

Item #	Input Tag	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_is_part_of_a_global_academic_study_and_will_ask_about_your_health_and_that_of_infants_in_your_local_area	This survey is part of a global academic study and will ask about your health and that of infants in your local area. (SELECT_ONE)	Continue	
2	how_many_children_have_you_given_birth_to?	How many children have you given birth to? (SELECT_ONE)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more	
3	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	
4	during_february_2021_may_2021_how_many_visits_did_you_have_planned_with_your_health_provider_to_monitor_your_pregnancy	During February 2021-May 2021, how many visits did you have planned with your health provider to monitor your pregnancy? (SELECT_ONE)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more	

5	how_many_visits_have_you_attended_during_february_2021_may_2021	How many visits have you attended during February 2021-May 2021? (SELECT_ONE)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more	
6	if_you_missed_a_visit_during_february_2021_may_2021_why_were_you_not_able_to_attend	If you missed a visit during February 2021-May 2021, why were you not able to attend? (SELECT_MANY)	Did not miss any visit Health facility closed Turned away from health facility Treatment 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 I did not have a visit planned Other Decline to respond	
7	to_the_best_of_your_recollection_please_indicate_the_first_day_of_your_last_menstrual_period_before_your_most_recent_pregnancy	To the best of your recollection, please indicate the first day of your last menstrual period before your most recent pregnancy (DATE)	None	
8	are_you_still_pregnant?	Are you still pregnant? (SELECT_ONE)	Yes No Don't know Prefer not to answer	
9	what_month_do_you_expect_to_give_birth	What month do you expect to give birth?	May June July August September October November December In 2022 I don't know	If Q8 = Yes
10	what_was_the_result_of_your_pregnancy?	What was the result of your pregnancy? (SELECT_ONE)	Birth of a live infant Stillbirth Miscarriage Abortion Decline to respond	If Q8 = No
11	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	If Q10 = Birth of a live infant
12	to_the_best_of_your_recollection_what_was_the_date_of_the_miscarriage_or_stillbirth	To the best of your recollection, what was the date of the miscarriage or stillbirth? (DATE)	None	If Q10 = Stillbirth or Miscarriage
13	where_did_you_give_birth?	Where did you give birth? (SELECT_ONE)	Hospital Health facility Home Other	If Q10 = Birth of a live infant or Stillbirth

14	how_long_in_days_did_you_stay_at_the_facility?	How long in days did you stay at the facility? (NUMBER)	None	If Q13 = Hospital or Health facility
15	who_was_the_primary_person_that_assisted_with_your_delivery?	Who was the primary person that assisted with your delivery? (SELECT_ONE)	Doctor Midwife Nurse Community health worker Traditional healer Relative Other None	If Q10 = Birth of a live infant or Stillbirth
16	what_services_did_your_newborn_receive_following_the_delivery?	What services did your newborn receive following the delivery? (SELECT_MANY)	Thermal care Rescue breathing Cord care Eye care Treatment for infection Kangaroo Mother Care None of the above Other Don't know	If Q10 = Birth of a live infant
17	did_you_intend_to_give_birth_in_a_health_facility_but_were_unable_to_do_so?	Did you intend to give birth in a health facility but were unable to do so? (SELECT_ONE)	Yes No	If Q13 = Other or Home
18	if_yes,_why_were_you_unable_to_do_so?	If yes, why were you unable to do so? (SELECT_MANY)	Health facility closed Turned away from health facility Provider or treatment 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 Q17 = Yes
19	why_did_you_choose_to_deliver_at_home?	Why did you choose to deliver at home? (SELECT_MANY)	Preferred to deliver at home 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 Other Decline to respond	If Q17 = No