

COVID19 and SRHR Survey [English Version]

0. Informed Consent and Information Letter for participants

1. Selection			
1.1.	Choose your language	List of survey languages	
1.2.	Do you live in [COUNTRY]?	1 Yes 2 No	If 1, go to 1.3.
1.2.a	Do you live in any of the following countries:☐	List I-SHARE countries	If in none of the countries, end survey "Unfortunately, only residents of the listed countries can participate in the survey."
1.3.	How old are you? (in years)	(number)	If <18: end survey. "Unfortunately the survey is only for adults aged 18 year of more" If 18 or older, go to Informed consent form

2. Socio-demographics (Min-12- Max 16/19)			
2.1.	What sex were you assigned at birth?	1 Man 2 Woman 3 Other, specify	
2.1.a	Which of the following do you identify with?	1 Man 2 Woman 3 Both 4 Neither 5 Other	
2.2.	What best describes the area where you live?	1 Capital city 2 City 3 Suburb of city 4 Town 5 Remote/rural area 6 Other (specify)	
2.2.a	COUNTRY-SPECIFIC: In which province/state do you live?		
2.3.	What best describes your relationship status? (multiple responses possible)	1 Single, and never had a partner 2 Single, but had a partner previously or currently dating 3 In a relationship but not living together 4 Not legally married but living with a partner 5 Legally married and living together 6 Legally married and not living together 7 Legally married but separated 8 Widowed 9 Divorced 10 Other	
2.4.	How many children do you have, if any? Respond 0 if y (number)		
2.5.	What is your highest degree of schooling?	1 No formal education 2 Some primary school 3 Complete primary school 4 Some secondary school 5 Complete secondary school 6 Some college or university 7 Complete college or university 8 Other (specify)	
2.6.	COUNTRY-SPECIFIC: What is your religion?	1 Roman Catholic 2 Protestant 3 Orthodox (Russian/Greek/etc.) 4 Jew 5 Muslim 6 Hindu 7 Buddhist 8 No religion 9 Other (specify)	
2.7.	COUNTRY-SPECIFIC: What is your race, ethnicity, origin group, or caste?		

Introduction: Since [date] the government has issued several drastic measures aimed at social distancing to contain the spread of COVID-19 in [country]. In this survey we will refer to these

3. Compliance with COVID-19 social distancing measures

3.1.	How much would you say that you're following COVID-19 social distancing measures?	1 not at all 2 a little bit 3 a lot 4 very strictly	
3.2.	Were you ever in (self-)isolation because of symptoms or because you were in close contact with someone with COVID-19 or because you returned from a country that had a large number of cases?	1 No 2 Yes	

3.3.	Were you ever tested for COVID-19?	1 No 2 Yes, I tested positive at least once 3 Yes, I have always tested negative	
3.4.	How many people lived in your house in the three months before the COVID-19 social distancing measures? A household member is someone who has slept under the SAME roof as you for at least 4 nights per	1 Number of adults > 18y years 2 Number of children 0-9 year 3 Number of teenagers 10-18 years	
3.5.	Was/is your family composition different during the COVID-19 social distancing measures? (multiple responses possible)	1 No, the composition of my family is the same 2 the composition of my family was different	If 1, go to 3.7.
3.6.	How many people lived/live in your house during the COVID-19 social distancing measures?	1 Number of adults > 18y years 2 Number of children 0-9 year 3 Number of teenagers 10-18 years	
3.7.	What was your employment status the month before the COVID-19 social distancing measures? (multiple answers possible)	1 Employed and received a salary 2 Self-employed/Business owner 3 Unemployed 4 Informal/piecemeal work 5 Retired/pensioned 6 Student 7 Other	If 5, go to 3.9.
3.8.	Since the COVID-19 social distancing measures, has your employment status changed?	1 No change: I continue doing the same work and going to the usual job site 2 I keep doing the same work, but from home 3 I keep doing the same work, but partly work from home 4 I am employed and paid but unable to attend or do work 5 I work on reduced time 6 I lost my job/work/business 7 I am temporarily unemployed 8 I changed work/jobs 9 Other...	
3.9.	Below is an income scale on which 1 indicates the lowest income group and 10 the highest income group in your country. We would like to know in what group your household was in the year before the COVID-19 crisis? Please, specify the appropriate number, counting all wages, salaries, pensions and other incomes.	1 Lowest Group 2 3 4 5 6 7 8 9 10 Highest group	
3.9.a	ADD COUNTRY SPECIFIC Socio-economic Status question		
3.10	Since the COVID-pandemic, the economic situation of many households has changed. Has this been the case for you?	1 Yes, the economic situation of my household became worse 2 No, the economic situation of my household stayed the same 3 Yes, the economic situation of my household improved	
3.11.	Have you personally experienced a loss of income?	1 Yes, a total loss of income 2 Yes, a partial loss of income 3 No loss of income 4 I had no personal income before COVID-19	
3.12	How often did you have a drink containing alcohol?	Before the COVID-19 distancing measures 1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	During the COVID-19 distancing measures, did this increase or decrease? 1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot
3.13.	How many standard drinks containing alcohol do you have on a typical day when you are drinking?	Before the COVID-19 distancing measures 1 1-2 2 3-4 3 5-6 4 7-9 5 10+	During the COVID-19 distancing measures, did this increase or decrease? 1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot
3.14.	How often do you have six or more drinks on one occasion?	Before the COVID-19 distancing measures 1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	During the COVID-19 distancing measures, did this increase or decrease? 1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot

3.15.	How often do you use cannabis (marijuana, hash, grass)?	Before the COVID-19 distancing measures 1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	During the COVID-19 distancing measures, did this increase or decrease? 1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot
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4. Couple and family relationships (Min 0 - Max 6)			
4.1.	Did you have a steady partner in the three months before the COVID-19 social isolation measures?	1 No 2 Yes	If 1, go to 4.5.
4.2.	Are you currently still in this relationship?	1 No 2 Yes	If 2 go to 4.6.
4.3.	Did your relationship end before, during or after COVID-19 social distancing measures?	1 Before 2 During 3 After	
4.4.	Would you say the end of your relationship was precipitated by COVID-19 social distancing measures?	1 No 2 Yes 3 Not sure	
4.5.	Have you had a new steady partner since COVID-19 social distancing measures?	1 No 2 Yes	
4.6.	What is your sexual orientation?	1 Asexual 2 Bisexual 3 Gay 4 Heterosexual (straight) 5 Lesbian 6 Pansexual 7 Queer 8 Questioning or unsure 9 Other (specify)	
4.7.	During the COVID-19 social distancing measures, is/was your steady partner living with you in the same place? (only those responding 2 to 4.2 OR 2 to 4.5)	1 No, s/he stays elsewhere 2 Yes, the whole time 3 Yes, part of the time	
4.8.	In the three months before the COVID-19 social distancing measures, how often did you experience tension in your relationship to your partner/spouse? Only for those responding 2 tot 4.2.	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	
4.9.	How has this changed since the COVID-19 social distancing measures? Only for those responding 2 tot 4.2.	1 Much less tension than before 2 A bit less tension than before 3 About the same amount of tension 4 A bit more tension than before 5 A lot more tension than before	
4.10.	In the three months before the COVID-19 social distancing measures, how often did you experience tension in your relationship to your children? Only for those living with children (2.5.)	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	
4.11.	How has this changed during the COVID-19 social distancing measures? Only for those living with children (2.5.)	1 Much less tension than before 2 A bit less tension than before 3 About the same amount of tension 4 A bit more tension than before 5 A lot more tension than before	
4.12.	In the three months before the COVID-19 social distancing measures, how much would you say your partner provided you with emotional support? Only for those responding 2 tot 4.2.	1 A lot 2 Some support 3 Little support 4 No support	
4.13.	How has this changed during the COVID-19 social distancing measures? Only for those responding 2 tot 4.2.	1 Much less support than before 2 A bit less support than before 3 About the same amount of support than before 4 A bit more support than before 5 A lot more support than before	
4.14.	Who is doing most of the household work in your household? Only for those living with a cohabiting partner/spouse (i.e. those responding 3 or 4 to 4.3)	Before the COVID-19 social distancing measures 1 I was doing most of the household work 2 My partner did most of the household work 3 My partner and I equally contributed to the household work 4 Most members of the household contributed equally 5 Someone else did most of the household work	During the COVID-19 social distancing measures 1 I am doing most of the household work 2 My partner is doing most of the household work 3 My partner and I equally contribute to the household work 4 Most members of the household contribute equally 5 Someone else is doing

