

Supplemental Files

1. **I-SHARE survey instrument for Canada.**
2. **Digital field testing description**
3. **Primary outcomes**
4. **Data management**
5. **Considerations for online sexual and reproductive survey research during COVID-19**

Supplement 1. I-SHARE survey instrument for Canada.

**ODK Form ID: I_SHARE_CANADA , ODK Form version: 200907 , ODK Excel filename: ISHARE Survey - CANADA
ISHARE**

We invite you to participate in this research on sexual and reproductive health and wellbeing in times of the COVID-19 crisis: the I-SHARE study.

This study aims to investigate how the social distancing measures (staying at home, social distancing, only essential trips, ...) taken by your government during the COVID-19 health crisis affect your family situation, your relationships and your access to sexual and reproductive health services (such as contraception and antenatal care services). The survey therefore contains various questions in which you are asked to compare your situation before and after the introduction of the COVID-19 social distancing measures. The study is organized by [LOCAL INSTITUTION] in collaboration with academic institutions in thirty other countries (<https://ishare.web.unc.edu/>).

Participation in this study is important and guarantees that we obtain a complete overview of how the COVID-19 crisis affects people's lives. Participation in this questionnaire takes about 15 minutes.

Your participation in this survey is anonymous and voluntary. You can stop the survey at any time.

More information about this research, how we process the collected data and how we protect your privacy can be found here [LINK TO THE WEBSITE WITH MORE INFORMATION – see below]. You need to be 18 years or older to participate in this survey.

We thank you in advance for your time and participation.

CLICK TO CONTINUE

I herewith declare that, as participant of the study “ Sexual and Reproductive Health in times of COVID-19”:

- 1) I have read and understood the information letter for participants. I have been informed about the nature, duration and purpose of the study and about what is expected of me.
- 2) I was offered the opportunity to obtain additional information.
- 3) I understand that participation in the study is voluntary. I know I can withdraw my participation at any time without having to justify this.
- 4) I am aware that this study has been approved by [NATIONAL IRB] for national data collection and that this study will be conducted in accordance with the guidelines for good clinical practice (ICH/GCP) and the declaration of Helsinki, designed to protect people participating in studies. This approval was by no means the impetus to decide to participate in this study. I am aware that the I-SHARE partnership will obtain permission from participating in-country leads in order to obtain de-identified data for multi-country comparisons. This process will be formalized in data sharing agreements and IRB approval to cover the secondary data analysis from respective institutions.
- 5) I authorize the researchers to store my answers in a confidential way according to the data and security management policy of [LOCAL INSTITUTION] so that these data can be reused for future scientific research and education.
- 6) I authorize the researchers to process and report my results in a confidential way.
- 7) I am aware that I can contact the Data Protection Officer of [LOCAL INSTITUTION] for more information about the protection of my data.
- 8) Since completing the questionnaire is completely confidential, I do not have the possibility to change, review or delete my data afterwards.

| | |
|-----------------------|--|
| 1. Selection Criteria | |
|-----------------------|--|

| Question | Response options |
|----------------------------|---------------------|
| Do you live in the Canada? | Select one: Yes, No |

| Question | Response options |
|---|--|
| How old are you? | Integer value |
| As you are not from Canada you can not complete this survey. To see if your country is taking part go to | Text |
| "INDIANA UNIVERSITY STUDY INFORMED CONSENT FOR RESEARCH International Sexual Health and Reproductive Health Survey IRB# 2005838659" | |
| Do you give your consent to participate in this research study? | Select one: Yes |
| 2. Socio-demographics | |
| What sex were you assigned at birth, on your original birth certificate? | Select one: NA |
| How do you describe yourself? | Select one: NA |
| What best describes the area where you live? | Select one: NA |
| In which province/state do you live? | Select one: ALBERTA, BRITISH COLUMBIA, MANITOBA, NEW BRUNSWICK, NEWFOUNDLAND and LABRADOR, NORTHWEST TERRITORIES, NOVA SCOTIA, NUNAVUT, ONTARIO, PRINCE EDWARD ISLAND, QUEBEC, SASKATCHEWAN, YUKON |
| What best describes your relationship status? | Select one: NA |
| How many children do you have, if any? | Integer value |
| What is your highest degree of schooling? | Select one: NA |
| What is your religion? | Select one: NA |

