



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

EXAMPLES OF QUESTIONS FOR A MOBILE PHONE BASED SURVEY

Introduction internet-based questionnaire:

“Thank you for agreeing to fill out this survey. The rapid spread of Covid-19 has taken the world by surprise and we, at UN Women, want to understand how the changing situation is affecting women and men. Completing this survey should take no more than 10 minutes. All responses will be kept strictly confidential and all data costs to complete the survey will be carried by UN-Women. Thank you for agreeing to provide your time and insights”

Introduction SMS based questionnaire:

“The rapid spread of Covid-19 has taken the world by surprise and we, at UN Women, want to understand how the changing situation is affecting women and men. In order to make the survey as inclusive as possible, each participant will be sent ten questions per day over a six-day period. All responses will be kept strictly confidential and costs will be covered by UN-Women.

Please indicate whether you want to participate in the survey by receiving and responding to ten SMS questions per day over a six-day period

1-Yes

2-No”

Q1. Sex

[Please select one]

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

Q2. Age

[Please inset your age in years]

__ [YEARS] [NEXT](#)

Q3. Highest educational level completed

[Please select one]

1. No education [NEXT](#)
2. Some primary [NEXT](#)
3. Primary [NEXT](#)
4. Some secondary [NEXT](#)
5. Secondary [NEXT](#)
6. Tertiary or higher [NEXT](#)
7. Other [NEXT](#)

Q4. Are you...

The registered owner of this mobile phone

One of the users of the phone which is registered in someone else's name

Q5. How many people live with you?

[Please select one]

0. I live alone [NEXT GO TO Q6](#)
1. Number of children 0-17 _____
2. Number of adults 18-34 _____
3. Number of adults 35-49 _____
4. Number of adults 50-69 _____
5. Number of elderly 70+ _____

Individual and household economic activities

Q6 The following questions are aimed at finding out how your personal income sources and the income you derive from them changed since the outbreak of COVID-19?

Q6.1 Any changes in your personal income from farming and fishing?

[Please select one]

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.2 Any changes in your personal income from household business (other than farming or fishing)?

[Please select one]

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.3 Any changes in your personal income from a job?

[Please select one]

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.4 Any changes in your personal income from piece/odd jobs?

[Please select one]

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)

3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.5 Any changes in your personal income from money or goods received from relatives/friends living elsewhere in the country?

[\[Please select one\]](#)

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.6 Any changes in your personal income from money or goods received from relatives/friends living in another country?

[\[Please select one\]](#)

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.7 Any changes in your personal income from rental properties, investments or savings?

[\[Please select one\]](#)

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.8 Any changes in your personal income from Private/company pensions?

[\[Please select one\]](#)

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.9 Any changes in your personal income from Government social grants or pensions?

[\[Please select one\]](#)

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.10 Any changes in your income from Non-Governmental/civil society organization or other non-profit organizations?

[Please select one]

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q6.11 Any changes in your personal income from other income sources?

[Please select one]

1. Never a source of income [NEXT](#)
2. Used to be a source, but no longer is [NEXT](#)
3. No change in income [NEXT](#)
4. Increased income [NEXT](#)
5. Decreased income [NEXT](#)

Q7. Any changes in the combined income from other household members since COVID-19 started?

[Please select one]

1. No change in income [NEXT](#)
2. Increased income [NEXT](#)
3. Decreased income [NEXT](#)

Q8. Do you receive any unemployment benefits/financial support from the Government?

[Please select one]

1. Yes [NEXT](#)
2. No [NEXT](#)
3. Do not know [NEXT](#)

Q9. Are you currently covered by any form of health insurance or health plan?

[Please select one]

1. Yes [NEXT](#)
2. No [NEXT](#)
3. Do not know [NEXT](#)

Q10. Does your household produce any crops/livestock/poultry?

[Please select one]

1. Yes [NEXT](#)
2. No [NEXT GO TO Q11.5](#)

Q10.1 To what extent does the food produced by the household provide in your household food needs?

[Please select one]

1. It provides in **all** our food needs [NEXT](#)
2. It provides in **most** of our food needs [NEXT](#)

3. It provides in **some** of our food needs [NEXT](#)

Q11. The next few questions find out whether your household food supply has been affected by COVID-19.

Q11.1 Ability to buy seeds and other inputs to plant crops

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)
3. Decreased [NEXT](#)

Q11.2 The amount of food crops and livestock produced

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)
3. Decreased [NEXT](#)

Q11.3 Ability to market produce from own production

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)
3. Decreased [NEXT](#)

Q11.4 Theft of food from the fields

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)
3. Decreased [NEXT](#)

For all respondents:

Q11.5 Availability of food supplies in the local market/shops

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)
3. Decreased [NEXT](#)

Q11.6 Amount of money available to buy the kinds of food we normally eat

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)
3. Decreased [NEXT](#)

Q11.7 Amount of money available to buy enough food

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)

3. Decreased [NEXT](#)

Q11.8 Incidence of theft of food from our house

[\[Please select one\]](#)

1. Stayed the same [NEXT](#)
2. Increased [NEXT](#)
3. Decreased [NEXT](#)

COVID specific questions

Q12. Did you get information about how you can protect yourself against COVID-19?

