

Effects of Acute Illness on Contact Patterns, Malawi, 2017

Appendix 1

PICTORIAL CONTACT DIARY Visit number _____ Diary type 1. Client 2. Caregiver
 CRS No. _____ Name _____ Date _____ Sheet _____

INITIALS	Gender		Age (years)				Relationship			Where did you have contact? (Tick all which apply)							Indoor or outdoor (Can tick both)		Did you touch his/her skin? (Tick only one)		Regularity How often do you meet this person?				Duration of contact How much time did you spend with the person?				
	M	F	0-6	8-19	20-49	≥50	Member of household	Member of workplace/school	Neither	Home	School/workplace	Market/shop	Transport	Healthcare facility	Church/place of worship	Other	Indoor	Outdoor	Yes	No	Daily or almost daily	Once or twice a month	Less than once per month	Never met before	1-10mins	>10min - 1hr	>1 - 4hrs	>4hrs	
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