| Question | Response options |
|--|--|
| What is your ethnicity, origin group or caste? | Select one: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, Other, Two or more races |
| 3. COVID-19 social distancing measures | |
| How much would you say that you're following COVID-19 social distancing measures? | Select one: Not at all, A little bit, A lot, Very strictly |
| 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? | Select one: Yes, No |
| Were you ever tested for COVID-19? | Select one: No, Yes, I tested positive at least one, Yes, I have always tested negative |
| Number of adults > 18 years | Integer value |
| Number of children 0-9 years | Integer value |
| Number of teenagers 10-18 years | Integer value |
| Was/is your family structure different during the COVID-19 social distancing measures? | Select one: No, the composition of my family was/is the same, Yes, the composition of my family was/is different |
| Number of adults > 18 years | Integer value |
| Number of children 0-9 years | Integer value |

| Question | Response options |
|---|--|
| Number of teenagers 10-18 years | Integer value |
| What was your employment status the month before the COVID-19 social distancing measures? | Select one: Employed and received a salary, Self-employed / Business owner, Unemployed, Informal / Piecemeal work, Retired / Pensioned, Student, Other |
| Since the COVID-19 social distancing measures, has your employment status changed? | Select one: No change: I continue doing the same work and going to the usual job site, I keep doing the same work, but from home, I keep doing the same work, but partly from home, I am employed and paid but unable to attend or do work, I work on reduced time, I lost my job/work/business, I am temporarily unemployed, I changed work/jobs, Other |
| 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? | Select one: 1 Lowest group, 2, 3, 4, 5, 6, 7, 8, 9, 10 Highest group |
| What best describes your housing? | Select one: I own my home, I rent my home, I rent an apartment or condominium, I do not have stable housing |
| Since the COVID-pandemic, the economic situation of many households has changed. Has this been the case for you? | Select one: Yes, the economic situation of my household became worse, No, the economic situation of my household stayed the same, Yes, the economic situation of my household improved |

| Question | Response options |
|---|--|
| Have you personally experienced a loss of income? | Select one: Yes, a total of income, Yes, a partial loss of income, No loss of income, I had no personal income before COVID-20 |
| How often did you drink alcohol before the COVID-19 social distancing measures? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| During the COVID-19 distancing measures, did this increase or decrease? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| How many standard drinks containing alcohol do you have on a typical day when you drink before the COVID-19 social distancing measures? | Select one: 0, 1-3, 3-5, 5-7, 7-10, 10+ |
| During the COVID-19 distancing measures, did this increase or decrease? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| How often did you have six or more drinks on one occasion before the COVID-19 social distancing measures? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| During the COVID-19 distancing measures, did this increase or decrease? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| How often did you use cannabis (marijuana, hash, grass) before the COVID-19 social distancing measures? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| During the COVID-19 distancing measures, did this increase or decrease? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |

| Question | Response options |
|---|---|
| 4. Couple and family relationships | |
| Did you have a steady partner in the three months before the COVID-19 social isolation measures? | Select one: Yes, No |
| Are you currently still in this relationship? | Select one: Yes, No |
| Did your relationship end before, during or after COVID-19 social distancing measures? | Select one: Before, During, After |
| Would you say the end of your relationship was precipitated by COVID-19 social distancing measures? | Select one: Yes, No, Not sure |
| Have you had a new steady partner since COVID-19 social distancing measures? | Select one: Yes, No |
| What is your sexual orientation? | Select one: NA |
| During the COVID-19 social distancing measures, is/was your steady partner living with you in the same place? | Select one: No, s/he stay elsewhere, Yes, the whole time, Yes, part of the time |
| In the three months before the COVID-19 social distancing measures, how often did you experience tension in your relationship with your partner/spouse? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| How has this changed since the COVID-19 social distancing measures? | Select one: Much less tension than before, A bit less tension than before, About the same amount of tension, A bit more tension than before, A lot more tension than before |
| In the three months before the COVID-19 social distancing measures, how often did you experience tension in your relationship with your children? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |

| Question | Response options |
|--|--|
| How has this changed during the COVID-19 social distancing measures? | Select one: Much less tension than before, A bit less tension than before, About the same amount of tension, A bit more tension than before, A lot more tension than before |
| In the three months before the COVID-19 social distancing measures, how much would you say your partner provided you with emotional support? | Select one: A lot, Some support, Little support, No support |
| How has this changed during the COVID-19 social distancing measures? | Select one: Much less support than before, A bit less support than before, About the same amount of support than before, A bit more support than before, A lot more support than before |
| Who is doing most of the household work in your household? Before the COVID-19 social distancing measures | Select one: I was doing most of the household work, My partner did most of the household work, My partner and I equally contributed to the household work, Most members of the household contributed equally, Someone else did most of the household work |
| During the COVID-19 social distancing measures. | Select one: I am doing most of the household work, My partner is doing most of the household work, My partner and I equally contribute to the household work, Most members of the household contribute equally, Someone else is doing most of the household work |

| Question | Response options |
|---|--|
| Before COVID-19 social distancing measures, who was most in control over household spending? | Select one: I had most control, My partner had most control, My partner and I had equal control, Someone else than my partner and I had most control |
| Has your control over household spending changed since the COVID-19 measures? | Select one: Yes, I now have more control, Yes, I now have less control, No, I have the same control |
| 5. Sexual behaviour | |
| Have you ever had sexual experience? | Select one: Yes, No |
| How satisfied were you with your sex life in the three months before the COVID-19 social distancing measures? | Select one: Very satisfied, Somewhat satisfied, Not very satisfied, Not at all satisfied |
| How satisfied were you with your sex life during the COVID-19 social distancing measures? | Select one: Very satisfied, Somewhat satisfied, Not very satisfied, Not at all satisfied |
| How often have you or your partner experienced sexual problems (problems getting an erection, or loss of sexual interest, arousal, orgasm, sexual satisfaction) in the three months before the COVID-19 social distancing measures? | Select one: Never, Once, Sometimes, Often, Not applicable |
| How often have you or your partner experienced sexual problems (problems getting an erection, or loss of sexual interest, arousal, orgasm, sexual satisfaction) during the COVID-19 social distancing measures? | Select one: Never, Once, Sometimes, Often, Not applicable |
| Hugged, kissed, held hands with or cuddled with your steady partner? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |

| Question | Response options |
|---|---|
| Engaged in sexual activities with your steady partner? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| Used a condom when you had sex with your steady partner? | Select one: Never, Rarely, Sometimes, Most of the time, Always |
| Masturbated by yourself? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| Had sex with someone who you are not in a long-term relationship with (a casual partner)? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| Used a condom when you had sex with a casual partner? | Select one: Never, Rarely, Sometimes, Most of the time, Always |
| Sent or received naked/semi-naked pictures, audio or videos to a partner? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| Had sex in exchange for money, material goods, favors, drugs, or shelter? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| Watched sexually explicit videos (pornography)? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |
| Performed/watched sexual acts before a webcam? | Select one: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week |

| Question | Response options |
|---|---|
| Hugged, kissed, held hands with or cuddled with your steady partner? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Engaged in sexual activities with your steady partner? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Used a condom when you had sex with your steady partner? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Masturbated by yourself? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Had sex with someone who you are not in a long-term relationship with (a casual partner)? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Used a condom when you had sex with a casual partner? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Sent or received naked/semi-naked pictures, audio or videos to a partner? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Had sex in exchange for money, material goods, favors, drugs, or shelter? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| Watched sexually explicit videos (pornography)? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |

| Question | Response options |
|---|--|
| Performed/watched sexual acts before a webcam? | Select one: Decreased a lot, Decreased a little bit, Stayed the same, Increased a little bit, Increased a lot |
| If some of your sexual behaviours have changed due to COVID-19 social distancing measures why do you think this happened? | Text |
| Did the COVID-19 social distancing measure make it more difficult to access condoms? | Select one: No, Yes, Not applicable - I don't normally use condoms |
| If yes, what made it difficult to access condoms? | Select all that apply from: No transport available, I am afraid I might acquire COVID-19 and therefore do not want to go to the doctor/health centre/shop, Shops are closed, Condoms were not in stock in my store, I am not able/allowed to leave the house, Pharmacy/dispensary closed, Health centre/clinic had long queues or are not accessible at this time, I can no longer afford it, I can no longer access free condoms, Other |
| 6. Access to contraceptives | |
| Have you ever been pregnant? | Select one: Yes, No |
| How many times have you been pregnant in your life? | Integer value |

