Module A

A	SECTION A: HOUSEHOLD IDENTIFICATION	
1	Region ID of HH (prefilled)	
2	District ID of HH (prefilled)	
3	Cluster of HH (prefilled)	
5	Household ID (prefilled)	
6	Type of locality (prefilled)	Urban1 Rural2
7	Enumerator ID	
8	Supervisor	
9	Name of head of household (prefilled)	
10	'Any relevant notes when calling this household in the future?' S12.8 in Wave 1	

Section B. Interview Schedule

Г	1	2	3		4	5
	DATE AND	TELEPHON	INTERVIEWER: DID	INTERVIEWER READ TO THE	INTERVIEWER: ARE	INTERVIEWER READ OUT:
	TIME OF	E NUMBER	ANYONE ANSWER THE	RESPONDENT:	YOU SPEAKING TO THE	
A	CALL	(PREFILLE	PHONE?		RESPONDENT FROM WAV	Could you give me their number or visit
L	ATTEMPT	D)		GREETINGS,	E 1/2?	them so I can call them using your phone?
L						It is really important for me to be able to
			Yes1	My name is I am working		speak to them.
A	[DD-MM-YYY		No, nobody answered2. >>	for the GHANA STATISTICAL		
T	Y]		NEXT ATTEMPT	SERVICE (GSS). We are currently	Yes1 >>Q6a	No, don't know the household1 >>
Т			No, number does not exist3	doing a nationwide survey to examine	No2	NEXT ATTEMPT
E M	[HH-mm]		>> NEXT ATTEMPT	the impact of and responses to the	Cannot understand	No, Can't/won't connect to household >>
P			No, Phone switched off4 >>	coronavirus in the country. On [DATE]	language3 >> NEXT	NEXT ATTEMPT
T			NEXT ATTEMPT	we spoke to [NAME],	ATTEMPT	Yes, phone number3 >> RECORD
ľ				I am trying to reach them again, is this		PHONE NUMBER IN ROSTER
				you? or if not are they available?		Yes, visit household4 >>
L						
#						

	6a	6b	6_NOTE	7	8	9
INTERVIEWER READ TO THE RESPONDENT:	INTERVIE	INTERVIEWER:	AUDIO CONSENT	Is there any	INTERVIEWER	INTERVIEWER
AINTERVIEWER READ TO THE RESPONDENT:		RECORD THE	This survey will be	other phone	TO READ OUT:	: what date/time
I My name is I am working with the Ghana Statistical Service.	Does the	NAME / ID OF THE	recorded for data	number		did you
I We are currently conducting a nationwide research	respondent	RESPONDENT	quality assurance	besides this	Can I call you back	reschedule the interview with the
survey called COVID-19 Household and Jobs tracker to examine the	agree to be interviewed?		purposes,	to contact	later at a time that	respondent for?
Impact of and responses to the coronavirus in the country and we	intervieweu:		Do you agree for our	your	works better for you?	respondent for:
would like to invite you to participate. If you choose to participate,	Yes1		conversation to be	household	It is really important	
we will ask you questions about your household to ascertain the	No not		recorded?	next time?	for us to speak to you	
\int_{N}^{1} impact of COVID-19 on jobs, wellbeing and access to food,	now2				or anyone else in	END
$_{ m H}^{ m r}$ education and healthcare.	>>Q14		Yes		your household.	INTERVIEW
	No,		No			
This interview will take around 20 minutes. Any information you	refused3				Yes1	
share with us will be kept strictly confidential and only be used for	>>					

statistical purposes. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point. Your participation in this survey is completely voluntary. The information you provide may help the government and others to understand the	INTERVIEW RESULT		No2 >> INTERVIEW RESULT	
impact of COVID_19 on households during this difficult time and may also be used to inform policy.				
If you have questions, comments, or concerns about the research, please contact Ghana Statistical Service (GSS) at 024 483 8054 or 024 487 9607. If you have any questions about your rights as research participants, please contact GSS at info@statsghana,gov.gh#				
This call will not cost you any airtime. To thank you for your participation, we will also transfer 5 GHC airtime to your phone.				
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Section 1. Basic Information Panel

