VA002. [Asked Round 4 only] (Ask if VA001 = 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 _____

VA003. [Asked Round 4 only] (Ask if VA001 = 1, 2, or 4) Do you think that a COVID-19 vaccine will be affordable to you?

1. Yes
5. No

VA004. [Asked Round 4 only] (Ask if VA001 = 1, 2 or 4) How much are you willing to pay for a COVID-19 vaccine?

VA005. [Asked Round 4 only] (Ask if VA001 = 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

Vaccination questions after the market introduction added in Round 6 – 9

VA601. [Added Round 6] Have you received any vaccination for COVID-19?

1. Yes
5. No.

VA602. [Added Round 6, Modified Round 9] (Ask if VA601 = 1) How many shots have you received?

1. One
2. Two shots[Modified Round 9, Was 'Both Shots' earlier]
4. Three shots[Added Round 9]
3. The vaccine I got only requires one shot

VA603. [Added Round 6, drop Round 9] (Ask if VA601 = 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. Sputnik [Added Round 8]
4. Don't know

VA604. [Added Round 6, drop Round 9] (Ask if VA601 = 1) Where did you get it?

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

VA605. [Added Round 6, drop Round 9] (Ask if VA601 = 1) Did you have to pay for the vaccine shot?

1. Yes
5. No.

VA606. [Added Round 6, drop Round 9] (Ask if VA605 = 1) How much did you pay for the vaccine? [If R received more than one shot, pls report the amount paid for all the shots – instruction added in Round 7]

_____Rs

VA607. [Added Round 6, drop Round 9] (Ask if VA601 = 1) Did you experience any side effects? [If R had more than one shot, ask about side effects for either dose – instruction added in Round 7]

1. Yes
5. No.

VA608. [Added Round 6, drop Round 9] (Ask if VA607 = 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 _____

VA609. [Added Round 6] (Ask if VA601 = 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

VA610. [Added Round 6] (Ask if VA609 = 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. Social media (e.g. WhatsApp, Facebook) [Added Round 8]
9. The news (e.g. newspapers, TV) [Added Round 8]
10. Other, please specify

VA674. [Added Round 9] [Ask only if VA602=1] Are you eligible for the second shot of the vaccine?

1. Yes
2. No
3. Don't Know

VA675. [Added Round 9] [Ask only if VA674=1] What are the main reasons that you did not get a second dose of the vaccine for COVID-19?
(multiple answers allowed)

1. Not available in my locality
2. I forgot
3. It is difficult to access for me
4. I am concerned about the safety (side-effects)
5. I believe I can protect myself from infection in other ways/ I am already immune to Covid-19 because of past infection
6. Other reasons, please specify _____

VA616. [Added Round 7] [Ask only if VA601=5] Have you tried to get a vaccine?

1. Yes
2. No

VA611. [Added Round 6] (Ask if VA601 = 5) Will you get vaccinated when the opportunity comes?

1. Yes
2. No
3. Not sure

VA671. [Added round 8] (Ask if VA601 = 5) Who influenced your decision of whether 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. Social media (e.g. WhatsApp, Facebook)
9. The news (e.g. newspapers, TV)
10. Other, please specify
11. No one influenced me

VA612. [Added Round 6, drop Round 9] (Ask if VA611 = 1 or 3) Do you prefer one vaccine over the other – Covaxin, vaccine developed by the Bharat biotech, Covishield (manufactured by the Serum Institute of India), or Sputnik?

- a. Yes, I prefer Covishield
- b. Yes, I prefer Covaxin
- c. Yes, I prefer Sputnik [Added Round 8]
- d. No, it doesn't matter
- e. Not aware of the vaccine differences

VA613. [Added Round 6] (Ask if VA611 = 2 or 3) 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. Concerned about existing conditions or being sick [Added round 7]
- h. I think it will be too much time/effort to arrange/go [Added Round 8]
- i. I don't think COVID is likely to hurt me [Added Round 8]
- j. Other reasons, please specify _____

VA614. [Added Round 6, drop Round 9] (Ask if VA611 = 1) Would you be willing to pay to get vaccinated?

1. Yes
5. No

VA615. [Round 6 only] (Ask if VA614 = 1) Would you be willing to pay Rs 200 for the two doses of your preferred vaccine?

1. Yes
5. No

VA617. [Added Round 7, drop Round 9] (Ask if VA614 = 1) How much are you willing to pay for the two doses of your preferred vaccine?

