Item #	Input Tag	Field	Field Inputs	Conditional Logic
Task Instruc tions		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.	Agree and continue	
		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.		
		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.		
1	this_survey_will_ask_about_women_s_ health_in_your_local_area	This survey will ask about women's health 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? (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	are you currently pregnant	Are you currently pregnant? (SELECT_ONE)	Yes No	
		Are you currently married or living together with a man as if married? (SELECT_ONE)	·	
5		Have you been sexually active in the last 30 days? (SELECT_ONE)	Yes No	
		Have you ever given birth to a child? (SELECT_ONE)	Yes No	
7		Would you like to have a child? How long would you like to wait from now before the birth of a child? (SELECT_ONE)	I want to have a child soon I want to have a child later Undecided whether I want a child I don't want children I am not able to have children Decline to	If Q6 = No

	_how_long_would_you_like_to_wait_fro m_now_before_the_birth_of_another_c hild		child soon I want to have another child later Undecided whether I want another child I don't want more children I am not able to have another child Decline to respond	If Q6= Yes
9	would_you_like_to_wait_two_years_or_ more_before_the_birth_of_a_child	Would you like to wait two years or more before the birth of a child? (SELECT_ONE)	·	If Q7 = I want to have a child SOON or LATER
	would_you_like_to_wait_two_years_or_ more_before_the_birth_of_another_chil d		'	If Q8 = I want to have another child SOON or LATER
	c_in_march_april_2020_has_your_desir e_for_a_child_changed	Since the start of the global pandemic in March 2020- April 2020, has your desire for a child changed? (SELECT_ONE)	'	If Q7 =/= I am not able to have children
12	c_in_march_april_2020_has_your_desir e_for_another_child_changed	Since the start of the global pandemic in March 2020 - April 2020, has your desire for another child changed? (SELECT_ONE)	Yes No	If Q8 =/= I am not able to have another child
13	how_has_your_desire_for_a_child_cha nged_since_march_april_2020	How has your desire for a child changed since March 2020-April 2020? (SELECT_ONE)	I no longer want a child I am now undecided I now want a child I want to have a child but later than I did before I want to have a child but sooner than I did before Decline to respond	If Q11 = Yes
14	how_has_your_desire_for_another_child_changed_since_march_april_2020	How has your desire for another child changed since March 2020-April 2020? (SELECT_ONE)	I no longer want another child I am now undecided I now want another child I want to have another child but later than I did before I want to have another child but sooner than I did before Decline to	If Q12 = Yes

or_your_partner_done_anything_d	_you_ During February 2021 -May <u>2021</u> , have you or your or use partner done anything or used any contraceptive methodelay to delay or avoid pregnancy? (SELECT_ONE)	Yes No	
16 which_method_or_methods_have	you_ Which method or methods have you or your partner use revent to prevent pregnancy during February 2021-May 2021? (SELECT_MANY)	Male sterilization Male sterilization Implant IUD Injectables Pill Male Condom Female Condom Diaphragm Foam/Jelly Emergency contraception Standard days/cycle beads Lactational amenorrhea method (LAM) Rhythm method Withdrawal Other Other traditional methods Don't know Decline to respond	
		ОК	If 15 = Yes
	During February 2021-May 2021, did you experience an ou_ex difficulties in accessing your preferred method of contraception? (SELECT_ONE) ceptio	Yes No Did not need contraception	If Q16 = IUD, Injectables, Pill, Male Condom, Female Condom Diaphragm, Foam/Jelly, Emergency contraception, Implant
18 on_average_during_a_week_how y_pills_did_you_miss_during_febr may_2021		None	If Q16= Pill and Q17 = Yes
	_man On average during a week, how many times did you require contraception during February-May 2021? (SELECT_ONE)	0 1 2 3 4 5 6 7 or more	If Q15= Yes or No

ad		How many times during the average week were you able to access contraception during February2021-May 2021? (SELECT_ONE)	or more	If Q16 = Male Condom, Female Condom, Diaphragm, Foam/Jelly, Emergency contraception
_2 fo	ow_many_times_during_february_may 2021_did_you_need_an_appointment_ or_injectable_contraception_but_could not_access_it	How many times during February 2021-May 2021 did you need an appointment for injectable contraception but could not access it? (NUMBER)		If Q16 = Injectables and Q17= Yes
_2 tn	ow_many_times_during_february_may 2021_did_you_need_either_an_appoin nent_for_iud_insertion_or_removal_bu _could_not_access_it	How many times during February 2021-May 2021 did you need an appointment for IUD insertion or removal, but could not access it? (NUMBER)		If Q16 = IUD and Q17 = Yes
_2 tn		How many times during February 2021-May 2021 did you need an appointment for implant insertion or removal, but could not access it? (NUMBER)		If Q16= implant and Q17 = Yes
24 w ot ho	hat_were_the_reason_s_you_were_n	What were the reason(s) you were not able to access your preferred method of contraception during February 2021-May 2021? (SELECT_MANY)	Health facility closed Turned away from health facility Contraception not available 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	

