



IRC Pakistan COVID-19 Rapid Need Assessment Household Head Interview Tool

This tool will be filled online while interviewing via phone call, introduction and time consent will be taken before starting

No	QUESTIONS	Answers
1	Location: Sex of the interviewee: Interviewee age: Interviewee occupation: Date: Level of education:	To be filed in from forms at participant registration online
2	What do you know about the new coronavirus disease? (Only one option)	Choose one best answer: <input type="checkbox"/> I don't know anything <input type="checkbox"/> It's a virus that can cause a disease <input type="checkbox"/> It's a government's programme <input type="checkbox"/> It's a TV/radio campaign <input type="checkbox"/> Other: _____
3	What kind of information have you received about the disease? (Legends to be added to the questionnaire)	Mark all answers that are true: <input type="checkbox"/> How to protect yourself from the disease? <input type="checkbox"/> Symptoms of the new coronavirus disease <input type="checkbox"/> How it is transmitted <input type="checkbox"/> What to do if you have the symptoms <input type="checkbox"/> Risks and complications <input type="checkbox"/> Other: _____
4	Where did you hear about the new coronavirus from? What channels or sources?	Mark all channels that you heard about the disease from: <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> WhatsApp <input type="checkbox"/> Social Media (not WhatsApp) <input type="checkbox"/> Health unit/Health care worker <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Community health workers <input type="checkbox"/> Banners <input type="checkbox"/> Other community mobilisers

No.	QUESTIONS	Answers
		<input type="checkbox"/> Community leaders <input type="checkbox"/> Religious leaders <input type="checkbox"/> Traditional healers <input type="checkbox"/> Traditional midwives <input type="checkbox"/> Any person from the community <input type="checkbox"/> Other: _____
5	Which channel/who do you trust the most to receive information related to coronavirus? (one or more options)	Check the best channel for you to receive coronavirus information from: <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> WhatsApp <input type="checkbox"/> Social Media (no WhatsApp) <input type="checkbox"/> Health unit/Health care worker <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Community health workers <input type="checkbox"/> NGOs volunteers and staff <input type="checkbox"/> Other community mobilisers <input type="checkbox"/> Community leaders <input type="checkbox"/> Religious leaders <input type="checkbox"/> Traditional healers <input type="checkbox"/> Traditional midwives <input type="checkbox"/> Any person from the community <input type="checkbox"/> Other: _____
6	How dangerous do you think the new coronavirus risk is?	Choose the best answer that matches your belief about the disease: <input type="checkbox"/> It is Fatal <input type="checkbox"/> Very dangerous <input type="checkbox"/> More or less dangerous <input type="checkbox"/> Is not dangerous <input type="checkbox"/> Other: _____
7	Who do you think is at highest risk to get the coronavirus?	Mark all those you think are likely to become sick: <input type="checkbox"/> Children under 5 years old <input type="checkbox"/> Adolescents up to 15 years old <input type="checkbox"/> Youth <input type="checkbox"/> Adults <input type="checkbox"/> Elderly persons <input type="checkbox"/> Pregnant women <input type="checkbox"/> Health workers <input type="checkbox"/> Already ill people <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> People with psychological illnesses