4.15.	Before COVID-19 social distancing measures, who was most in control over household spending? Only for those living with a cohabiting partner/spouse (i.e. those responding 3 or 4 to 4.6)	1 I had most control 2 My partner had most control 3 My partner and I had equal control 4 Someone else than my partner and I had most control
4.16.	Has your control over household spending changed, since the COVID-19 measures? Only for those living with a cohabiting partner/spouse (i.e. those responding 3 or 4 to 4.6)	1 Yes, I now have more-control 2 Yes, I now have less control 3 No, I have the same control

5. Sexual behavior

5.1.	Have you ever had a sexual experience?	1 No 2 Yes <input type="checkbox"/>		If 1, go to section 9
5.2.			During the COVID-19 social distancing measures	
5.3.	How satisfied were you with your sex life	1 Very satisfied 2 Somewhat satisfied 3 Not very satisfied 4 Not at all satisfied	1 Very satisfied 2 Somewhat satisfied 3 Not very satisfied 4 Not at all satisfied	
5.4.	How often have you or your partner experienced sexual problems (problems getting an erection, or loss of sexual interest, arousal, orgasm, sexual satisfaction)? (only those responding 2 to 4.2 OR 2 to 4.5)	1 Never 2 Once 3 Sometimes 4 Often 5 Not applicable	1 Never 2 Once 3 Sometimes 4 Often 5 Not applicable	
5.5.	The next questions will ask about sexual behaviours in the three months before and during the COVID-19 social distancing measures. How many times have		In the three months before the COVID-19 social distancing measures	
5.5.a	Hugged, kissed, held hands with or cuddled with your steady partner? (only those responding 2 to 4.2 OR 2 to 4.5)	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.6.	Engaged in sexual activities with your steady partner? By sexual activities we mean oral, vaginal, anal intercourse or touching (only those responding 2 to 4.2 OR 2 to 4.5)	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.7.	Used a condom when you had sex with your steady partner?	1 Never 2 Rarely 3 Sometimes 4 Most of the time 5 Always (only those who responded 2-3-4-5 to 5.5)	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.8.	Masturbated?	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.9.	Had sex with someone who you are not in a long-term relationship with (a casual partner)?	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.10.	Used a condom when you had sex with a casual partner?	1 Never 2 Rarely 3 Sometimes 4 Most of the time 5 Always	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	(only those who responded 2-3-4-5 to 5.7)
5.11.	Sent or received naked/semi-naked pictures, audio or videos?	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.12.	favors, drugs, or shelter? By material goods, we mean things like food, rent, clothes/shoes/cell phones, cosmetics, transport, good marks in school or school fees, or items for your children, your family, or yourself	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.13.	Watched sexually explicit videos (pornography)?	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.14.	Performed/watched sexual acts before a webcam?	1 Never 2 Monthly or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week	1 Decreased a lot 2 Decreased a bit 3 Stayed the same 4 Increased a bit 5 Increased a lot	
5.15.	If some of your sexual behaviours have changed due	Open answer		
Access to condoms				
5.13.	Did the COVID-19 social distancing measure make it more difficult to access condoms? (not for those responding 1 to 5.1)	1 No 2 Yes 3 Not applicable - I don't normally use condoms		If 1 or 3, go to section 6 (women) or 9 (men)