25	has_your_use_of_contraception_chang ed_since_the_start_of_the_global_covi d_19_pandemic_in_march_april_2020 indicate_which_type_of_contraceptive_ method_s_you_or_your_partner_used_ during_january_march_2020	Has your use of contraception changed since the start of the global COVID-19 pandemic in March 2020-April 2020? (SELECT_ONE) Indicate which type of contraceptive method(s) you or your partner used during January 2020-March 2020. (SELECT_MANY)	I switched methods I stopped using contraception methods I started using contraception methods No, I continued to use the same method No, I continued not using any method Female sterilization Male sterilization Implant IUD Injectables Pill Male Condom Female Condom Female Condom Standard days/cycle beads Lactational amenorrhea method (LAM) Rhythm method Withdrawal Other Other traditional methods Don't know Decline to respond	If Q25= switched or stopped
27	are_you_alone_right_now	Are you alone right now? (SELECT_ONE)	Yes No Decline to respond	or stopped
28	how_safe_do_you_feel_in_your_comm unity	How safe do you feel in your community? (SELECT_ONE)	Very safe Pretty safe A little unsafe Very unsafe Don't know Decline to respond	If Q27 = Yes
29	how_safe_do_you_feel_in_your_home, _where_you_currently_sleep?	How safe do you feel in your home, where you currently sleep? 'Very unsafe' is equivalent to needing to leave the home to feel safer. (SELECT_ONE)	Very safe Pretty safe A little unsafe Very unsafe Don't know Decline to respond	If Q27 = Yes

30	since_the_start_of_the_global_covid_1 9_pandemic_in_march_april_2020_how _safe_have_you_felt_in_your_home	Since the start of the global COVID-19 pandemic in March 2020-April 2020, how safe have you felt in your home? (SELECT_ONE)	More safe than I felt before the pandemic Less safe than I felt before the pandemic About the same as before the pandemic Don't know Decline to respond	If Q27 = Yes
31		Is there a place that you could go if something happened that made you feel unsafe in your home? (SELECT_ONE)	Yes No Don't know Decline to respond	If Q27 = Yes
32		Since the start of the pandemic (March 2020-April 2020), did you ever intend or need to go to this place? (SELECT_ONE)	Yes No Don't know Decline to respond	If Q31 = Yes
33		Since the start of the pandemic (March 2020-April 2020), how often did you need to go to this place? (SELECT_ONE)	More often than I did before the pandemic Less often than I did before the pandemic About the same as before the pandemic Don't know Decline to respond	If Q32 = Yes
34		Since the start of the pandemic (March 2020-April 2020), were you ever prevented from going to this safe place when you intended to go there? did you intend to go to this safe place but were prevented from doing so?	Yes No Don't know Decline to respond	
35	what_was_the_main_reason_that_prevented_you_from_going_to_this_place	(SELECT_ONE) What was the main reason that prevented you from going to this place? (SELECT_ONE)	Unable to access place due to COVID-19 restrictions Place was closed or unavailable for reason other than COVID-19 restrictions Afraid of consequences No transportation Fear of being infected with COVID-19 Other Decline to respond	If Q32 = Yes

36	since_the_start_of_the_global_covid_1	Since the start of the global COVID-19 pandemic in March 2020-April 2020, have you sought the services of a women's help organization (e.g. crisis center, shelter,	Yes No Don't know Decline to respond	
	e_you_sought_the_services_of_a_wom	hotline)? (SELECT_ONE)		
	enu+2019s_help_organization_e_g_cris			
	is_center_shelter_hotline			If Q27 = Yes
37		Since the start of the pandemic (March 2020 -April 2020),	Yes No Don't know	
		have you wanted to seek the services of a women's help	Decline to respond	
	. – – – – – – . –	organization but did not? (SELECT_ONE)		.,
	organization_but_did_not			If Q27= Yes
38			Did not know where to	
		services of a women's help organization?	go Too far from	
	omen's_help_organization	(SELECT_ONE)	services Could not	
			afford transport or	
			service fees Services unavailable due to	
			COVID-19 restrictions	
			Unable to travel due to	
			COVID-19 restrictions	
			Fear of being infected	
			with COVID-19 Fear of	
			threats/consequences/g	
			etting into trouble	
			Embarrassed for myself	
			or my family Don't	
			know Other Decline to	
			Answer	If Q37 = Yes
39	thinking_about_events_that_you_may_	Thinking about events that you may have witnessed or	Very common	
		people you know (friends, family, neighbors), how	Common Uncommon	
		common do you think it is for women in your community	Very uncommon Don't	
		to experience violence from an intimate partner?	Know Decline to	
	ur_community_to_experience_violence	(SELECT_ONE)	respond	
	_from_an_intimate_partner			If Q27 = Yes

40	9_pandemic_in_march_april_2020_wou	Since the start of the global COVID-19 pandemic in March 2020 -April 2020, would you say this sort of violence has become more common, less common, or stayed the same? (SELECT_ONE)	More common than before the pandemic Less common than before the pandemic About the same as before the pandemic	
			Don't know Decline to respond	If Q27 = Yes
41	have_you_or_your_partner_experience d_a_loss_of_employment_income_sinc e_march_april_2020	Have you or your partner experienced a loss of employment income since March 2020-April 2020? (SELECT_ONE)	Yes No Don't know Decline to respond	If Q27 = Yes and Q4= Yes
42	does_your_partner_drink_alcohol	Does your partner drink alcohol? (SELECT_ONE)	Yes No Don't know Decline to respond	If Q4= Yes
43	since_the_start_of_the_global_covid_1 9_pandemic_march_april_2020_how_h as_your_partner_s_alcohol_use_chang ed	Since the start of the global COVID-19 pandemic (March 2020-April 2020), how has your partner's alcohol use changed? (SELECT_ONE)	No change Consumes more alcohol Consumes less alcohol Don't Know Decline to respond	If Q42 = Yes
44	we_recommend_that_you_seek_out_lo cal_resources_if_you_feel_unsafe_in_y	We recommend that you seek out local resources if you feel unsafe in your home. General information and suggested resources can be found in the below link. (SELECT_ONE): https://www.endvawnow.org/en/need-help	Continue	