

Survey: Consequences of COVID-19 on women's and men's economic empowerment

[SELECT LANGUAGE]

“Thank you for agreeing to fill out this survey. The rapid spread of Covid-19 (Coronavirus) has taken the world by surprise and UN Women aims to understand how the pandemic is affecting women and men. This survey should take no more than 5 minutes to complete. All responses will be kept strictly confidential. We appreciate your time.”

Q1. Sex

[Please select one]

1. Male [NEXT](#)
2. Female [NEXT](#)

Q2. Age

[Please inset your age in years]

__ [YEARS] [NEXT](#)

Q3. Marital status

[Please select one]

1. Single (never married) [NEXT](#)
2. Married [NEXT](#)
3. Living with partner/Cohabiting [NEXT](#)
4. Married but separated [NEXT](#)
5. Widowed and not remarried [NEXT](#)
6. Divorced and not remarried [NEXT](#)

Q4. Highest educational level completed

[Please select one]

1. No education [NEXT](#)
2. Primary [NEXT](#)
3. Secondary [NEXT](#)
4. Tertiary [NEXT](#)

Q5. Current nationality

[Roll down menu]

Q5.1 Current location [NEXT](#)

Q6. How many people live with you?

0. I live alone [NEXT GO TO Q7](#)
1. Number of children 0-17 ____ [GO TO 2](#)
2. Number of adults 18-64 ____ [GO TO 3](#)
3. Number of elderly 65+ ____ [GO TO 4](#)

Q7. What is your main source of information regarding COVID19 risks and prevention?

[Please select one, then NEXT]

1. Internet & social media [NEXT](#)
2. Official Government websites [NEXT](#)
3. Radio/Television/Newspaper [NEXT](#)
4. Public service announcement/speaker [NEXT](#)
5. Phone (text or call) [NEXT](#)
6. Community, including family and friends [NEXT](#)
7. NGO/Civil Society organization [NEXT](#)
8. Other [NEXT](#)
9. Do not know about COVID19 [END](#)

Q8. How would you rate the information you received?

[Please select one, then NEXT]

1. I did not receive any information [NEXT](#)
2. Clear and helped me prepare [NEXT](#)
3. Clear but it came too late for me to prepare [NEXT](#)
4. Confusing/contradictory [NEXT](#)

Q9. How would you best describe your employment status during a typical week prior to the spread of Covid-19?

[Please select one]

1. I worked for a person/company/household [GO TO Q 9.1 IF Q3 Marital status is == 2 or 3, OTHERWISE GO TO 9.2](#)
2. I had my own business/FREELANCER and I employed other people [GO TO Q.9.1 IF Q3 Marital status is == 2 or 3, OTHERWISE GO TO 9.2](#)
3. I had my own business/FREELANCER but I did not employ other people [GO TO Q.9.1 IF Q3 Marital status is == 2 or 3, OTHERWISE GO TO 9.2](#)
4. I helped (without pay) in a family business [GO TO 10](#)
5. I did not work (I was not looking for a job and I was not available to work) [GO TO 9.5](#)
6. I am retired [GO TO 9.2](#)
7. I did not work because I am studying full time [GO TO 10](#)
8. I did not work, I have a long-term health condition [GO TO 9.5](#)
9. I did not work (but I am looking for a job and I am available to start working) [GO TO Q9.5](#)
10. Other [GO TO Q9.1 IF Q3== 2 OR 3 OTHERWISE GO TO Q10](#)

Q 9.1. Would you say that the money that you used to earn before Covid-19 was:

[Please select one]

1. More than what my partner earns [GO TO 9.2](#)
2. Less than what my partner earns [GO TO 9.2](#)
3. About the same [GO TO 9.2](#)
4. I have no earnings [GO TO 9.2](#)
5. Partner has no earnings [GO TO 9.2](#)
999. I don't know [GO TO 9.2](#)

[ONLY ASKED if Q9==1 or 2 or 3 and if Q3 Marital status is == 2 or 3]

Q 9.2 Since the spread of COVID19, has the number of hours devoted to paid work changed?
[Please select one]

1. Increased GO TO 9.3 IF Q9==1 OTHERWISE GO TO 9.4 IF Q9==2 OR 3
2. No change/It is the same GO TO 9.3 IF Q9==1 OTHERWISE GO TO 9.4 IF Q9==2 OR 3 OTHERWISE GO TO Q10 IF Q9==6
3. Decreased, but I didn't lose my job GO TO 9.3 IF Q9==1 OTHERWISE GO TO 9.4 IF Q9==2 OR 3
4. I lost my job GO TO Q 9.5
999. I do not know GO TO Q10

[ONLY ASKED FOR Q9 == 1 or 2 or 3 or 6]

Q 9.3. Does your employer pay contributions toward pension and health insurance on your behalf?
[Please select one]

1. Yes GO TO Q11
2. No GO TO Q10
999. I do not know. GO TO 10

[ONLY ASKED FOR EMPLOYEES IF Q9==1 & IF Q9.2 IS NOT 4 OR 999]

Q 9.4 Is your business formally registered?