5.14.	If yes, what made it difficult to access condoms? (not for those responding 1 to 5.1)	1 No transport available 2 I am afraid I might acquire COVID-19 and therefore do not want to go to the doctor/health centre/shop 3 Shops are closed 4 Condoms were not in stock in my store 5 I am not able/allowed to leave the house 6 Pharmacy/dispensary closed 7 health centre/clinic has long queues or are not accessible at this time 8 I can no longer afford it 9 I can no longer access free condoms 10 Other...	All men, go to section 9
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6. Access to contraceptives			
6.1.	Have you ever been pregnant?	1 No 2 Yes	If 1, go to 6.3.
6.2.	How many times have you been pregnant in your life? (number)		
6.3.	What best describes your current situation?	1 Currently pregnant or probably pregnant 2 Currently trying to become pregnant 3 Recently had a baby (during the COVID-19 social distancing measures) 4 Not currently pregnant and don't wish to be in the near future 5 Cannot have children (fertility issue/medical issue/menopause)	If 1, go to section 7 If 2, go to section 9 If 3, go to 7.9. If 4, continue If 5, go to section 9.
6.4.	Have you recently changed your mind about having a child soon because of COVID-19? (only those who respond 2 or 4 on 6.3)	1 Yes, I have decided to postpone my decision to have a child in the near future; 2 Yes, I have decided I want a child sooner;	
6.5.	Are you or your partner currently doing something to avoid or delay a pregnancy, including condoms, contraceptive methods, traditional methods	1 No 2 Yes, all the time 3 Yes, most of the time	If 2, 3 or 4 go to 6.7.
6.6.	What is the main reason you are not using contraception?	1 I am not regularly sexually active and don't need contraceptives 2 I don't know what is the best method to use 3 I am scared of the side-effects 4 My partner objects 5 Other	Continue to section 8.
6.7.	What contraceptive method are you currently using? (multiple answers possible)	1 Male/female condom 2 Diaphragm 3 Pills	
6.8.	Have the COVID-19 social distancing measures stopped or hindered you from seeking or obtaining contraception?	1 No 2 Yes	If no, go to 6.10
6.9.	What stopped or hindered you from seeking or obtaining contraception? (multiple answers possible)	1 No transport available 2 I am too afraid I will get COVID-19 if I would go to the doctor/health centre to get contraceptives 3 I am not able/allowed to leave the house 4 Method not in stock 5 Doctor/health professional not available 6 Pharmacy/dispensary closed 7 I can no longer afford it 8 Health centre/clinic has long queues or is not accessible at this time 9 Other	
6.10.	What services were you using to seek or obtain contraceptive services before the COVID-19 social distancing measures? (multiple responses possible)	1 Family physician / General practitioner 2 Hospital doctor/nurse 3 Community health centre 4 Online services 5 Telephone services 6 Over the counter services (pharmacy) 7 Other	
6.11.	What services did you use to seek or obtain contraceptive services during the period when the COVID-19 social distancing measures were in place? (multiple responses possible)?	1 Family physician / General practitioner 2 Hospital doctor/nurse 3 Community health centre 4 Online services 5 Telephone services 6 Over the counter services (pharmacy) 7 Other 8 I did not need to seek or obtain contraceptive services during the COVID-19 social distancing measures	Go to section 8

7. Access to Reproductive Health services, antenatal care, pregnancy and maternal and child health			
7.1.	How many months have you been pregnant?	1-9	
7.1.a	When you found out you were pregnant, what was your reaction?	1 Very unhappy 2 Somewhat unhappy 3 A little happy 4 very happy	
7.1.b	Had you planned to become pregnant?	1 Yes 2 Yes, but it was sooner than we planned 3 Yes, but it was later than we planned 4 No	

7.1.c	Did you getting pregnant, in your opinion, have anything to do with the COVID-19 situation?	1 No 2 Yes, I could not access contraceptives because of COVID-19 3 Yes, I could not access emergency contraceptives because of COVID-19 4 Yes, I needed the money/gifts from a sexual relationship 5 Yes, there is more idling about in the community because schools and companies are closed 6 Yes, there is more violence and rape in the community 7 Other (specify)	
7.1.d	Have you decided to keep the pregnancy?	1 Yes 2 No, I decided to terminate my pregnancy 3 I don't know	if 2 go to 8.3
7.2.	Have you missed or delayed pregnancy health care appointments during the COVID-19 social distancing measures? (Some providers have been seeing their patients by phone or by video conferencing. We are NOT counting those types of visits as missed.)	1 No 2 Yes, because I am afraid I may acquire COVID-19 in the hospital/health care centre 3 Yes, because the doctor/nurse cancelled or rescheduled the appointment because of COVID-19 4 Yes, other reason	
7.3.	How satisfied are/were you with your pregnancy health care during the COVID-19 social distancing measures?	1 not at all satisfied 2 not satisfied 3 neutral 4 a bit satisfied 5 very satisfied	
7.4.	Because of COVID-19, did you feel anxious or depressed during your pregnancy?	1 No 2 Yes, a bit 3 Yes, a lot	
7.5.	Did you receive information on acquiring COVID-19 during pregnancy?	1 No 2 Yes, from my doctor/midwife 3 Yes, from the media 4 Yes, from other sources	
7.6.	Do you have any concerns regarding your delivery in the following weeks/months?	1 No 2 Yes, I am afraid I may acquire COVID-19 in the hospital/health care centre 3 Yes, I am afraid I might not know how to get to the hospital 4 Yes, other reason	
7.7.	Where do you plan to deliver your baby?	1 In the health care centre or hospital 2 At home with a health care worker 3 At home with a traditional birth attendant 4 At home alone 5 Other,...	If 1 or 5, go to section 9.
7.8.	Why do you plan to give birth at home?	1 I am concerned about the risk of COVID-19 in health facilities 2 The facility is closed or cannot provide 3 I have no access to a facility 4 I prefer to deliver at home	Go to section 9
7.9.	Where did you give birth?	1 At a hospital or health centre 2 At home with a skilled birth attendant 3 At home alone 4 At home with a traditional birth attendant 5 Other	If 1 or 5, go to 7.11
7.10.	Why did you give birth at home?	1 I was concerned about the risk of COVID-19 in health facilities 2 The facility was closed or could not provide 3 I had no access to a facility 4 I planned to deliver at home	
7.11.	Have you missed or delayed post-natal care appointments as a result of the COVID-measures? (Some providers have been seeing their patients by phone or by video conferencing. We are NOT counting those types of visits as missed.)	1 No 2 Yes, because I was afraid to go to the health services 3 Yes, because the doctor/nurse cancelled or rescheduled the appointment 4 Yes, other reason	