No.	QUESTIONS	Answers
8	Do you think you are likely to become sick with the new coronavirus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
9	How does the coronavirus spread?	Mark all the ways you think the disease spreads: <ul style="list-style-type: none"> <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Droplets from infected people <input type="checkbox"/> Airborne <input type="checkbox"/> Direct contact with infected people. <input type="checkbox"/> Touching contaminated objects/surfaces <input type="checkbox"/> Don't know
10	What are the main symptoms?	Mark all the symptoms you think are caused by the new coronavirus: <ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath and breathing difficulties <input type="checkbox"/> Muscle pain <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Don't know <input type="checkbox"/> No symptoms <input type="checkbox"/> Other: _____
11	Do you know how to prevent it? (One or more options)	Choose all the prevention steps you know about: <ul style="list-style-type: none"> <input type="checkbox"/> Wash hands regularly using alcohol or soap and water <input type="checkbox"/> Drink only treated water or hot <input type="checkbox"/> Cover mouth and nose when coughing or sneezing <input type="checkbox"/> Avoid close contact with anyone who has a fever and cough <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____
12	What have you and your family done to prevent becoming sick with coronavirus in the recent days?	Mark all steps that you have taken: <ul style="list-style-type: none"> <input type="checkbox"/> Keep social distancing from people and avoid mobility <input type="checkbox"/> Washing hands regularly using alcohol-based cleaner or soap / water <input type="checkbox"/> Covering mouth and nose when coughing or sneezing <input type="checkbox"/> Avoid close contact with anyone who has a fever and cough <input type="checkbox"/> Eliminate standing water <input type="checkbox"/> Cook meat and eggs well <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____

No.	QUESTIONS	Answers
13	What to do if you or someone from your family has symptoms of this disease?	Mark all the actions you would take: <ul style="list-style-type: none"> <input type="checkbox"/> I will avoid visiting hospital <input type="checkbox"/> I will look for a more experienced relative to advise me on what to do <input type="checkbox"/> I will go to the hospital / health unit <input type="checkbox"/> I will buy medicines at the market <input type="checkbox"/> I will look for the traditional healer <input type="checkbox"/> I would stay in quarantine
14	What more would you like to know about the disease?	Choose all topics that you would like to know about; <ul style="list-style-type: none"> <input type="checkbox"/> How to protect yourself from the disease? <input type="checkbox"/> Symptoms of the new coronavirus disease <input type="checkbox"/> How it is transmitted <input type="checkbox"/> What to do if you have the symptoms <input type="checkbox"/> Most at risk groups <input type="checkbox"/> How to treat it <input type="checkbox"/> Other: _____
15	In case you identify a suspect case of COVID-19 in your house / family / community, where will you refer that person for further tests/treatment?	<ul style="list-style-type: none"> <input type="checkbox"/> To health care person in your village <input type="checkbox"/> To nearest BHU / RHC <input type="checkbox"/> To THQ/DHQ <input type="checkbox"/> Other -----
16	Do you think the coronavirus disease is generating stigma against specific people?	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
17	(If yes) Which group is being dis-criminated in your community because of coronavirus?	<ul style="list-style-type: none"> <input type="checkbox"/> Transgender <input type="checkbox"/> Religiose minorities <input type="checkbox"/> PWDs <input type="checkbox"/> Other Specify: _____
Now we would like to ask you some questions about long term affects you foresee on Safety, Livelihood, Education, Health and Protection.		
SAFETY		

18	Do you have safety measures for all family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
18.1	If No, what safety measures do your family need to combat COVID-19?	<input type="checkbox"/> Sanitizers <input type="checkbox"/> Face masks <input type="checkbox"/> Soap <input type="checkbox"/> Don't Know <input type="checkbox"/> Other specify ()
18.2	Reasons for not having these safety measures?	<input type="checkbox"/> Expensive and cannot afford <input type="checkbox"/> Not Available in market <input type="checkbox"/> Don't Know <input type="checkbox"/> Other specify ()
HEALTH		
19	Do you have any COVID-19 victim or most vulnerable member in your family ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
20	Do you have any chronically ill person in family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	How the current situation affected health in your family?	<input type="checkbox"/> No Affect <input type="checkbox"/> Difficulties in accessing health services <input type="checkbox"/> Lack of resources to avail health services <input type="checkbox"/> Don't Know <input type="checkbox"/> Other specify ()
LIVELIHOOD		
22	What was your main livelihood source prior to COVID-19?	<input type="checkbox"/> Govt servant <input type="checkbox"/> Private job <input type="checkbox"/> Daily wager <input type="checkbox"/> Own business <input type="checkbox"/> Agriculture <input type="checkbox"/> Poultry/Livestock <input type="checkbox"/> Other specify ()
23	Have the COVID-19 affected your HH livelihood?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