_____ Rs

VA618. [Ask Only Round 7] Has anyone else in the household been vaccinated?

1. Yes
5. No.

VA801. [Added Round 8, drop Round 9] Do you know anyone else who has been vaccinated? [Select all that apply]

1. Yes, someone in my household
2. Yes, another family member [outside household]
3. Yes, a friend
4. Yes, someone else
5. No

VA619. [Added Round 7] Do you know of any side effects of the coronavirus vaccine? (Select multiple, do not read options)

1. Pain and swelling of the arm
2. Headache
3. Fatigue
4. Muscle or body pain
5. Fever and chills
6. Nausea
7. Dizziness
8. Tremors
9. Cough
10. Difficulty breathing
11. Heart attacks / cardiac arrest
12. Blood clots
13. Death
14. Contracting COVID-19
15. Infertility / leads to birth defects / works for population control
16. No side effects
17. Other, please specify _____

VA620. [Added Round 7] If any of the options 4, 5, 13 & 15 are selected, we ask a follow-up question for each of the four identified side effects:

You reported {4 OR 5 OR 13 OR 15} as a side effect. Where did you hear about this? (select multiple responses)

1. Me or someone I know experienced this
2. Family, friends, neighbors, or someone else in a public place
3. Local health workers (ANM, Anganwadi, ASHA)
4. Government officials
5. Newspapers
6. Television/Radio
7. Traditional medicine practitioner
8. Local doctor (western medicine practitioner)
9. Whatsapp Groups
10. Other social media
11. Other, please specify _____

VA672. [Added Round 8] [Ask if VA601==5] Do you know where you can get a vaccine?

1. Yes
2. No

VA673. [Added Round 8] [Ask if VA601==5] Would there be any barriers if you decided to get vaccinated? [Mark all that apply]

1. Yes, the cost of the vaccine
2. Yes, the cost of travel
3. Yes, I don't have the time
4. Yes, it is difficult to get to the vaccination site
5. Yes, I don't know how to arrange for the vaccine
6. Yes, long lines or supply shortages
7. Yes, it is hard to schedule in advance because I can't predict my schedule
8. Yes, I am worried that side effects may make me miss work
9. Yes, there is no one to accompany me to the vaccine appointment
10. No, I think it will be easy to get a vaccine

Functional Health Module administered in Round 5 & Round 8

Administered to DAD respondents only in round 5

Administer to everyone 60+ in round 8

GA200. [Ask Round 5 & 8] [Round 8: Ask everyone 60+] 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

Informal Caregiving Module will be administered in Round 5

Care Given to others with IADL [Ask Round 5]

IC001. Because of the pandemic, did you help anyone outside your household, with shopping for groceries, errands, or chores?

1. Yes
2. No

IC002_intro. (If ICR001==1). *Mark all that apply.* Who did you help?

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

IC002a. 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 [Ask Rounds 5]

ICR003. 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

IC004_intro. (If IC003==1) *Mark all that apply.* Who did you help?

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

IC004a. Compared to before the pandemic, did you help [ICR004_intro answer]

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

Care Received from Others with IADL [Ask Rounds 5]

IC005. Because of the pandemic, did anyone living outside your household help you with shopping for groceries, errands, or chores?

1. Yes
2. No

IC006_intro. (If IC005==1) *Mark all that apply.* Who did you receive help from?

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

IC006a. 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 [Ask Rounds 5]

IC007. 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

IC008. (If IC007=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

IC009. (If IC007=1) *Mark all that apply.* Who did you receive help from?

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

IC009a. Compared to before the pandemic, did you receive help from [IC009 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 and 7]

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.

WR102.

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: ____

WR105 [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 will be administered in Round 3 and 6 and 9.

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]
4. Homemaker

**Section DMR/DMI. Dementia Section will be administered in Round 4 & 7 Only.
DMR will be administered to DAD Rs in round 4 and everyone 60+ in round 7.
DMI will be administered to non-DAD Rs in round 4 and everyone age 18-59 in round 7.**

[DAD Respondents Only in Round 4]

Ask Everyone age 60+ in round 7

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

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

- | | | |
|---|------------|--------------|
| [MMSE102_Year]. What is the year? | 1. Correct | 5. Incorrect |
| [MMSE103_Season]. What is the season of the year? | 1. Correct | 5. Incorrect |
| [MMSE104_Date]. What is the date? | 1. Correct | 5. Incorrect |
| [MMSE105_Day]. What is the day of the week? | 1. Correct | 5. Incorrect |
| [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 in Round 4]

Ask Everyone age 18-59 in Round 7

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

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
97. Other (specify)

DM_Care. Are you a caregiver for [CAPI: DAD Respondent name]?