	FILTER	1	2	3
I N D I V I D U A L I D D	HAS THIS HOUSEHOLD PARTICIPATE IN EITHER WAVE 1 OR WAVE 2? Yes >>Q1 No>> Q4	INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING WAVE 1 ARE PRE-FILLED Is the following information correct about [NAME]? INFO PREFILLED FROM WAVE 1 Name Is still member of HH Relationship to HHH Age Sex Education Marital Status (if 12+) Pregnancy Status (if 12+ & Female) INTERVIEWER: IF NO CHANGES, PROCEED TO Q3, IF CHANGES AMEND HERE Yes, all information is correct 2 Yes, but age is wrong/incorrect 3 Yes, but sex is wrong/incorrect 4 Yes, but wrong/incorrect relationship with head 5 Yes, but education status is wrong/incorrect 6 Yes, but marital status is wrong/incorrect 7 Yes, but pregnancy status is wrong/incorrect 8 No, not a member of household	Why did [name] leave the household/? 1. Divorce/separation 2 Left for studies/educational opportunity 3 Left for work 4 Left to find better land 5 Health reasons 6 Security reasons 7 For marriage/ cohabitation 8 To join their family already living in another location 9 Moved with family 10 Left to set up own home 11 Unable to stay due to conflict (militancy/insurgency) 12 Dispute with other household members/community 13 Abducted/kidnapped 14 Dead -888 Refused	Are there any new members in the household? IF YES PLEASE LIST NAMES OF ALL NEW HOUSEHOLD MEMBERS

Section 1. Basic Information

		4	5	6	7	8	9	10	11a	11b
I N D I V I D U A L I D D	PREFI LLED WITH CURR ENT HOUS EHOL D LIST	What is sex of [NAME]? MALE1 FEMALE .2	What is [NAME]'s age in completed years?	What is [NAME]'s relationship to the head of household? Head	What is the highest education attained/completed by [NAME]? Nursery	ASK FOR PERSONS 12 YEARS AND OVER ONLY What is the current marital status of [NAME]? Never married1 Informal/living together2 Married3 Separated4 Divorced5 Widowed6	ASK FOR FEMALES BETWEEN 12-49 YEARS OLD Is [NAME] currently pregnant? Yes1 No2 Unsure/Don't Know99	Who is the Head of Household? SELECT FROM DROPDO WN THE NAME/ID OF HHH Note: must be a member of the HH roster	Who is the Caregiver of children 0-17 in this household? SELECT FROM DROPDOW N THE NAME/ID OF CAREGIVE R Note: must be a member of the HH roster	Are there any new phone numbers to reach the caregiver on? IF THERE ARE MULTIPLE NUMBERS , PLEASE RECORD ALL
1										

Section 1. Basic Information cont - Washington Group Questions on Disability

		12	13	14	15	16	17
I N D I V I	PREFILLE D WITH CURRENT HOUSEHO LD LIST	FOR EACH HH MEMBER Does [NAME] have difficulty seeing, even if wearing glasses?	Does [NAME] have difficulty hearing, even if using a hearing aid?	Does [NAME] have difficulty walking or climbing steps?	Does [NAME] have difficulty remembering or concentrating?	Does [NAME] have difficulty (with self-care such as) washing all over or dressing?	Using your usual (local) language, does [NAME] have difficulty communicating, for example understanding or being understood?
U A L I D		No - no difficulty1 Yes - some difficulty2 Yes - a lot of difficulty3 Cannot see at all4	No - no difficulty1 Yes – some difficulty2 Yes – a lot of difficulty 3 Cannot hear at all4	No - no difficulty1 Yes – some difficulty2 Yes – a lot of difficulty3 Cannot walk at all4	No - no difficulty1 Yes - some difficulty2 Yes - a lot of difficulty 3 Cannot do at all4	No - no difficulty1 Yes - some difficulty2 Yes - a lot of difficulty3 Cannot do at all4	No - no difficulty1 Yes – some difficulty2 Yes – a lot of difficulty3 Cannot do at all4
1							