| Question | Response options |
|---|--|
| What best describes your current situation? | Select one: Currently pregnant or probably pregnant, Currently trying to become pregnant, Recently had a baby (during the COVID-19 social distancing measures), Not currently pregnant and don't wish to be in the near future, Cannot have children (fertility issue / medical issue / menopause) |
| Have you recently changed your mind about having a child soon because of COVID-19? | Select one: Yes, I have decided to postpone my decision to have a child in the near future, Yes, I have decided I want a child sooner, No, I have not changed my plans |
| Are you or your partner currently doing something to avoid or delay a pregnancy, including condoms, contraceptive methods, traditional methods etc? | Select one: No, Yes, all the time, Yes, most of the time, Yes, sometimes |
| What is the main reason you are not using contraception? | Select one: I am not regularly sexually active and don't need contraceptives, I don't know what is the best method to use, I am scared of the side-effects, My partner objects, Other |
| What contraceptive method are you currently using? | Select all that apply from: Male or condom, Diaphragm, Pills, Patch or ring, Copper IUD, Hormonal IUD, Implant, Injectables, Self or partner sterilization, Withdrawal, Natural methods (rhythm method), Birth control apps, Other |
| Have the COVID-19 social distancing measures stopped or hindered you from seeking or obtaining contraception? | Select one: Yes, No |

| Question | Response options |
|--|--|
| What stopped or hindered you from seeking or obtaining contraception? | Select all that apply from: No transport available, I am too afraid I will get COVID-19 if I would to the doctor/health centre to get contraceptives, I am not able allowed to leave the house, Method not in stock, Doctor/health professional not available, Pharmacy/dispensary closed, I can no longer afford it, Health centre/clinic has long queues or is not accessible at the time, Other |
| What services were you using to seek or obtain contraceptive services before the COVID-19 social distancing measures? | Select all that apply from: Family physician/General practitioner, Hospital doctor or nurse, Community health centre, Online services, Telephone services, Over the counter services (pharmacy), Other |
| What services did you use to seek or obtain contraceptive services during the period when the COVID-19 social distancing measures were in place? | Select all that apply from: Family physician/General practitioner, Hospital doctor or nurse, Community health centre, Online services, Telephone services, Over the counter services (pharmacy), Other, I did not need to seek or obtain contraceptive services during the COVID-19 social distancing |
| 7. Access to Reproductive Health services, antenatal care, pregnancy and maternal and child health | |
| How many months have you been pregnant? | Integer value |
| When you found out you were pregnant, what was your reaction? | Select one: Very unhappy, Somewhat unhappy, A little happy, Very happy |

| Question | Response options |
|---|---|
| Had you planned to become pregnant? | Select one: No, Yes, Yes, but it was sooner than we planned, Yes, but it was later than we planned |
| Did you getting pregnant, in your opinion, have anything to do with the COVID-19 situation? | Select one: NA |
| Have you decided to keep the pregnancy? | Select one: Yes, No, I decided to terminate my pregnancy, I don't know |
| Have you missed or delayed pregnancy health care appointments during the COVID-19 social distancing measures? | Select one: No, Yes, because I am afraid I may acquire COVID-19 in the hospital/health care centre, Yes, because the doctor/nurse cancelled or rescheduled the appointment because of COVID-20, Yes, other reason |
| How satisfied are/were you with your pregnancy health care during the COVID-19 social distancing measures? | Select one: Not at all satisfied, Not satisfied, Neutral, A bit satisfied, Very satisfied |
| Because of COVID-19, did you feel anxious or depressed during your pregnancy? | Select one: No, Yes, a bit, Yes, a lot |
| Did you receive information on acquiring COVID-19 during pregnancy? | Select all that apply from: No, Yes, from my doctor/midwife, Yes, from the media, Yes, from other sources |
| Do you have any concerns regarding your delivery in the following weeks/months? | Select one: No, Yes, I am afraid i may acquire COVID-19 in the hospital/health care centre, Yes, I am afraid i may not know how to get to the hospital, Yes, other reason |