1. Yes
5. No

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

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

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

CVA001. [Ask Rounds 1-7, drop round 8, ask round 9] 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 **[Only asked Round 1]**
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. Travelled 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 [added Round 4]

CVA023. [Ask only in Round 9] Have you attended an indoor gathering with more than 10 people in the past two months, such as a reunion, wedding, funeral, religious service, or an election meeting ?

1. Yes
2. No

CVA024. [Ask only in Round 9 & Ask if CVA023==1] How many such indoor gatherings with more than 10 people have you attended in the past two months? Please count multi-day gatherings like a wedding as one gathering.

1. Less than 5 gatherings
2. 5-10 gatherings
3. More than 10 gatherings

CVA025. [Ask only in Round 9] Have other members in your family attended an indoor gathering with more than 10 people in the past two months, such as a reunion, wedding, funeral, religious service, and election meeting?

1. Yes
2. No

CVA026. [Ask only in Round 9] Have you attended an outdoor gathering with more than 10 people in the past two months, such as a reunion, wedding, funeral, religious service, or an election rally?

1. Yes
2. No

CVA027. [Ask only in Round 9 & Ask if CVA026==1] How many such outdoor gatherings with more than 10 people have you attended in the past two months? Please count multi-day gatherings like a wedding as one gathering.

1. Less than 5 gatherings
2. 5-10 gatherings
3. More than 10 gatherings

CVA028. [Ask only in Round 9] Have other members in your family attended an outdoor gathering with more than 10 people in the past two months, such as a reunion, wedding, funeral, religious service, and election rally?

1. Yes
2. No

CVA002. [Ask only in Round 1, 4, 7] 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 [added Round 4]
17. Other (specify)_____

Skip CVA003 – 6 in baseline and start asking these questions from Round 2

CVA003. [Added in Round 2, skip in Round 9] 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. Call COVID Helpline [Added in Round 3]
7. Will get tested for COVID [Added Round 8]
8. Other, please specify_____

CVA004. [Added in Round 2, skip in Round 9] [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. [Added in Round 2, skip in Round 9] Has anyone in your HH been diagnosed by a healthcare professional with coronavirus infection?

1. Yes
5. No

CVA006. [Added in Round 2] 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

CVA015. [Added in Round 7, Modified in Round 9] Have you experienced a lockdown or new restrictions since December 2021 [in 2021 for Round 7 and 8]?

1. Yes
5. No

CVA007. [Ask everyone] [Added in Round 4; modified Round 7] I like to know if you have experienced any changes to your work situation in the past 2 months [since March 2021 condition for Round 7 only]. 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
- b. I am working more
- c. I am working less
- d. I am paid less
- e. I am paid more
- 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

CVA201. [Added in Round 9] During the pandemic, have you ever delayed or missed healthcare, including both preventative care and treatment of diseases and/or injuries?

1. Yes, I postponed healthcare
2. Yes, I missed healthcare (I did not seek healthcare although I needed)
3. No, I did not need any healthcare
4. No. I obtained the care when I needed it

CVB013. [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 – CVA014 ask Rounds 6, 7, 8

CVA008. [Added Round 6; drop round 8 and 9] 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. [Added Round 6, skip in Round 9] 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

CVA010. [Added Round 6, skip in Round 9] [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

CVA011. [Added Round 6, skip in Round 9] [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

CVA012. [Added Round 6, skip in Round 9] [Ask if CVA009==1] Have you had to stay in hospital for treatment due to coronavirus (Covid-19)?

1. Yes
5. No

CVA013. [Added Round 6, skip in Round 9] [Ask if CVA012==1] If yes, when was that?

Month: ____ Day: ____ Year: ____

CVA014. [Skip in Round 9] [Ask if CVA012==1] How many nights did you spend in the hospital?
Nights: ____

CVA016 – CVA022 ask Rounds 7 and 8

CVA016. [Ask if CVA012==1, skip in Round 9] How much did it cost?

____ Rs

CVA017. [skip in Round 9] Have any of your household member have or have had COVID-19? Please include cases with a confirmed test and those where COVID-19 is suspected, but no test was performed.