[Please select one]

1. Yes GO TO Q10
2. No GO TO Q10
999. I don't know Q10

[ONLY ASKED FOR SELF-EMPLOYED IF Q9==2 OR 3 & IF Q9.2 IS NOT 4 OR 999]

Q 9.5 Do you receive any unemployment benefits/financial support from the Government?

[Please select one]

1. Yes GO TO Q10
2. No GO TO Q10
999. I don't know GO TO Q10

[ONLY ASKED FOR UNEMPLOYED if Q9==5 or 8 or 9 OR Q9.2==4]

Q10. Are you currently covered by any form of health insurance or health plan?

[Please select one]

1. Covered by health insurance NEXT
2. Not covered by health insurance NEXT
999. I don't know NEXT

[ASKED IF Q.5==1 OR 2 OR 999 OR IF Q9.4==1 OR 2 OR 999 OR IF Q9.3==2 OR 999 OR Q9.2==999 OR IF Q9==10]

Q11. As a result of COVID19, how have the following household resources been affected? **NEXT**

	Increase 1	Unchanged 2	Decrease 3	Not a source of income/support 4
Income from own farming or fishing				
Income from other family business				
Income from a paid job				
Food for consumption from own farming/ animals/ fishing				
Money from people living abroad				
Support from family/friends in the country (money, food, etc)				
Income from properties, investments or savings				
Government support (in cash or kind)				
Charity from NGOs or other organizations				

Q12. As a result of COVID19, has the number of hours devoted to the following activities changed? **NEXT**

	I do not usually do it 1	Increased 2	Unchanged 3	Decreased 4
1. Cooking and serving meals GO TO 2				
2. Cleaning (e.g. clothes, household) GO TO 3				
3. Decoration, repair and household management (e.g. paying bills) GO TO 4				
4. Shopping for my household/ family members GO TO 5				
5. Collecting water/fuel GO TO 6				
6. Minding children while doing other tasks (e.g. paid work) GO TO 7				
7. Playing with, talking to and reading to children GO TO 8				
8. Instructing, teaching, training children GO TO 9				
9. Caring for children, including feeding, cleaning, physical care GO TO 10				
10. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care GO TO 11				

11. Assisting older/sick/disabled adults with administration and accounts GO TO 12				
12. Affective/emotional support for adult family members GO TO 13				
13. Pet care NEXT4				

Q13. Since the spread of COVID19, in which activity do you spend the most time?
[\[Please select one\]](#)

1. Cooking and serving meals
2. Cleaning (e.g. clothes, household)
3. Decoration, repair and household management (e.g. paying bills)
4. Shopping for the family
5. Collecting water/fuel
6. Minding children while doing other tasks (e.g. paid work)
7. Playing with, talking to and reading to children
8. Instructing, teaching, training children
9. Caring for children, including feeding, cleaning, physical care
10. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care
11. Assisting older/sick/disabled adults with administration and accounts
12. Affective/emotional support for adult family members
13. Pet care

Q14. Since the spread of COVID19...
[\[Select YES or NO for each statement, then NEXT\]](#)

	Yes 1	No 2	Not applicable 3
1. My partner helps me more with household chores and caring for family ONLY ASKED IF Q3==2 OR 3			
2. My daughter(s) helps me more with household chores and caring for family GO TO 3			
3. My son(s) helps me more with household chores and caring for family GO TO 4			
4. Other family members help me more with household chores and caring for family GO TO 5			
5. Hired a domestic worker/babysitter / nurse GO TO 6			d
6. Domestic worker/babysitter/nurse works longer hours with us GO TO 7			
7. Domestic worker/babysitter/nurse no longer works with us GO TO 8			
8. My relatives can no longer help with household chores and caring for family GO TO 9			

Q15. As a result of COVID19, did you (personally) experience any of the following:

	YES 1	NO 2	Not applicable 3
1. Physical illness GO TO 2			d
2. Death of a household/family member GO TO 3			d
3. Illness of a household/family member GO TO 4			d
4. Children's school was cancelled or reduced GO TO 5			
5. Migrated to different geographical area within the same country GO TO 5			d
6. Migrated to a different country GO TO 6			d
7. Water source was compromised GO TO 7			d
8. Mental/Emotional health was affected (e.g. stress, anxiety) GO TO 8			d
9. Difficulty accessing medical supplies/ hygiene products/food GO TO 9			d
10. Longer wait times to visit doctors/seek medical care GO TO 10			
11. Unable to seek medical care GO TO 11			
12. Lost access to/could not use public transport GO TO 13			
13. Unable to perform usual personal care/ health routines GO TO NEXT			d

Q16. Are you...

[Please select one, then END]

1. The registered owner of this mobile phone [END](#)
2. One of the users of the phone which is registered in someone else's name [END](#)

END: THANK YOU! If you would like to know the results of the survey, in a few weeks please check:
<https://data.unwomen.org/>

STAY SAFE!