[\[Please select one\]](#)

1. Yes [NEXT](#)
2. No [NEXT](#)

Q13. What is your main source of information regarding COVID-19 (risks, recommended preventive action, recommended coping strategies)?

[\[Please select one, then NEXT\]](#)

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 COVID-19 [END](#)

Q14 As a result of COVID-19, did you (personally) experience any of the following consequences?

Q14.1 Yourself has been/is currently ill

[\[Please select one\]](#)

1. Yes [NEXT](#)
2. No [NEXT](#)

Q14.2 Other household member(s) have been/are currently ill

[\[Please select one\]](#)

1. Yes [NEXT](#)
2. No [NEXT GO TO Q14.4](#)

Q14.3 Death of any household member of COVID-19

[\[Please select one\]](#)

1. Yes [NEXT](#)
2. No [NEXT](#)
3. Not applicable (No COVID infections) [NEXT](#)

Q14.4 Your own psychological health was affected (e.g. stress, anxiety, etc)

[Please select one]

1. Yes NEXT
2. No NEXT

Q14.5 You experienced longer wait times to visit doctors/seek medical care

[Please select one]

1. Yes NEXT
2. No NEXT
3. Did not seek/need medical care NEXT

Q14.6 You were unable to access medical care

[Please select one]

1. Yes NEXT
2. No NEXT
3. Did not seek/need medical care NEXT

Q14.7 The household was unable to access medical care for children

[Please select one]

1. Yes NEXT
2. No NEXT
3. Did not seek/need medical care NEXT

Q14.8 The school of children living in the household's was cancelled or reduced

[Please select one] (could include a control here to skip question for no children in the household – in which case option 3 becomes redundant)

1. Yes NEXT
2. No NEXT
3. No children in the household NEXT

Q14.9 Moved to a different town or region within the same country

[Please select one]

1. Yes NEXT
2. No NEXT

Q14.10 Moved to a different country

[Please select one]

1. Yes NEXT
2. No NEXT

Q14.11 Does your household collect your water outside the house?

[Please select one]

1. Yes NEXT
2. No NEXT

Q14.12 If yes, have you experienced problems since the start of COVID to reach your water source?

[Please select one]

1. Yes NEXT
2. No NEXT

Q14.13 Have your household's main water sources been affected/changed in any of the following ways (more than one response)?

a) Water became/is polluted

[Please select one]

1. Yes NEXT
2. No NEXT

b) Water supply became/is irregular

[Please select one]

1. Yes NEXT
2. No NEXT

c) Water stopped altogether

[Please select one]

1. Yes NEXT
2. No NEXT

Q14.14 Household could not access medical supplies for personal use

[Please select one]

1. Yes NEXT
2. No NEXT
3. Not applicable NEXT

Q14.15 Lost access to/could not use public transport.

[Please select one]

1. Yes NEXT
2. No NEXT
3. Not applicable NEXT

Feelings of safety

Q15. Do you feel safe in your home?

[Please select one]

1. Yes NEXT
2. No NEXT

Q16. Do you feel safe when walking alone in your community during the day?

[Please select one]

1. Yes [NEXT](#)
2. No [NEXT](#)

Q17. Do you feel safe when walking alone in your community at night?

[\[Please select one\]](#)

1. Yes [NEXT](#)
2. No [NEXT](#)

Q18. During the time period of COVID-19, do you think crime in your area has..

[\[Please select one\]](#)

1. Decreased [NEXT](#)
2. Remained the same [NEXT](#)
3. Increased [NEXT](#)

Time use questions

Q19. The next group of questions are aimed at finding out whether there were changes in the amount of time you spend since the start of COVID-19 on the following household activities (please respond in minutes or hours)?

Q19.1 Food and meal management and preparation

[\[Please select one\]](#)

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.2 Cleaning and maintaining own dwelling and surroundings

[\[Please select one\]](#)

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.3 Household management

[\[Please select one\]](#)

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.4 Pet care

[\[Please select one\]](#)

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.5 Shopping for own household and family members

[Please select one]

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.6 Caring for children 0-5 years

[Please select one]

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.7 Caring for children 6-17 years

[Please select one]

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.8 Caring for adults 18-54 years

[Please select one]

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.9 Caring for adults 55 years and older

[Please select one]

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q19.10 Help/ support provided to non-HH members (community, neighborhood) as a result of COVID.

[Please select one]

1. I do not usually do it [NEXT](#)
2. Time spent increased [NEXT](#)
3. Time spent is unchanged [NEXT](#)
4. Time spent decreased [NEXT](#)

Q20. If you had to select only one activity from the list below, which one would you say takes up the largest share of your time since the start of COVID-19?

[Please select one]

1. Cooking and serving meals [NEXT](#)
2. Cleaning (e.g. clothes, household) [NEXT](#)

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