1. Yes
5. No

CVA018. [skip in Round 9] [Ask if CVA017==1] If yes, how many of them have been infected with COVID-19?

CVA019. [skip in Round 9] [Ask if CVA017==1] If yes, have any of them had to stay in the hospital?

1. Yes
5. No

CVA020. [skip in Round 9] [Ask if CVA019==1] How much did it cost?

___ Rs

CVA021. [skip in Round 9] Apart from cost of hospitalization, has your household incurred medical expenses for COVID or suspected COVID treatment? This includes the cost of doctor visits, medication, home oxygen supplies, etc.

1. Yes 5. No

CVA022. [skip in Round 9] [Ask if CVA021==1] If yes, how much did it cost?

___ Rs

Section DR. Delayed Recall

[Will be asked only Round 2 and 5 and 7]

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: Animal Naming [Ask Round 8]

RF101_Intro

RF Introduction Animal Naming

Now I want to see how many different animals you can name.

You will have 60 seconds. When I say, 'Begin', say the animal names as fast as you can.

IWER: GET READY TO TIME 60 SECONDS. REPEAT INSTRUCTIONS IF NECESSARY.

IWER: START RECORDING THE RESPONSES.

IWER: START TIMING; ENTER 1 FOR EACH CORRECT RESPONSE AND 0 FOR INCORRECT OR REPETITIONS.

Are you ready? (PAUSE.) Begin.

CONTINUE

RF102_AnimalResponses

RF ANIMAL NAMING RESPONSES

IWER: IF R HAS NOT MENTIONED ANY ANIMALS FOR ABOUT 10 SECONDS, PROBE: ANYTHING ELSE?'

IWER: IF NO, SELECT END TASK.

IWER: INSTRUCT THE R TO STOP AS SOON AS THE TIMER REACHES 60SECONDS. THEN SELECT END TASK.

RF103_AnimalAnswers
RF TOTAL ANIMAL ANSWERS

IWER: COUNT CATEGORIES OF ANIMALS (E.G., DOG), AS WELL AS SPECIFIC TYPES (E.G., COLLIE, TERRIER) AS CORRECT.

IWER: COUNT REPEATED ITEMS AS INCORRECT.
TOTAL ANIMAL ANSWERS

NOTE: THESE ARE CALCULATED BY INTERVIEWER/CAPI.

RF104 BRANCHPOINT: IF R DID NOT RESPOND WITH ANY ANIMAL ANSWERS (RF103=EMPTY), GO TO RF106.

RF104_Animal Incorrect
RF ANIMAL ANY INCORRECT NAMES
IWER: DID YOU RECORD ANY INCORRECT NAMES?
1. YES
2. PROBABLY YES
4. PROBABLY NO
5. NO → **GO TO RF106_AnimalProblems**

RF105_Animal Num Incorrect
RF ANIMAL NUMBER INCORRECT
IWER: WHAT IS THE NUMBER OF INCORRECT NAMES YOU RECORDED?
NUMBER OF INCORRECT NAMES

RF106_AnimalProblems
RF ANIMAL WHETHER ANY PROBLEMS OCCURRED
IWER: PLEASE INDICATE WHETHER ANY PROBLEMS OCCURRED IN RELATION TO ANIMAL NAMING.
IWER: CHOOSE ALL THAT APPLY.
IWER: R ENDING BEFORE 60 SECONDS EXPIRED IS NOT A PROBLEM AND NEED NOT BE REPORTED.

1. INTERRUPTION DURING 60 SEC RESPONSE PERIOD
3. TECHNICAL/COMPUTER PROBLEM
4. R DID NOT UNDERSTAND TASK
5. OTHER (SPECIFY) _____ RF107 SPECIFY
6. NO PROBLEMS OCCURRED

PROGRAMMER NOTE: THE IWER MAY CHOOSE ANY COMBINATION OF SELECTIONS 1, 2, 4, AND 5, OR CODE 6 OR DK SINGLY.

Section B. Health Check Up

[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, Skip in Round 9] 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, Skip in Round 9] 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, Skip in Round 9] 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, Skip in Round 9] 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. [Skip in Round 9] 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 & Round 7] 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

Substance use/abuse questions [Added Round 8]

CVB801. [Skip in Round 9] Does anyone in the household currently consume any alcoholic beverages such as beer, wine, liquor, country liquor etc.??

