

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_will_ask_about_malaria_in_your_local_area	This survey will ask about Malaria in your local area (SELECT_ONE)	Continue	
2	on_average_in_the_last_6_months_how_many_members_usually_live_in_your_household_counting_yourself	On average, in the last 6 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	of_the_members_who_usually_live_in_your_household_how_many_are_female_women_and_girls	Of the members who usually live in your household, how many are <u>female</u> (women and girls)? (SELECT_ONE)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 or more	
4	does_your_household_have_any_insecticide_treated_bednets?	Does your household have any insecticide treated bednets? (SELECT_ONE)	Yes No	
5	how_many_insecticide_treated_bednets_does_your_household_have?	How many insecticide treated bednets does your household have? (SELECT_ONE)	1 2 3 4 5 6 7 8 9 10 or more	If Q4 = Yes

6	during_february_may_2021_how_many_insecticide_treated_bednets_has_anyone_in_your_household_received_or_purchased	During February 2021-May 2021, how many insecticide treated bednets has anyone in your household received or purchased? (SELECT_ONE)	0 1 2 3 4 5 or more	If Q4 = Yes
7	did_everyone_in_your_household_sleep_under_a_bednet_last_night?	Did everyone in your household sleep under a bednet last night? (SELECT_ONE)	Yes No	If Q4 = Yes
8	how_many_people_in_your_household_did_not_sleep_under_a_net_last_night?	How many people in your household did not sleep under a net last night? (SELECT_ONE)	0 1 2 3 4 5 or more	If Q7 = No
9	of_the_people_in_your_household_who_did_not_sleep_under_a_net_last_night_how_many_are_female_women_and_girls	Of the people in your household who did not sleep under a net last night, how many are <u>female</u> (women and girls)? (SELECT_ONE)	0 1 2 3 4 5 or more	If Q8 >0
10	what_is_the_most_number_of_people_sleeping_under_a_single_net_at_the_same_time?	What is the most number of people sleeping under a single net at the same time? (SELECT_ONE)	1 2 3 4 5 or more	If Q7 = Yes
11	during_february_may_2021_did_you_experience_symptoms_of_malaria	During February 2021-May 2021, did you experience symptoms of malaria? (SELECT_ONE)	Yes No	
12	were_you_able_to_see_a_health_provider_for_these_symptoms_during_february_may_2021	Were you able to see a health provider for these symptoms (during February 2021-May 2021)? (SELECT_ONE)	Yes I saw a provider during this time, but not every time I needed one No	If Q11= Yes
13	how_many_times_did_you_see_a_healthcare_provider_for_these_symptoms	How many times did you see a healthcare provider for these symptoms? (SELECT_ONE)	1 2 3 4 5 or more	If Q12 = Yes OR I saw a provider during this time, but not every time I needed one

14	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)	I did not seek medical help 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 Q12 = No OR I saw a provider during this time, but not every time I needed one
15	when_you_recently_saw_a_health_provider,_were_you_tested_for_malaria?	When you recently saw a health provider, were you tested for malaria? (SELECT_ONE)	Yes No	If Q12 = Yes OR I saw a provider during this time, but not every time I needed one
16	what_was_the_result_of_your_recent_malaria_test?	What was the result of your recent malaria test? (SELECT_ONE)	Positive malaria Negative malaria Other result Don't know Decline to respond	If Q15= Yes
17	to_treat_the_malaria_did_you_take_any_medicine	To treat the malaria, did you take any medicine? (SELECT_ONE)	Yes No	If Q16 = Positive malaria
18	what_medication_did_you_take	What medication did you take-? (SELECT_MANY)	Chloroquine Primaquine Artemisinin combination therapy (ACT) SP/ Fansidar Amodiaquine Quinine pills Quinine injection/ IV Artesunate rectal Artesunate injection/IV Other	If Q17= Yes

	<p>why_did_you_not_obtain_or_take_</p> <p>19 medicine</p>	<p>Why did you not obtain or take medication? (SELECT_-MANY)</p>	<p>Did not want to Fear of side effects Medication not available at facility Medication not available at pharmacy Medication not available from community health worker 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</p>	<p>If Q17 = No</p>
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