Section 2: Knowledge Regarding the Spread, Testing and Vaccination of COVID-19

					1			2	3	4	5	6	7	8	9
I N D I V I D U A L I I D	H an d w as hi ng	PLE ALC REC MEA	can acting ASE OUD A CORD ASUR	A a a v o a a i c d d c g r ii a g v o e l l u le s n c c s s	O reduction avirum avir	CE thus? REAI URE RE ION	e risk O ES.	What is the main channel of information for you on COVID-19? DO NOT READ OPTIONS, SELECT TWO MAIN Poster / billboard / flyer .1 Radio	Whom do you trust most as a source of information about COVID-19? DO NOT READ OPTIONS, SELECT TWO MAIN Poster / billboard / flyer .1 Radio	Have you or anyone in your household ever gotten tested for COVID-19 SELECT ALL THAT APPLY Yes at a government facility1 Yes at a private facility2 Yes at the the airport3 No, never4	Do people in your community get tested when showing COVID-19 symptoms? Almost all1 Most people2 Around half of people3 A few people4 None5	For those who do not, why do you think they do not? SELECT ALL THAT APPLY Expensive1 Afraid of Stigma2 Afraid to have to self-isolate and lose income3 Afraid to get infected with COVID at the testing facility4 No testing available5 Not aware of the necessity of testing6 Not aware where testing is possible7 Testing takes too long8 Testing facility is too far away9 None of the above (then no other option can be selected)10	On a scale from one to five, how easy is it for people in your community to get tested for COVID-19? Very difficult1 Somewhat difficult2 Neither easy nor difficult3 Somewhat Easy4 Very Easy5	Do you know of anyone who has paid for COVID testing in a government facility? Yes1 No2 Don't Know / Unsure99	Do you think you have ever had COVID-19? LIST SYMPTOMS Yes, I got a positive test at a clinic1 Yes but I never tested2 No3 Don't Know/ Unsure99

Section 2: Knowledge Regarding the Spread of COVID-19: Satisfaction with government policies (cont.)

	10	11	11a	11b	11c	11d	12a	12b	12c	12d
I N D I V I D U A L I D D	NGO (FP/PPAG or Fieldworker)3 Herbal clinic4	How much did your household spend on PPEs (masks, sanitisers, face shields, etc.) which your household used in the last 7 days (in Ghana Cedis)?	Have you received any COVID-19 vaccine? Yes1 >12a No2	Have vaccinations ever been available to you in your community? Yes1 No2 Don't Know/Unsure9 9	QUESTION ON VACCINE WILLINGNESS (add an explainer on vaccines). When you are invited for a COVID-19 vaccination, how likely are you to get vaccinated (on a scale from 1 to 5)? Very difficult1 Somewhat difficult	If the response is "unlikely" (1 or 2 in Q11c question), why not? DO NOT READ OUT OPTIONS SELECT ALL THAT APPLY Not afraid of /don't believe in COVID1 For religious reasons2 Do not trust vaccine3 Afraid of side effects4 Anti-african ploy5 Facility too far /Cost of transportation6 Other (specify)7	Are you satisfied with the government's response to the coronavirus crisis since January, 2021 (the second wave of the COVID-19 pandemic)? Yes 1 >>next section No2	Why are you not satisfied with the state government's response? SELECT ALL THAT APPLY Limited testing points 1 Delay in testing results 2 No financial assistance from the government 3 Shortage of medical materials 4 Regulations too strict 5 Restrictions relaxed during political campaigning 6 Regulations not strict enough 7 Handling of the reopening of the schools 8 Vaccines unfairly distributed 9 Government no longer doing contact tracing 10 Other (specify) 11	Are you satisfied with the governm ent's rollout of the vaccinat ion program me? Yes 1 >>next section No2	Why are you not satisfied with the state government's rollout of the vaccine programme? SELECT ALL THAT APPLY Facilities not easily accessible1 Not enough information shared2 Payment involved3 Other4
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Section 3. Behavior and Social Distancing