| Question | Response options |
|--|---|
| Where do you plan to deliver the baby? | Select one: In the health care centre or hospital, At home with a health care worker, At home with a traditional birth attendant, At home alone, Other |
| Why do you plan to give birth at home? | Select one: I am concerned about the risk of COVID-19 in health facilities, The facility is closed or cannot provide, I have no access to a facility, I prefer to deliver at home |
| Where did you give birth? | Select one: In the health care centre or hospital, At home with a health care worker, At home with a traditional birth attendant, At home alone, Other |
| Why did you give birth at home? | Select one: I was concerned about the risk of COVID-19 in health facilities, The facility was closed or cannot provide, I had no access to a facility, I planned to deliver at home |
| Have you missed or delayed post-natal care appointments as a result of the COVID-measures? | Select one: No, Yes, because I am afraid I may acquire COVID-19 in the hospital/health care centre, Yes, because the doctor/nurse cancelled or rescheduled the appointment because of COVID-20, Yes, other reason |
| 8. Abortion | |
| During the COVID-19 social distancing measures have you been in need of a termination of pregnancy (abortion)? | Select one: Yes, No |

| Question | Response options |
|---|--|
| Did you have an abortion during the COVID-19 social distancing measures? | Select one: No, Yes, a medical abortion (taking pills e.g. misoprostol), Yes, a surgical abortion, Yes, with other methods |
| Has the COVID-19 situation stopped or hindered you from seeking or obtaining an abortion? | Select one: Yes, No |
| How did the COVID-19 social distancing measures stop or hinder you from seeking or obtaining an abortion? | Select one: No transport available, I am too afraid I will get COVID-19 if I would to the doctor/health centre to get contraceptives, I am not able allowed to leave the house, Method not in stock (abortion service not available), Doctor/health professional not available, Pharmacy/dispensary closed, I can no longer afford an abortion, Health centre/clinic has long queues or is not accessible at the time, Other |
| What services would you use to obtain an abortion before the COVID-19 social distancing measures? | Select all that apply from: I never had an abortion before the COVID-19 social distancing measures, Family physician / general practitioner, Hospital or health centre doctor/nurse, Online services, Telephone services, Over the counter services (pharmacy), Traditional healer, Self-medication, Abortion Clinic, Through a civil society organization for abortion, Other |

| Question | Response options |
|---|--|
| What services did you use to obtain an abortion during the COVID-19 social distancing measures? | Select all that apply from: Family physician / general practitioner, Hospital or health centre doctor/nurse, Online services, Telephone services, Over the counter services (pharmacy), Traditional healer, Self-medication, Abortion Clinic, Through a civil society organization for abortion, Other |
| Did you experience any delays in obtaining abortion care? | Select one: No, Yes, a few days, Yes, 1-2 weeks, Yes, 3-4 weeks, Yes, more than 4 weeks |
| 9. Sexual and Gender-Based Violence | |
| 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? | Select one: Not vulnerable at all, Little vulnerable, Neutral, Quite vulnerable, Very vulnerable |
| 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? | Select one: Not vulnerable at all, Little vulnerable, Neutral, Quite vulnerable, Very vulnerable |
| Has a partner tried to restrict (online or phone) contact with your family? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner insulted you or made you feel bad about yourself? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner ever not provided money to run the house or look after the children, but has money for other things? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner slapped, pushed, hit, kicked or choked you or thrown something at you that could hurt you? | Select one: No, Yes, once, Yes, multiple times, Not applicable |

| Question | Response options |
|---|---|
| Has a partner physically forced you to have sexual intercourse when you did not want to? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner made you have sexual intercourse when you did not want to because you were afraid of what your partner might do? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner tried to restrict (online or phone) contact with your family? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner insulted you or made you feel bad about yourself? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner ever not provided money to run the house or look after the children, but has money for other things? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner slapped, pushed, hit, kicked or choked you or thrown something at you that could hurt you? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner physically forced you to have sexual intercourse when you did not want to? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Has a partner made you have sexual intercourse when you did not want to because you were afraid of what your partner might do? | Select one: No, Yes, once, Yes, multiple times, Not applicable |
| Did you ever talk to someone about the violence experiences you had before the COVID-19 social distancing measures? | Select all that apply from: No, Yes, to a relative, Yes, to a friend, Yes, to a phone or online helpline, Yes, to social services, Yes, to the police, Yes, to an association, Yes, other |
| Did you ever officially report (i.e. file a complaint) any violence experiences you had before the COVID-19 social distancing measures? | Select one: Yes, No |