1. Yes
2. No

CVB802. [Skip in Round 9][Ask if CVB801==1] If yes, has their consumption of alcohol increased, decreased, or stayed the same compared to before the pandemic?

1. Increased
2. Decreased
3. Stayed the same
4. Started consuming during the pandemic

CVB803.[Skip in Round 9]Does anyone in the household currently consume any tobacco products such as smoking cigarettes, chewing tobacco, gutka, or pan masala?

1. Yes
2. No

CVB804. [Skip in Round 9][Ask if CVB803==1] If yes, has their consumption of tobacco products increased, decreased, or stayed the same compared to before the pandemic?

1. Increased
2. Decreased
3. Stayed the same
4. Started consuming during the pandemic

CVB805. [Skip in Round 9] Does anyone in the household take any medicine or pills to help them sleep?

1. Yes
2. No

CVB806. [Skip in Round 9] [Ask if CVB805==1] If yes, has their consumption/dosage of pills increased, decreased, or stayed the same compared to before the pandemic?

1. Increased
2. Decreased
3. Stayed the same
4. Started taking during the pandemic

CVA029. [Added in Round 9] Since the start of the Pandemic in March 2020, how many members in your household got Covid-19? Please include all those you suspect had Covid-19 and those who tested positive with Covid-19. By Household members, we mean those individuals who live in the same house as you and share the same kitchen.

household members: ____ [Numeric Response Only]

For CVA030- CVA038, please see instructions below:

1. Ask CVA030- CVA038 in one series for each member of Household answered in CVA029;
2. Ask CVA033 - CVA038 in a series for each episode of Covid infection answered in CVA032 for each Household Member
3. Only ask in R9

Now, I will ask you for more details about the household members who were suspected or tested positive for Covid-19. I would like to know about all suspected and confirmed Covid-19 cases you have had in your household, including those where someone is still sick or has passed away. Please answer the following questions for each of such household members.

CVA030.	CVA031.	CVA032.	CVA033. [Ask CVA033 - CVA038 in a series for each episode of the total Covid infection answered in CVA032]	CVA034. [Ask CVA030 - CVA035 in a series for each episode of Covid infection answered in CVA032]	CVA035. [Ask CVA030 - CVA035 in a series for each episode of Covid infection answered in CVA032]	CVA036. [Ask if CVA035==1; Ask CVA030 - CVA035 in a series for each episode of Covid infection answered in CVA032]	CVA037. [Ask CVA030 - CVA035 in a series for each episode of Covid infection answered in CVA032]	CVA038. [Ask CVA030 - CVA035 in a series for each episode of Covid infection answered in CVA032]
What is their name?	What is their age?	How many times were they suspected or tested to be Covid-19 positive?	When were they sick/suspected to be sick with Covid-19 for the [prefill from 1-numeric response in CVA029] time? List the Month and Year.	Was the Covid infection confirmed by a test or suspected?	Did they have to be hospitalized as a result of this sickness?	How many nights did they have to spend in the hospital?	How much did all of their medical treatment for covid cost in total?	What was the outcome of this sickness?
Name: _____	Yrs: _____ [numeric response only]	Times: _____ [numeric response only]	[M M Y Y]	1. Covid Case confirmed with a test 2. Suspected Covid Case	1. Yes 2. No	Nights: _____	INR: ____	1. Recovered and healthy 2. Recovering from the illness 3. Passed Away because of Covid-related sickness

Section C. Economic Effects

[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 or if not interviewed in any previous round] 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. I/Others have been asked to take sick leave
11. Others, please specify _____

CVC003R. [Ask Only in Round 7] How has coronavirus affected the work of members of the household? [Mark all that apply. Please prompt each question]

1. Other HH members lost their jobs -> Go to CVC003a
2. Other HH members are working reduced hours
3. Other HH members have no work or less work (for self-employed)
4. Other HH members are not allowed to work on the farms (for farmers)
5. Other HH members are asked to work more (or longer) hours
6. No effect [Vol]
7. Others have been asked to stay home for a few days without pay
8. Others have been asked to stay home for a few days with pay
9. Asked to take sick leave
10. 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 10 – 12 are introduced in Round 2; Option 13 is introduced in Round 4]

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.Savings [Added Round 2]
- 11.Loans [Added Round 2]
- 12.NREGA [Added Round 2]
- 13.Selling assets [Added Round 4]
- 14.We have no source of income

CVC104. [Skip if CVC004=14] In the past month, how much income did your household have?