23.1	If Yes, How?	<input type="checkbox"/> Shop closed due to lockdown <input type="checkbox"/> No wages due to lockdown <input type="checkbox"/> Job lost <input type="checkbox"/> Without pay long leaves till reopening of industries <input type="checkbox"/> Other Specify.....
23.2	How it effects your livelihood and food security	Choose as many as you have heard about: <input type="checkbox"/> I run out of my savings <input type="checkbox"/> I worry whether my food will run out before I get money to buy more. <input type="checkbox"/> I ran out of the foods <input type="checkbox"/> The food that I bought didn't last and I didn't have money to buy more
23.3	Coping Strategies	<input type="checkbox"/> Relied on less preferred and less expensive foods <input type="checkbox"/> Borrowed food, or relied on help from a friend or relative <input type="checkbox"/> Limited portion size at meal times <input type="checkbox"/> Restricted consumption by adults in order for small children to eat <input type="checkbox"/> Reduced number of meals eaten in a day <input type="checkbox"/> Spent savings <input type="checkbox"/> Borrowed money <input type="checkbox"/> Sold house or land <input type="checkbox"/> Withdrew children from school
FOOD SECURITY		
24	Have you experiences food shortage during last 07 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
25	Have you stored additional food and other necessary items in home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Is sufficient food available in the markets?	<input type="checkbox"/> Plenty (no problem) <input type="checkbox"/> Not at all <input type="checkbox"/> Adequate (available but not enough) <input type="checkbox"/> Don't know
27	How many times do the people eat food in a day on average?	1. Before COVID-19 Pandemic _____ 2. After COVID-19 Pandemic _____

28	Psychological affects Has anyone in your family shown extreme behavior changes that is worrying For Example. a) not eating, b) not	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.1	If yes, who are mostly affected	<input type="checkbox"/> Children <input type="checkbox"/> Pregnant and lactating women <input type="checkbox"/> PWDs <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Elderly Women <input type="checkbox"/> Elderly men
EDUCATION		
29	Do you have school going children in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.1	If Yes, How their education affected?	<input type="checkbox"/> Schools closed <input type="checkbox"/> Transportation issues <input type="checkbox"/> Fee payment <input type="checkbox"/> Other specify ()
29.2	If schools are closed, then how children education continued	<input type="checkbox"/> Attending online classes <input type="checkbox"/> Attending classes over radio <input type="checkbox"/> Attending TV classes over TV <input type="checkbox"/> School are assigning homework over WhatsApp/email <input type="checkbox"/> Parents are providing education at home <input type="checkbox"/> Children are doing nothing at home <input type="checkbox"/> None of the above <input type="checkbox"/> Other specify
30	What is the best way of children education continuation during such pandemic situation	<input type="checkbox"/> Online classes <input type="checkbox"/> Radio classes <input type="checkbox"/> WhatsApp <input type="checkbox"/> Other specify

31	Are these networks available in your village	<input type="checkbox"/> TV <input type="checkbox"/> Radio AM <input type="checkbox"/> Radio FM <input type="checkbox"/> Mobile <input type="checkbox"/> Telephone <input type="checkbox"/> Other specify
32	Do school children particularly girls have access to these facilities/services	<input type="checkbox"/> Internet <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Mobile <input type="checkbox"/> WhatsApp <input type="checkbox"/> Skype <input type="checkbox"/> Other
33	Do the children have learning textbooks and learning supplies to continue education at home.	<input type="checkbox"/> Yes <input type="checkbox"/> No)
OTHER		
34	Do you have Older people and PwDs in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.1	If Yes, what issues they are facing?	<input type="checkbox"/> No medicines <input type="checkbox"/> No food <input type="checkbox"/> Health condition <input type="checkbox"/> Other specify ()
35	Do you have infants in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.1	If Yes, what issues they are facing?	<input type="checkbox"/> No diapers <input type="checkbox"/> No Infant food/milk <input type="checkbox"/> Other specify ()
36	What are your three priority needs in this situation	