| Question | Response options |
|---|---|
| Did you ever talk to someone about the violence experiences you had during the COVID-19 social distancing measures? | Select all that apply from: No, Yes, to a relative, Yes, to a friend, Yes, to a phone or online helpline, Yes, to social services, Yes, to the police, Yes, to an association, Yes, other |
| Did you ever officially report (i.e. file a complaint) any violence experiences you had during the COVID-19 social distancing measures? | Select one: Yes, No |
| 10. HIV and other STI | |
| During the COVID-19 social distancing measures have you wanted a test for HIV or another sexually transmitted infection (STI)? | Select one: Yes, No |
| Has the COVID-19 situation stopped or hindered you from accessing a test for HIV or another sexually transmitted infection? | Select one: Yes, No |
| How did the COVID-19 social distancing measures stop or hinder you from accessing a test for HIV or another a sexually transmitted infection? | Select all that apply from: No transport available, Postal services not functioning, Pharmacy closed, I can no longer afford it, Health centre/clinic had long queues or is not accessible at this time, Not able/allowed to leave the house, Health workers not offering providing HIV STI testing services anymore, Other |
| What services would/did you use to obtain a test for HIV or another sexually transmitted infection? | Select all that apply from: Never needed a test before COVID-20, Family physician / general practitioner, General hospital/clinic, HIV/STI clinic, Online services, Telephone services, Over the counter services (pharmacy), Traditional healer, Self-medication, None, Other |

| Question | Response options |
|---|--|
| What services would/did you use to obtain a test for HIV or another sexually transmitted infection? | Select all that apply from: Family physician / general practitioner, General hospital/clinic, HIV/STI clinic, Online services, Telephone services, Over the counter services (pharmacy), Traditional healer, Self-medication, None, Other |
| In your life, have you ever tested positive for HIV? | Select one: No, Yes, Prefer not to answer |
| During the COVID-19 social distancing measures, were any appointment at your clinic/health centre for HIV treatment or care cancelled? | Select one: Yes, No |
| During the COVID-19 social distancing measures, have you missed or delayed an appointment at your clinic/health centre for HIV treatment or care? | Select one: Yes, No |
| What was the main reason for missing or delaying an appointment at your clinic/health centre for HIV treatment or care? | Select one: No transport available, I was too afraid I would acquire COVID-19 if I would go to the doctor/health centre to get HIV treatment or care, I am not able/allowed to leave the house, Doctor/health professional not available, Pharmacy/dispensary closed, I can no longer afford it, Health centre/clinic has long queues or is not accessible at this time, Other |
| How did the COVID-19 social distancing measures affect your adherence to medication for HIV (on a scale from 1 to 5)? | Select one: 1 made adherence to ART impossible, 2 made adherence more difficult, 3 didnt affect my adherence to ART, 4 made adherence somewhat easier, 5 made adherence to ART much easier |

| Question | Response options |
|---|--|
| 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 lockdown? | Select one: Very worried, A bit worried, Not worried |
| Has the COVID-19 social distancing measures prompted you to disclose your HIV status? | Select one: No, I continued to keep my status private, No, I had already disclosed my status, Yes, it forced me to disclose my status, Yes, although I was planning on disclosing anyway |
| 11. Mental Health | |
| I get angry frequently with slight provocation. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| Does this happen more or less since the start of the COVID-19 social distancing measures? | Select one: A lot more, More, About the same, Less, A lot less |
| I have felt frustrated with things in general. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| Does this happen more or less since the start of the COVID-19 social distancing measures? | Select one: A lot more, More, About the same, Less, A lot less |
| I have felt bored. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| Does this happen more or less since the start of the COVID-19 social distancing measures? | Select one: A lot more, More, About the same, Less, A lot less |
| I have worried about my financial situation. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| Does this happen more or less since the start of the COVID-19 social distancing measures? | Select one: A lot more, More, About the same, Less, A lot less |

