

Item #	Input Tag	Field	Field Inputs	Conditional Logic
<b>Task Instructions</b>		<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>	<b>Agree and continue</b>	
1	this_survey_will_ask_the_health_of_children_living_in_your_household	This survey will ask about the health of children living in your household. (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 or more	
3	how_many_children_under_the_age_of_two_years_do_you_have?	How many children under the age of two years do you have? (SELECT_ONE)	1   2   3	
4	how_old_is_your_youngest_child_in_months?	How old is your youngest child in months? (NUMBER)	None	
5	to_the_best_of_your_recollection_what_was_the_date_of_the_birth	To the best of your recollection, what was the date of the birth? (DATE)	None	
6	what_is_the_sex_of_your_youngest_child?	What is the sex of your youngest child? (SELECT_ONE)	Female   Male   Decline to respond	

7	how_old_is_your_second_youngest_child_in_months?	How old is your second youngest child in months? (NUMBER)	None	If Q3 = 2 or 3
8	to_the_best_of_your_recollection_what_was_the_date_of_the_birth_second_youngest	To the best of your recollection, what was the date of the birth? (DATE)	None	
9	what_is_the_sex_of_your_second_youngest_child?	What is the sex of your second youngest child? (SELECT_ONE)	Female   Male   Decline to respond	If Q3 = 2 or 3
10	how_old_is_your_third_youngest_child_in_months?	How old is your third youngest child in months? (NUMBER)	None	If Q3 = 3
11	to_the_best_of_your_recollection_what_was_the_date_of_the_birth_third_youngest	To the best of your recollection, what was the date of the birth? (DATE)		
12	what_is_the_sex_of_your_third_youngest_child?	What is the sex of your third youngest child? (SELECT_ONE)	Female   Male   Decline to respond	If Q3= 3
13	the_next_set_of_questions_will_ask_you_about_vaccinations_your_youngest_child_has_received_we_recommend_using_their_vaccination_record_when_answering_these_questions_to_ensure_accuracy	The next set of questions will ask you about vaccinations your youngest child has received. We recommend using their vaccination record when answering these questions to ensure accuracy. (SELECT_ONE)	I understand. Continue.	
14	are_you_using_your_child's_vaccination_card_as_a_reference?	Are you using your child's vaccination card as a reference? (SELECT_ONE)	Yes   No	
15	during_february_2021_may_2021_did_your_youngest_child_receive_any_vaccines	During February 2021-May 2021, did your youngest child receive any vaccines? (SELECT_ONE)	Yes   No	
16	how_many_vaccines_did_your_youngest_child_receive_during_february_2021_may_2021	How many vaccines did your youngest child receive during February 2021-May 2021? (NUMBER)	None	If Q12 = Yes

17	what_were_the_reason_s_that_your_youngest_child_did_not_receive_vaccines_during_february_2021_may_2021	What were the reason(s) that your youngest child did not receive vaccines during February 2021-May 2021? (SELECT_MANY)	Shortage of vaccines or vaccines out of stock   I did not want my child to be vaccinated   Health facility closed   Turned away from health facility   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   My child was not due for any vaccines during this time   I was sick and could not take my child   My child was sick   Other   Decline to respond	If Q12 = No
18	since_the_start_of_the_global_pandemic_in_march_2020_april_2020_was_there_a_time_when_your_youngest_child_needed_a_vaccine_but_could_not_get_it_at_the_right_time	Since the start of the global pandemic in <u>March 2020 -April 2020</u> , was there a time when your youngest child needed a vaccine, but could not get it at the right time? (SELECT_ONE)	Yes   No	
19	did_your_youngest_child_receive_the_missed_vaccine_late_or_not_at_all	Did your youngest child receive the missed vaccine late, or not at all? (SELECT_ONE)	Received the vaccine late   Did not receive the vaccine at all	If Q15 = yes
20	how_much_time_passed_between_the_date_your_youngest_child_was_due_for_or_the_vaccine_and_the_date_your_child_was_able_to_receive_the_vaccine	How much time passed between the date your youngest child was due for the vaccine, and the date your child was able to receive the vaccine? (SELECT_ONE)	One month or less   2-3 months   4-6 months   7-9 months   10-12 months   More than a year	If Q16 = received the vaccine late