	1	2	3	4	5
I N I	Compared to before COVID-19 [March 2020], how often do you wash/ sanitize your hands?	Compared to before COVID-19 [March 2020], how often do you use handshakes/physical greetings?	Compared to before COVID-19 [March 2020], how often do you go to weddings, parties and family gatherings?	Compared to before COVID-19 [March 2020], how often do you go to funerals?	Compared to before COVID-19 [March 2020], how often do you go to church / mosque?
	Much less than before1 Somewhat less than before2 Same as before3 Somewhat more than before4 Much more than before5	Much less than before1 Somewhat less than before2 Same as before3 Somewhat more than before4 much more than before5	Much less than before1 Somewhat less than before2 Same as before3 Somewhat more than before4 much more than before5	Much less than before	Much less than before1 Somewhat less than before2 Same as before3 Somewhat more than before4 much more than before5
1					

Section 4. Access

НЕАLTH	
1	2
If you or any member of your household need medical treatment from a health facility, would you be willing to go?	Why would you or the member of your household not be willing to go to the health facility?
Yes1 >> next section No2	DO NOT READ OPTIONS - JUST RECORD Afraid to get infected by coronavirus at the health facility

Section 5: Employment

1	2	3	4	5	5	6
In the last 7 days, did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour? Yes >> Q5 No	(if Q1 = NO) Were you available for work in the last 7 days? Yes No	(if Q1 = No AND Q2 = Yes), Why did you not work in the last 7days? Seasonal Worker1 Business Closed2 Reduction in staff due to less business3 Temporarily Absent4 Retired5 Ill health6 Need to Care for ill Relative7 Directly Covid-19 Related reduction of work at business (shift/furloughed/ Temporary lay-off) or work suspension8 Covid-19 Safety Concerns9 Discouraged job seekers10 -888 Refused to answer	Even though you did not work in the past 7 days, do you have a job to return to? Yes No>>Q5	What is the main activity of your usual work? 1. Agricultural 2. Industry 3. Services Not applicable	Since 16 March 2020 (When the government imposed the first COVID-19 restrictions), did your job change? Yes, because of COVID1 Yes, but not because of COVID2 No3 Not applicable4 Refused to answer99	Have you or any member of your household made changes in their work to adapt to COVID -19? Yes, changed stock sold1 Yes, started delivery service2 Yes, began offering online services3 Yes, other (please specify)4 No5 Not applicable / Refused to answer99

Section 6. Income Loss

	1	2	3
	In the last three months, which of the following were your household's sources of livelihood?	FOR ALL YES IN Q1: How has income from [SOURCE] changed compared to before COVID-19 [March 2020]?	Generally, how has your total income changed compared to before COVID-19 [March 2020]?
Source Number	READ ALL OPTIONS SELECT ALL THAT APPLY Yes1 No2	Reduced more than half1 reduced, but less than half2 Stayed about the same3 Increased by less than half4 Increased by more than half5	Reduced more than half1 reduced, but less than half2 Stayed about the same3 Increased by less than half4 Increased by more than half5
1	Family farming, livestock or fishing		
2	Non-farm family business		
3	Wage employment of household members		
4	Remittances from abroad		
5	Remittances within the country		
6	Income from properties, investments or savings		
7	Pension		
8	Assistance from the Government		
9	Financial assistance from friends/family		
10	Assistance from NGOs / charitable organization		
	Refused		

Section 7: Food Insecurity Experience Scale

Now I would like to ask you some questions about food (**This question is referred to household level information**). During the last 30 days, was there a time when: This question

1	2	3	4	5	6	7	8
You, any other adults or any children above 15 years old in your household were worried about not having enough food to eat because of lack of money or other resources?	You, any other adults or any children above 15 years old in your household, were unable to eat healthy and nutritious/preferre d foods because of a lack of money or other resources?	You, any other adults or any children above 15 years old in your household, ate only a few kinds of foods because of a lack of money or other resources?	You, any other adults or any children above 15 years old in your household, had to skip a meal because there was not enough money or other resources to get food?	You, any other adults or any children above 15 years old in your household, ate less than you thought you should because of a lack of money or other resources?	Your household ran out of food because of a lack of money or other resources?	You, any other adults or any children above 15 years old in your household, were hungry but did not eat because there was not enough money or other resources for food?	You, any other adults or any children above 15 years old in your household, went without eating for a whole day because of a lack of money or other resources?
Yes1 No2 Refuse to Answer98 DK99	Yes1 No2 Refuse to Answer98 DK99	Yes1 No2 Refuse to Answer98 DK99	Yes1 No2 Refuse to Answer98 DK99	Yes1 No2 Refuse to Answer98 DK99	Yes1 No2 Refuse to Answer98 DK99	Yes1 No2 Refuse to Answer98 DK99	Yes1 No2 Refuse to Answer98 DK99