| Question | Response options |
|--|--|
| I feel frustrated because of the COVID-19 restrictions | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I am confused about what I can or cannot do due to COVID-19. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I am afraid to acquire COVID-19. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I experience obsessive or compulsive behaviors with regards to hand washing. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I am afraid of touching items outside my house. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I cannot stop thinking about the COVID-19 epidemic. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I have nightmares about the current situation. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I feel that there is enough protective gear (gloves, mouth masks, sterilizing alcohol) available for me. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| I feel the Government fails to provide enough, adequate and true information concerning the COVID-19 outbreak. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| If I have to sneeze or cough in my household, I try to hide this from the people around me. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| If I would be outside and I would have to sneeze or cough, I would try to hide this from the people around me. | Select one: Totally agree, Agree, Agree nor disagree, Disagree, Totally disagree |
| How would you rate your overall mental health | Select one: Poor, Fair, Good, Very good, Excellent |
| 12. Nutrition | |

| Question | Response options |
|---|--|
| During the COVID-measures, did you worry that your household would not have enough food? | Select one: No, Yes, but less than before, Yes, but no more than before, Yes, more than before |
| 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? | Select one: No, Yes, but less than before, Yes, but no more than before, Yes, more than before |
| 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? | Select one: No, Yes, but less than before, Yes, but no more than before, Yes, more than before |
| During the COVID-measures, were your household food stores ever completely empty and there was no way of getting more? | Select one: No, Yes, but less than before, Yes, but no more than before, Yes, more than before |
| During the COVID measures, did you increase your consumption of foods of low nutritional value (e.g. fast food)? | Select one: No, Yes, a bit, Yes, a lot |
| During the COVID measures, did you increase your food consumption in general? | Select one: No, Yes, a bit, Yes, a lot |
| Final Section | |
| You can find more information at | Text |

Supplement 2. Digital Field Testing Description

Digital field testing is an essential component of creating an online survey. We will use an ODK platform to program the core survey instrument into country-specific instruments. Each country will be responsible for translating the core survey into relevant languages for their country. Briefly, the in-country lead will send an Excel document with each translation to the I-SHARE digital working group. Translations will be programmed into an XLS Form and a temporary link to field test will be sent to the in-country lead. Detailed English comments in a single Word document will be sent from the in-country lead back to the digital working group. If there are no further changes, the in-country lead provides the green light for survey launch. The digital working group would then share the final survey link and provide an encryption key to access the data. We anticipate one to three rounds of field testing and do not anticipate that digital field testing will influence the core survey instrument structure.

Supplement 3. Primary outcomes

Our primary outcomes are sexual behaviours, partner violence, and access to essential reproductive services. Sexual behavior analysis will focus on condomless sex with any partner (casual or steady partner), sexual dysfunction, and sexual activity comparing the three months before COVID-19 measures and during the COVID-19 measures. Intimate partner violence will be defined by six items (restrict contact, insult, withheld money, slapped, physically or non-physically forced to have sex), as well as speaking about and reporting partner violence, comparing the three months before COVID-19 measures and during the COVID-19 measures. Access to reproductive health services will be divided into access to condoms (all participants), access to antenatal care (women only), access to contraceptives (women only) and access to abortion (women only). These will also compare the period three months before COVID-19 measures and the period during COVID-19 measures.

Supplement 4. Data management plan.

1.1 Format and scale of the data

Quantitative will be initially stored in Stata data files. This format is recommended by the UK Data Archive as preferred long-term storage formats for quantitative and qualitative data.

Stata .dta files can be easily exports and converted to other software, facilitating sharing of data within the study team. Online data capture among study participants will use OpenDataKit open-source tools.

2. Data collection/generation

2.1 Methodologies for data collection/generation

Data will be collected by study participants (self-completed survey instruments on their mobile phone or a tablet, photographs of test kit results via instant messaging).

2.2 Data quality and standards

Electronic data collection tools will follow guidelines set by ODK@LSHTM (<http://opendatakit.lshtm.ac.uk/>), and will be pre-programmed and tested before use in the field. To minimize errors, range checks and skip patterns within data entry screens will be used. The computing system is password protected, encrypted and only accessible to authorised study team members. Any access to the system is automatically recorded.

3. Data management, documentation, and curation

3.1 Managing, storing, and curating data

Data will be managed according to International Conference on Harmonisation guidelines for Good Clinical Practices. Participants will receive a unique study identification (ID) number recorded on all forms. All data will be kept confidential and accessible only to trained study staff. All consent forms and survey information will be digital only. ODK data will be uploaded directly to the server. Each in-country lead will be the sole individual with access to

the data.