Amount: _____

CVC104a. –c. [Ask only If R does not give an exact answer to CVC104] 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 Round 1 – 3, 6, 7 and 9] 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

CVC112. [Ask starting Round 2] 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

CVC112_amount. [Ask if CVC010a=1] Amount received: _____ Rupees

CVC111. [Ask starting Round 2] 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

CVC111_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-CVB102. Expenditure Questions were introduced in CVB section then moved to CVC section in Round 3

CVB101. [Added in Round 2] 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. [Added in Round 2] 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

CVB103. [Added in Round 9] Do members of the household have health insurance?

1. All Members
2. Some Members
3. No one has health insurance

CVB104. [Added in Round 9] I'd like to know about your access to healthcare facilities. Could you tell us whether there is public or private health care facilities in your village or neighborhood where you can reach?

1. Yes, both public and private healthcare facilities
2. Yes, only public healthcare facilities
3. Yes, only private healthcare facilities
4. No access

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

CVC601 – CVC607 ask rounds 6, 7, 8 and 9

CVC601. [Added Round 6] As a result of the COVID-19 pandemic [Round 6]/Since March 2021 [starting Round 7], has there been a change in where you live? This could mean temporarily living in a different place.

1. Yes
5. No

CVC602. [Added Round 6] [Ask if CVC601==1] If you did change where you live (because of the COVID-19 pandemic [Round 6]/ since March 2021[starting Round 7]), 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

CVC603. [Added Round 6] Did you have someone move in with you because of the COVID-19 pandemic /since March 2021 [starting Round 7]?

1. Yes
5. No

CVC604. [Added Round 6] 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

CVC605. [Added Round 6] 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

CVC606. [Added Round 6] 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

CVC607. [Added Round 6] 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

In Round 6, everyone received Section D and E

In Round 7, everyone received Section D and E

In Round 8, Skip D1-D3

In Round 9, everyone received Section D (Only CVD006-CVD007) and E

Section D. Discrimination and (mis) information

CVDIntro. Now I would like to ask a few questions about your sources of information about the coronavirus. [Ask Rounds, 1, 2, 3, 5, 6, 7; skip in rounds 4, 8 & 9]

CVD001. Which information sources have you used to learn about the coronavirus in the past 7 days? [Do not prompt, Check all that apply] [Ask Rounds, 1, 2, 3, 5, 6, 7; skip in rounds 4, 8 & 9]

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) [Added Round 2]

CVD003 [Ask Rounds 1, 2, 5, 6, 7]. 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 in Round 3, 8 and 9]. 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 in Round 3, 8 and 9]. 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

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]
- Feeling nervous or anxious
 - Unable to stop worrying
 - Feeling down, depressed or hopeless
 - Little interest or pleasure in doing things

CVE007. 7 additional questions from PHQ9 are administered in Round 3 and 6 Only

CVE007a-f. [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]

- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself- or that you are a failure or have let yourself or your family down
- Trouble concentrating on things, such as reading the newspaper or watching television
- 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]

- Unable to access healthcare
- We lost work/jobs
- We lost income
- Facing discrimination
- Impacted our social/religious activities
- Disrupted education of me or my family members
- Loss of family member [Added Round 4]
- Other (specify)
- No Impact [Added Round 2]

CVE401. [Drop Round 9][if CVE002=7] Was the death COVID-related? [Added Round 4]

1. Yes 5. No

CVE402. [Drop Round 9] [if CVE002=7] When did it happen? Pls specify year and month. [Added Round 4]

___ 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

[Attitude toward lockdown – skip CVE006 in Round 7, modified Round 9]

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
5. Already recovered [Added in Round 9]

CVE006. [Ask Rounds 2,3,6, drop Round 7] 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

CVE701. [Ask Round 7 only] Do you think a lockdown/restrictions are needed right now in your community?

1. Yes 2. No 3. Maybe

[Gender Attitude]

CVE 007_intro. [Ask in Round 3 and 8] 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 in Round 3 and 8] 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 and 8] If a woman earns more money than her husband, it's almost certain to cause problems.

1. Agree 2. Neither 3. Disagree

Social Isolation and Social Contact are asked in Round 4

Social Isolation [Rounds 4 only]

		Often	Some of the time	Hardly ever or never
VA006	How often do you feel you lack companionship?			
VA007	How often do you feel left out?			
VA008	How often do you feel isolated from others?			

Social Contact [Rounds 4 only]

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.