8. Abortion (only women)

8.1.	During the COVID-19 social distancing measures have you been in need of a termination of pregnancy (abortion)?	1 No 2 Yes	If 1, go to section 9.
8.2.	Did you have an abortion during the COVID-19 social distancing measures?	1 No 2 Yes, a medical abortion (taking pills, e.g. misoprostol) 3 Yes, a surgical abortion	
8.3.	Has the COVID-19 situation stopped or hindered you from seeking or obtaining an abortion?	1 No 2 Yes	If 1 on 8.2 AND 1 on 8.3., go to section 9
8.4.	How did the COVID-19 social distancing measures stop or hinder you from seeking or obtaining an abortion?	1 No transport available 2 I am too afraid I will acquire COVID-19 if I go to the doctor/health centre to get an abortion	
8.5.	What services would you use to obtain an abortion before the COVID-19 social distancing measures? (multiple responses possible)?	1 I never had an abortion before the COVID-19 social distancing measures 2 Family physician / General practitioner 3 Hospital or health centre doctor/nurse 4 Online services 5 Telephone services 6 Over the counter services (pharmacy) 7 Traditional healer 8 Self-medication 9 Abortion clinic 10 Through a civil society organization for abortion 11 Other	

8.6.	What services did you use to obtain an abortion during the COVID-19 social distancing measures? (multiple responses possible)?	1 Family physician / General practitioner 2 Hospital or health centre doctor/nurse 3 Online services 4 Telephone services 5 Over the counter services (pharmacy) 6 Traditional healer 7 Self-medication 8 Abortion clinic 9 Through a civil society organization for abortion 10 Other
8.7.	Did you experience any delays in obtaining abortion care?	1 No 2 Yes, a few days 3 Yes 1-2 weeks 4 Yes, 3-4 weeks 5 Yes, more than 4 weeks

9. Sexual and gender-based violence

Non-consensual sex/violence			
9.1.	In your everyday life, in the three months before the COVID-19 situation, how vulnerable did you feel for sexual harassment or sexual, physical, or emotional assault by someone who does not live in your house?	1 Not vulnerable at all 2 Little vulnerable 3 Neutral 4 Quite vulnerable 5 Very vulnerable	
9.2.	In your everyday life, during the COVID-19 situation, how vulnerable did you feel for sexual harassment or sexual, physical, or emotional assault by someone who does not live in your house?	1 Not vulnerable at all 2 Little vulnerable 3 Neutral 4 Quite vulnerable 5 Very vulnerable	
Partner violence			
		In the three months before the COVID-19 social distancing measures	
		During the COVID-19 social distancing measures	
9.3.	Has a partner tried to restrict (online or phone) contact with your family?	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable
9.4.	Has a partner insulted you or made you feel bad about yourself?	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable
9.5.	Has a partner not provided money to run the house or look after the children, but has money for other things?	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable
9.6.	Has a partner slapped, pushed, hit, kicked or choked you or thrown something at you that could hurt you?	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable
9.7.	Has a partner physically forced you to have sexual intercourse when you did not want to?	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable
9.8.	Has a partner made you have sexual intercourse when you did not want to because you were afraid of what your partner might do?	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable	1 No 2 Yes, once 3 Yes, multiple times 4 Not applicable
9.9.	If yes on any of the before COVID-19 questions: Did you ever talk to someone about the violence experiences you had before the COVID-19 social distancing measures? (multiple responses possible)	1 No 2 Yes, to a relative 3 Yes, to a friend 4 Yes, to a phone or online helpline 5 Yes, to the social services 6 Yes, to the police 7 Yes, to an association 8 Yes, other...	
9.10.	Did you ever officially report (i.e. file a complaint) any violence experiences you had before the COVID-19 social distancing measures?	1 No 2 Yes	
9.11.	If yes on any of the during COVID-19 questions: Did you ever talk to someone about the violence experiences you had during the COVID-19 social distancing measures? (multiple responses possible)	1 No 2 Yes, to a relative 3 Yes, to a friend 4 Yes, to a phone or online helpline 5 Yes, to the social services 6 Yes, to the police 7 Yes, to an association 8 Yes, other...	
9.12.	Did you ever officially report (i.e. file a complaint) any violence experiences you had during the COVID-19 social distancing measures?	1 No 2 Yes	