4.2 Metadata standards and data documentation

We will prepare documentation describing all data produced from the study, in accordance with Data Documentation Initiative (DDI) principles. This will describe the relationship between the different databases and the variables for each database. Important documentations for the study which are to be included in the metadata are: study title and short description; study protocol; SOPs; questionnaires; topic guides; and all other data collection instruments. The documents will be stored in .rtf format. Quantitative datasets stored in Stata have extensive metadata attached in .dta files (including descriptions of variable coding).

4.3 Data preservation strategy and standards

Data will be stored electronically in the file formats specified above on servers and backed-up in accordance with normal procedures for a minimum of 5 years, in accordance with UNCST policy. Metadata will be created in conformance with Preservation Metadata International Standards (PREMIS).

4. Data security and confidentiality of potentially disclosive information

Strict measures will be employed in order to ensure data confidentiality. Immediately after data finalisation, data collected on electronic forms will be encrypted using a random single use symmetric encryption key, which is in turn then asymmetrically encrypted using a 2048-bit public Rivest–Shamir–Adleman (RSA) key that is inherited from the eCRF. This means that once finalized, no human readable data for the form could be accessed again on the device. Encrypted data files will then be transferred via end-to-end encrypted https protocols to a firewalled institutional server. No human readable form of the raw data will be available on any web-accessible server and no user will have permission or ability to alter any raw file on the server. Electronic data will be backed up in the encrypted form and these

backups will represent an unmodifiable copy of the study's raw data. Decryption permissions will be limited to a small number of individuals, namely the in-country leads, who possess copies of the secret decryption key files (anonymous/de-identified data and summaries may be shared according to data sharing policy). Decryption will only be possible once a copy of the encrypted data has been downloaded to a local workstation. Handling of the decrypted human readable data will preferably take place on encrypted disk volumes. Any database systems used in downstream work will implement a tiered password controlled system of access. Read and write access to these 'working copies' of the data will depend on the designation of the in-country lead. Password protection on computers, servers and networks will be used and data transfer over wireless or mobile networks will use Virtual Private Networks or router protected dedicated IP addresses.

5.1 Formal information/data security standards Most of our data will contain unique identifies which cannot easily be linked to a study participant. For the data containing identifying information, this will be stored and transferred in encrypted files which use AES 128-bit advanced encryption and conform to the ISO/IEC 18033-3 standard.

5.2 Data sharing and access

All of the data generated by a single country will only be accessible to that specific in-country lead investigator. Any sharing of data for multi-country comparisons will be governed by data sharing agreements.

5.3 Governance of access Decisions about access to individual country data will be made entirely by the in-country lead.

5.4 Relevant institutional, departmental, or study policies on data sharing and data security

| Policy | URL or Reference |
|-----------------|--|
| Data Management | MRC policy on data management and sharing; |

| | |
|----------------------|---|
| Policy & Procedures | http://www.lshtm.ac.uk/research/researchdataman/rdm_policy_summary.html |
| Data Security Policy | MRC information security policy; http://www.lshtm.ac.uk/its/informationsecurity/policy/ |
| Data Sharing Policy | MRC policy on research data-sharing |

Supplement 5. Considerations for online sexual and reproductive survey research during COVID-19

The following represent some themes that are relevant to organizing online sexual and reproductive health survey research during COVID-19:

- a) Survivor resources. Given the potential for increased intimate partner violence during COVID-19, survey organizers should identify resources to support survivors and include them in informational materials. Surveys introduce the potential for increased violence if survivors are found completing the survey by a partner. In addition, completing the survey could be distressing.
- b) Online sampling considerations. Recruiting participants through online methods introduces the potential for substantial bias, in addition to unique opportunities for reaching vulnerable groups and asking about sensitive behaviours. Prior to survey launch, the survey organizers should consider how specific aspects of survey promotion (e.g., targeting groups that may be difficult to access), survey implementation (e.g., CAPTCHA and methods for avoiding duplicate participation), data analysis (e.g., propensity score methods) could be used to improve the validity of data.

- c) Field testing with participants. Several rounds of field testing can improve the quality of the data generated through identifying errors in skip patterns, revising preambles, and improving translations.
- d) Anonymity. Many online survey software may default to capturing IP addresses, but we recommend against collecting this information. We would recommend carefully considering all identifying information and discussing with ethical review committees as appropriate.