VA009a- VA009d. 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
VA009a	Own non-resident children						
VA009b	Own non-resident parents						
VA009c	Other non-resident relatives						
VA009d	Other non-relatives like neighbors, friends, or colleagues						

VA010a-VA010d. 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
VA010a	Own non-resident children						
VA010b	Own non-resident parents						
VA010c	Other non-resident relatives						
VA010d	Other non-relatives like neighbors, friends, or colleagues						

VA011. 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: ___

**Depression and Anxiety Module will be administered in Round 5, Round 7 and Round 9
Administer to every respondent**

MH_intro. [Round 5 & 7 & 9]

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.

MH002. 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)

MH003. 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)

MH004. 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)

MH005. 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)

MH006. 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)

MH007. 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)

MH008. 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)

MH009. 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)

MH010. 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)

MH011. 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)

MH021. Beck's anxiety inventory (BAI) [Round 5 & 7 & 9]

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.

MH022. 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

MH023. 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

MH024. 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

MH025. 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

MH026. 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

The Primary Care PTSD Screen for DSM-5 [Added Round 7; modified round 8; ask only in round 7, 8, Skip in Round 9]

As you are aware, during the last few months, our country has suffered deadly, frightening, horrible, and traumatic events because of the Corona pandemic. Such difficulties are rare in life.

GA427.[Added Round 7, Skip in Round 9] Have you ever experienced this kind of traumatic event because of COVID-19 in the last year?

1. Yes
2. No

If no, screen total = 0. Please stop here. [Skip pattern removed 7/29/2021, during Round 7]

If yes, please answer the questions below. [Skip pattern removed 7/29/2021, during Round 7]

GA440. [Round 7: Ask if GA427==1, Skip in Round 9] What kind of traumatic event because of COVID-19 have you experienced? (Multiple responses allowed)

[Round 8 – GA427 and GA440 are modified as follows]

GA440_w8.[Skip in Round 9] We like to learn about your COVID-19 related experiences. Have you experienced any of the following?

1. I had Corona like illness
2. I tested positive.
3. Other family members tested positive.
4. We lost one (or more) family members.
5. I or a family member went to the hospital and was put on a ventilator (breathing tube and mechanical assistance for breathing) /needed ICU admission.
6. I or a family member went to the hospital, but was not put on a ventilator (see above for definition.
7. I or a family member stayed home and needed medical assistance because of breathing difficulty.
8. I or a family member stayed at home in spite of breathing difficulty.
9. We could not find a bed/oxygen/medicine.
10. Others, please specify _____

GA428. [Round 7: Ask if GA427==1; Ask everyone starting 7/29/2021; Rounds 8: Ask everyone, Skip in Round 9] In the past month, have you had nightmares (terrible dreams about having Corona) about the event(s) or thought about the event(s) when you did not want to?

1. Yes
2. No

GA429. [Round 7: Ask if GA427==1; Ask everyone starting 7/29/2021; Rounds 8: Ask everyone, Skip in Round 9] In the past month, have you tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

1. Yes
2. No

GA430. [Round 7: Ask if GA427==1; Ask everyone starting 7/29/2021; Rounds 8: Ask everyone, Skip in Round 9] In the past month, have you been constantly on guard, watchful, or easily startled?

1. Yes
2. No

GA431. [Round 7: Ask if GA427==1; Ask everyone starting 7/29/2021; Rounds 8: Ask everyone, Skip in Round 9] In the past month, have you felt numb or detached from people, activities, or your surroundings?

1. Yes
2. No

GA432. [Round 7: Ask if GA427==1; Ask everyone starting 7/29/2021; Rounds 8: Ask everyone, Skip in Round 9] In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

1. Yes
2. No

[Diagnosed mental illness]

HT009. [Added Round 8] Has any health professional ever diagnosed you with any neurological or psychiatric problems such as depression, anxiety, Alzheimer's/Dementia, unipolar/bipolar disorders, convulsions, Parkinson's etc.?

1. Yes
2. No

HT801. [Added round 8] [Ask if HT009==1] Were you diagnosed with this condition before or after the pandemic?

1. Before the pandemic
2. After the pandemic

Help-seeking for mental health problems [Ask Rounds 7, 8, and 9]

GA439. Have you ever sought psychological help during the pandemic?

1. Yes, I have contacted a doctor
2. Yes, I called the mental health helpline
3. Yes, I talked to my friends and family members
4. No

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