10. Optional: Female genital mutilation/cutting and early/forced marriage

10.1.	Does early marriage (marriage before the age of 18 years) happen in your community?	1 No 2 Yes 3 I don't know	If 1 or 3, go to 10.6
10.2.	Do you have a child between the age of 10 and 18 years old?	1 No 2 Yes, one 3 Yes, more than one	If no, go to 10.5

10.3.	Before the COVID-19 social distancing measures, did you intend to arrange a marriage for your child(ren) that are between 10 and 18 years old?	1 No 2 Yes	
10.4.	Did the COVID-19 situation change your plans to arrange a marriage for your adolescent child(ren)? (multiple responses possible)	1 No 2 Yes, I will arrange the marriage(s) sooner than planned 3 Yes, I will arrange the marriage(s) later than planned	
10.5.	In general, do you feel that because of COVID-19, girls and boys are at a higher risk of early marriage?	1 No 2 Yes, somewhat higher risk 3 Yes, much higher risk	
10.6.	Is female circumcision practiced in your community?	1 No 2 Yes 3 I don't know	If 1 or 3, go to section 11
10.7.	Do you have a daughter who is at the age that circumcision is generally done?	1 No 2 Yes	If no, go to 10.10
10.8.	Before the COVID-19 social distancing measures, did you intend to circumcise your daughter?	1 No 2 Yes	
10.9.	Did the COVID-19 situation change your plans to circumcise your daughter?	1 No 2 Yes, I decide to do the circumcision sooner than planned 3 Yes, I decide to do the circumcision later than planned	
10.10.	In general, do you feel that because of COVID-19, girls are at a higher risk of circumcision?	1 No 2 Yes, somewhat higher risk 3 Yes, much higher risk	

11. HIV/STI (Min 2 – Max 10)			
11.1.	During the COVID-19 social distancing measures have you wanted a test for HIV or another sexually transmitted infection?	1 No 2 Yes	If 1, go to 11.5.
11.2.	Has the COVID-19 situation stopped or hindered you from accessing a test for HIV or another sexually transmitted infection?	1 No 2 Yes	If 1, go to 11.4.
11.3.	How did the COVID-19 social distancing measures stop or hinder you from accessing a test for HIV or another a sexually transmitted infection?	1 No transport available 2 Postal services not functioning 3 Pharmacy closed 4 I can no longer afford it 5 Health centre/clinic has long queues or is not accessible at this time 6 Not able/allowed to leave house 7 Health workers not offering/providing HIV/STI testing services anymore 8 Other...	
11.4.	What services would/did you use to obtain a test for HIV or another sexually transmitted infection? (multiple responses possible)?	<p>Before the COVID-19 social distancing measures</p> <p>0 Never needed a test before COVID-19 1 Family physician / General practitioner 2 General hospital/clinic 3 HIV/STI clinic 4 Online services 5 Telephone services 6 Over the counter services (pharmacy) 7 Traditional healer 8 Self-medication 9 None</p> <p>During the COVID-19 social distancing measures</p> <p>1 Family physician / General practitioner 2 General hospital/clinic 3 HIV/STI clinic 4 Online services 5 Telephone services 6 Over the counter services 7 Traditional healer 8 Self-medication 9 None 10 Other</p>	
11.5.	In your life, have you ever tested positive for HIV?	1 No 2 Yes 3 Prefer not to answer	If 1 or 3, go to section 12
11.6.	During the COVID-19 social distancing measures, were any appointment at your clinic/health centre for HIV treatment or care cancelled?	1 No 2 Yes	
11.7.	During the COVID-19 social distancing measures, have you missed or delayed an appointment at your clinic/health centre for HIV treatment or care?	1 No 2 Yes	If 1, go to 11.9.
11.8.	What was the main reason for missing or delaying an appointment at your clinic/health centre for HIV treatment or care?	1 No transport available 2 I was too afraid I will acquire COVID-19 if I would go to the doctor/health centre to get HIV treatment or care 3 I am not able/allowed to leave the house 4 Doctor/health professional not available 5 Pharmacy/dispensary closed 6 I can no longer afford it 7 Health centre/clinic has long queues or is not accessible at this time 8 Other	
11.9.	How did the COVID-19 social distancing measures affect your adherence to medication for HIV (on a scale from 1 to 5)?	1 made adherence to ART impossible 2 made adherence more difficult 3 didn't affect my adherence to ART 4 made adherence somewhat easier	
11.10.	During the COVID-19 social distancing measures, have you been worried that you will run out of ART tablets/your HIV medication because of the	1 Very worried 2 A bit worried 3 Not worried	
11.12.	Has the COVID-19 social distancing measures prompted you to disclose your HIV status?	0 no, I continued to keep my status private 1 no, I had already disclosed my status 2 yes, it forced me to disclose my status	