Section 8. Subjective Well-being

I would like to ask a question about yourself and how you feel your life has gone in the past few weeks:

1	2	3	4
On a scale of 1 to 5, where 1 is much better and 5 is much worse.	On a scale of 1 to 5, where 1 is fully satisfied and 5 is not at all satisfied.	On a scale of 1 to 5, where 1 is much more at risk and 5 is much less at risk.	On a scale of 1 to 5, where 1 is Very Concerned and 5 Not concerned at all.
Do you think that in the next 12 months you and your household will be better than today or worse?	To what extent are you satisfied with your life in general at the present time?	Do you think that in 12 months time you and your household will be less at risk from contracting COVID-19 than today?	How concerned are you today about the potential effects of the coronavirus on you and your household?
You will live much better	Fully satisfied1Rather satisfied2Indifferent3Less than satisfied4Not at all satisfied5	Much more at risk 1 More at risk 2 At the same risk level 3 Less at risk 4 Much less at risk 5	Very concerned1Somewhat concerned2Indifferent3Slightly not concern4Not concerned at all5

Section 9: Coping Strategies

I would like to ask you about events that may have affected your household since March 2020 (beginning of the COVID-19 in Ghana).

1.	2	3	4	5
On a scale of 1 to 5 where 5=very severely; 4=severely; 3=neither; 2=not severely; 1=not severely at all. Generally, how severely has your household been affected by COVID-19 since March 2020?	Did your household experience any of these shocks due to COVID-19 since March 2020? Yes1 No2	[FOR ANY Q2 = YES]When did this shock occur? Last 3 months (Jul - Oct 2021)1 Earlier in 2021 (between January 2021 - July 2021)2 Last year (Between March 2020-Dec 2020)3	Did your household use any of these coping mechanisms for the COVID-19 since March 2020? Yes1 No2	[FOR ANY Q4 = YES] When did you use this coping mechanism? Last 3 months (Jul - Oct 2021)1 Earlier in 2021 (between January 2021 - July 2021)2 Last year (Between March 2020-Dec 2020)3
Very severely5	Death or disability of a working member of the household		Sale of ASSETS (AG AND NO-AG)	
Severely4 Neither3	Death of someone who sends remittances to the household		Engaged in additional income generating activities	
Not severely at all1	Illness of income earning member of the household		Received assistance from Friends & family	
	Loss of an important contact		Borrowed from friends & family	
	Job loss		Took a loan from a financial institution	
	Nonfarm business failure		Credited purchases	
	Theft of crops, cash, livestock or other property		Delayed payment obligations	
	Destruction of harvest by insufficient labor		Sold harvest in advance	
	Pest invasion that caused harvest failure or storage loss		Reduced food consumption	
	Increase in price of inputs		Reduced non-food Consumption	
	Fall in the price of output		Relied on savings	
	Increase in price of major food items consumed		Received assistance from NGO	

Interruption of Schools	Took advanced payment from employer	
	Received assistance from government	
	Was covered by insurance policy	

Section 10: Result of interview

	1.	2.	3.	4.	5.
INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED AND READ OUT: That's it for now. Thank you very much for answering all questions and helping us to understand the current situation with COVID19 in Ghana and worldwide. This is really important. I will transfer you theGHC after this call. If you have any questions about the survey you can call XXX XXX XXXX.	INTERVIEWER: What is the result of the interview? COMPLETE	INTERVIEWER: which phone number did you reach the respondent on?	INTERVIEWER: what is the respondent's prefered number for future interview?	INTERVIEWER: in which language did you mainly conduct the interview?	INTERVIEWER: do you have any notes that are relevant when calling this household in the future?

END OF INTERVIEW	DATE
	TIME