

Item #		Field	Field Inputs	Conditional Logic
Task Instructions		<p>This voluntary survey is part of a research study to gain a better public health understanding of the coronavirus pandemic and its effects on public health and well-being. Your participation will greatly aid our research. You may stop taking the survey at any time.</p> <p>In order to ensure that the researchers cannot identify you and to keep your responses confidential, the survey does not ask for your name or any other personal data from you. The researchers will not receive any information that can identify you from Premise Data.</p> <p>The de-identified results of this survey may be used for our future studies or shared with other investigators for their research studies. Published results will be aggregated and will not identify you individually or your responses.</p>	Agree and continue	
1	this_survey_will_ask_about_healthcare_and_services_in_your_local_area	This survey will ask about healthcare and services in your local area. (SELECT_ONE)	Continue	
2	on_average_in_the_last_six_months_how_many_members_usually_live_in_your_household_counting_yourself	On average, in the last six months, how many members usually live in your household counting yourself? (SELECT_ONE)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 and over	
3	during_february_may_2021_did_you_have_a_need_to_see_a_health_provider	During February 2021-May 2021, did you have a need to see a health provider? (SELECT_ONE)	Yes No	
4	when_you_needed_to_see_a_health_provider_did_you_have_a_fever	When you needed to see a health provider, did you have a fever? (SELECT_ONE)	Yes No Don't know	If Q3=Yes

5	what_health_condition_s_required_you_to_see_a_health_provider_during_february_may_2021	What health condition(s) required you to see a health provider during February 2021-May 2021? (SELECT_MANY)	Preventive or routine care Heart disease Stroke Cancer Diabetes Kidney disease Asthma Tuberculosis COVID-19 Pneumonia Other Lung disease HIV Malaria Liver disease Depression, anxiety or other mental health Injury Hearing or vision problems Bone, joint or other muscle problems Sexual and reproductive health Alcohol or drug problems High cholesterol High blood pressure Other	If Q3=Yes
6	were_you_able_to_see_a_health_provider_during_february_may_2021	Were you able to see a health provider during February 2021-May 2021? (SELECT_ONE)	Yes I saw a provider during this time, but not every time I needed one No	If Q3=Yes
7	where_did_you_see_a_health_provider	Where did you see a health provider ? (SELECT_MANY)	Health facility At my home Online Other	If Q6 = Yes or I saw a provider during this time, but not every time I needed
8	how_many_times_did_you_see_a_healthcare_provider	How many times did you see a healthcare provider? (SELECT_ONE)	1 2 3 4 5 6 7 8 9 10 or more	If Q6 = Yes or I saw a provider during this time, but not every time I needed one
9	what_were_the_reason_s_you_were_not_able_to_see_a_health_provider	What were the reason(s) you were not able to see a health provider? (SELECT_MANY)	Health facility closed Turned away from health facility Treatment or tests unavailable No transportation Lack of money Unable to access due to COVID-19 restrictions Fear of being infected with COVID-19 Partner or family does not approve Other Decline to respond	If Q6 = No or I saw a provider during this time, but not every time I needed one
10	during_february_may_2021_did_you_have_a_health_condition_that_required_you_to_take_medication	During February 2021-May 2021, did you have a health condition that required you to take medication? (SELECT_ONE)	Yes No	

11	what_health_condition_s_did_you_require_medication_for_during_february_may_2021	What health condition(s) did you require medication for during February 2021-May 2021? (SELECT_MANY)	Heart disease Stroke Cancer Diabetes Kidney disease Asthma Tuberculosis COVID-19 Pneumonia Other Lung disease HIV Malaria Liver disease Depression, anxiety or other mental health Injury Hearing or vision problems Bone, joint or other muscle problems Sexual and reproductive health Alcohol or drug problems High cholesterol High blood pressure Other	If Q10 = Yes
12	during_february_may_2021_did_you_miss_any_doses_of_medication	During February 2021-May 2021, did you miss any doses of medication? (SELECT_ONE)	Yes No	If Q10 = Yes
13	on_average_during_a_week_how_many_doses_did_you_miss_during_february_may_2021	On average during a week, how many doses did you miss during February 2021-May 2021? (SELECT_ONE)	Less than once a week 1 2 3 4 5 6 7 8 9 10 or more	If Q12= Yes
14	what_were_the_reasons_you_missed_a_dose_of_your_medication_during_february_may_2021	What were the reason(s) you missed a dose of your medication during February 2021-May 2021? (SELECT_MANY)	Health facility or pharmacy closed Turned away from health facility or pharmacy Medication unavailable at health facility or pharmacy No transportation Lack of money Unable to access due to COVID-19 restrictions Fear of being infected with COVID-19 Partner or family does not approve Forgot to take Other Decline to respond	If Q12= Yes