12. Optional: Mental health

Since the last week:

12.1.	I get angry frequently with slight provocation.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.2.	Does this happen more or less since the start of the COVID-19 social distancing measures?	A lot more More About the same Less A lot less
12.3.	I have felt frustrated with things in general.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.4.	Does this happen more or less since the start of the COVID-19 social distancing measures?	A lot more More About the same Less A lot less
12.5.	I have felt bored.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.6.	Does this happen more or less since the start of the COVID-19 social distancing measures?	A lot more More About the same Less A lot less
12.7.	I have worried about my financial situation.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.8.	Does this happen more or less since the start of the COVID-19 social distancing measures?	A lot more More About the same Less A lot less

General:

12.9.	I feel frustrated because of the COVID-19 restrictions	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.10.	I am confused about what I can or cannot do due to COVID-19.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.11.	I am afraid to acquire COVID-19.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.12.	I experience obsessive or compulsive behaviors with regards to hand washing.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.13.	I am afraid of touching items outside my house.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.14.	I cannot stop thinking about the COVID-19 epidemic.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.15.	I have nightmares about the current situation.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.16.	I feel that there is enough protective gear (gloves, mouth masks, sterilizing alcohol) available for me.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.17.	I feel the Government fails to provide enough, adequate and true information concerning the COVID-19 outbreak.	Totally agree Agree Agree nor disagree Disagree Totally disagree

12.18.	If I have to sneeze or cough in my household, I try to hide this from the people around me.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.19.	If I would be outside and I would have to sneeze or cough, I would try to hide this from the people around me.	Totally agree Agree Agree nor disagree Disagree Totally disagree
12.20.	How would you rate your overall mental health	Poor Fair Good Very good Excellent
In the past two weeks, how often have you been bothered by...		
12.21.	...feeling down, depressed or hopeless?	
12.22.	Does this happen more or less since the start of the lockdown?	

13. Optional: Nutrition (Min/Max 4)		
13.1.	During the COVID-measures, did you worry that your household would not have enough food?	1 No 2 Yes, but less than before 3 Yes, but not more than before 4 Yes, more than before
13.2.	During the COVID-measures, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	1 No 2 Yes, but less than before 3 Yes, but not more than before 4 Yes, more than before
13.3.	During the COVID-measures, did you or any household member eat less in either the morning or evening meal than you felt you needed because there was not enough food?	1 No 2 Yes, but less than before 3 Yes, but not more than before 4 Yes, more than before
13.4.	During the COVID-measures, were your household food stores ever completely empty and there was no way of getting more?	1 No 2 Yes, but less than before 3 Yes, but not more than before 4 Yes, more than before
13.5.	During the COVID measures, did you increase your consumption of foods of low nutritional value (e.g. fast food)?	1 No 2 Yes, a bit 3 Yes, a lot
13.6.	During the COVID measures, did you increase your food consumption in general?	1 No 2 Yes, a bit 3 Yes, a lot

Thank you for your participation! Here you can find a list of associations [MAKE LIST OF LOCAL ASSOCIATIONS] that you can contact if you would like help. You can also download this information for future reference.
You can find more information on our [insert landing page].