21	what_were_the_reason_s_that_your_youngest_child_could_not_get_the_vaccine_at_the_right_time	What were the reason(s) that your youngest child could not get the vaccine at the right time? (SELECT_MANY)	Shortage of vaccines or vaccines out of stock   I did not want my child to be vaccinated   Health facility closed   Turned away from health facility   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   I was sick and could not take my child   My child was sick   Other   Decline to respond	If Q15 = yes
22	how_many_doses_has_your_youngest_child_received_of_the_pentavalent_or_dtp_vaccine_that_is_an_injection_in_the_thigh_to_prevent_diphtheria_tetanus_and_pertussis	How many doses has your youngest child received of the pentavalent or DTP vaccine; that is, an injection in the thigh to prevent diphtheria, tetanus, and pertussis? (SELECT_ONE)	0   1   2   3 or more   Don't know	
23	how_many_doses_has_your_youngest_child_received_of_the_rotavirus_vaccine;_that_is,_a_liquid_in_the_mouth_to_prevent_diarrhea?	How many doses has your youngest child received of the rotavirus vaccine; that is, a liquid in the mouth to prevent diarrhea? (SELECT_ONE)	0   1   2   3 or more   Don't know	
24	how_many_doses_has_your_youngest_child_received_of_the_rotavirus_vaccine;_that_is,_a_liquid_in_the_mouth_to_prevent_diarrhea?	How many doses has your youngest child received of the pneumococcal vaccine; that is, an injection in the thigh to prevent pneumonia? (SELECT_ONE)	0   1   2   3 or more   Don't know	
25	how_many_doses_has_your_youngest_child_received_of_the_measles_vaccine;_that_is,_an_injection_in_the_arm_to_prevent_measles?	How many doses has your youngest child received of the measles vaccine; that is, an injection in the arm to prevent measles? (SELECT_ONE)	0   1   2 or more   Don't know	
26	during_february_2021_may_2021_did_your_youngest_child_have_a_need_to_see_a_health_provider	During February2021-May 2021, did your youngest child have a need to see a health provider? (SELECT_ONE)	Yes   No	

27	when_your_youngest_child_needed_to_see_a_health_provider_did_the_child_have_a_fever	When your youngest child needed to see a health provider, did the child have a fever? (SELECT_ONE)	Yes   No   Don't know	If Q23 = Yes
28	what_health_condition_did_your_youngest_child_need_to_see_a_health_provider_for_during_february_may_2021	What health condition did your youngest child need to see a health provider for during February-May 2021? (SELECT_MANY)	Birth defect or congenital problem   Diarrhea   Pneumonia   Tuberculosis   Other respiratory infection   Malaria   HIV   COVID-19   Other infectious disease   Injury   Hearing or vision problems   Bone, joint or other muscle problems   Malnutrition   Other	If Q23 = Yes
29	were_they_able_to_see_a_health_provider_during_february_2021_may_2021	Were they able to see a health provider during February-May 2021? (SELECT_ONE)	Yes   My child saw a provider during this time, but not every time they needed to   No	If Q23 = Yes
30	where_did_they_see_a_health_provider	Where did they see a health provider? (SELECT_MANY)	Health facility   At my home   Online   Other	If Q26 = Yes or My children saw a provider during this time, but not every time they needed to
31	how_many_times_did_your_child_see_a_healthcare_provider	How many times did your child see a healthcare provider? (SELECT_ONE)	1   2   3   4   5   6   7   8   9   10 or more	If Q26 = Yes or My children saw a provider during this time, but not every time they needed to

32	<p>what_were_the_reason_s_your_young est_child_was_not_able_to_see_a_pro vider</p>	<p>What were the reason(s) your youngest child was not able to see a provider? (SELECT_MANY)</p>	<p>Health facility closed   Turned away from health facility   Treatment or provider 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</p>	<p>If Q26 = No or My children saw a provider during this time, but not every time they needed to</p>
----	--	--	---	--