15	in_the_last_30_days_was_there_any_time_when_you_needed_any_of_the_following_health_services_or_products_but_could_not_get_it	In the last 30 days, was there any time when you needed any of the following health services or products but could not get it? (SELECT_MANY)	Emergency transportation services or emergency rescue Medical care with overnight stay in any type of facility Medical or dental care or treatment without an overnight stay Preventive health services (including immunization/vaccination, family planning, prenatal/postnatal care, routine check-up services) Medication Mask, medical gloves,	
16	in_the_last_30_days_were_you_unable_to_get_needed_treatment_services_medicine_or_medical_products_for_any_of_the_following_reasons	In the last 30 days, were you unable to get needed treatment, services, medicine, or medical products for any of the following reasons? (SELECT_MANY)	I didn't know where to go I couldn't afford the treatment, service, or product I was unable to travel to the health care provider (including because of transportation cost, safety, or physical limitations) I was afraid of being infected at the health care provider The treatment, service, or product was	If Q15 != None of the above
17	last_week_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?	Last week, 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? (SELECT_ONE)	Yes No	
18	were_you_working_during_the_3_months_before_the_covid_19_pandemic_began_to_affect_your_local_area	Were you working during the 3 months before the COVID-19 pandemic began to affect your local area? (SELECT_ONE)	Yes No	
19	what_was_the_main_reason_you_stopped_working_since_the_start_of_the_covid_19_pandemic	What was the main reason you stopped working since the start of the COVID-19 pandemic? (SELECT_ONE)	Business / office closed Laid off while business continues Furlough (temporarily laid off) Vacation Ill or quarantined Need to care for ill relative Seasonal worker Retired Not able to go to work due to government mandated movement	If Q17 = No and Q18 = Yes

20	when_did_you_become_unemployed	When did you become unemployed? (SELECT_ONE)	Before March 1st, 2020 March or April 2020 June through August 2020 September through December 2020 January 1, 2021 or later	If Q17 = No and Q18 = Yes
21	which_of_the_following_best_describes_your_current_work	Which of the following best describes your current work? (SELECT_ONE)	Full time paid employee/worker Part time paid employee/worker Paid day laborer Temporary or leased employee/worker Contractors, subcontractors, independent contractors, or outside consultant Support a family business Internship Unpaid training Volunteer Other	If Q17 = Yes
22	in_your_main_job_do_you_usually_work_throughout_the_year_or_do_you_work_seasonally_or_only_once_in_a_while	In your main job, do you usually work throughout the year, or do you work seasonally, or only once in a while? (SELECT_ONE)	Throughout the year Seasonally Once in a while	If Q17 = Yes
23	which_sector_do_you_work_in	Which sector do you work in? (SELECT_ONE)	Government or public sector Retail and wholesale trade Services Manufacturing Construction Hotels, cafes and restaurants Transportation and logistics Agriculture, farming, forestry, or mining Information and communication Other	If Q17= Yes
24	during_february_may_2021_what_was_your_personal_average_income_in_a_month	During February 2021-May 2021, what was your personal average income in a month? (NUMBER)	None	

25	during_february_may_2021_which_of_the_following_were_your_household_s_sources_of_livelihood	During February 2021-May 2021, which of the following were your household's sources of livelihood? (SELECT_MANY)	Family farming, livestock or fishing Non-farm family business, including family business Wage employment of household members Unemployment benefits Remittances from abroad Assistance from family within the country Assistance from other non-family individuals Income from properties, investments or savings Pension Assistance from the government Assistance from NGOs/charitable organization Other	
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