Nigeria_LQAS_2020_corrections

Field	Question	Answer
nott	SMC END-OF-CYCLE LQAS To be completed by HFW within 2 days after each cycle	
State (required)	State	stateid statelist
LGA (required)	LGA	LGAID LGA
ward (required)	Ward	wardid ward
HF_Name (required)	Health facility name	HFid HF
community (required)	Community	Localityid Locality
data_collector_name (required)	Select your name	[redacted]

Field	Question	Answer
		[redacted]
obser (required)	Instruction: Please confirm that you have selected the correct LGA, ward, health facility and community. LGA: [LGA] Ward: [ward] Health facility name: [HF_Name] Community: [community] Your Name: [data_collector_name]	Yes Yes No No
obser2 (required)	Instruction: Please swipe right to select the corect LGA and ward. Question relevant when: ${obser} = "No"	
cons_note	My name is [data_collector_name], I come from Sokoto state Malaria elimination Agency (SOSMEA) and we are conducting an LQAS survey to determine the proportion of children reach during SMC implementation and to measure Community Drug Distributors (CDD) and caregiver adherence to the SMC 2020 protocol. This LQAS study has received approval by the National Health Research Ethics Committee, for the study period of xxx to xxx. We participation in this survey is important as it will give us insight into the successes and challenges of implementation of the SCM 2020. The survey usually takes between 30 and 40 minutes to complete. Data and information generated from it is going to be strictly confidential. No information will be shared with unauthorized parties. Should you have any queries, feel free to call any of the survey contact person through the contacts details below. Thank you	
agreed (required)	ID8. RESPONDENT AGREES TO BE INTERVIEWED	Yes Yes No No
agree_group Group relevant when: ${agreed} ='Yes'		

Field	Question	Answer
note	Instruction: Please select at random one compound with at least one child aged between 3 and 59 months.	
note4	Instruction: Identify all children in the compound aged less than 10 years. Please ask their caregivers their first names and ages in turn. Swipe and click on the "ADD GROUP" button to begin to add the children	
agree_group > Member List (1)		(Repeated group)
H1 (required)	Instruction: Please enter the child's name.	
H3 (required)	Q6. What is the [H1]'s age in years? Response constrained to: .<=10	
Q9 (required)	Q7. What is the [H1]'s age in months? Question relevant when: ${H3} = 0	
H2 (required)	Instruction: Please indicate whether [H1] is male or female.	Male Male Female Female
check	If there are still other Children in the compound, swipe and select "Add Group". If there are no remaining child in this compound swipe and select "Do Not Add".	
confirm1 (required)	There is no eligible child in this compound, select another compound with eligible child Question relevant when: ${total_eligible} < 1	
note_child_SMC	An eligible child has been randomly selected: Name: [selected_chi_name] Gender: [selected_chi_sex] Age (if under one year): [selected_chi_age] years Age (if one to four years): [selected_chi_monthe] months ID: 1 Instruction: Identify [selected_chi_name]'s caregiver of and ask them the questions that follow.	
heard_SMC (required)	Question: Have you ever heard about "SMC" or "Seasonal Malaria Chemoprevention"? Note: This question is to obtain information on whether a caregiver has EVER heard of SMC at any time (and not whether they heard about it before the last SMC cycle). If caregiver does not know what SMC is, please describe SMC to them (e.g. showing them materials from the SMC programme, or describing how thet are delivered crushed and dissolved in water).	Yes Yes No No
SMC_sources (required)	Question: From what sources have you heard about SMC? Instruction: Please encourage the caregiver to name all sources from which they have heard about SMC. Select all sources that are applicable. Question relevant when: ${heard_SMC} ='Yes'	1 Local leader 2 Religious leader 3 Health facility staff 4 Community health worker or SMC distributor 5 Radio 6 Printed materials or banners 7 Television 8 Town announcer 9 Word of mouth (e.g. friends or family) 10 Any other source not listed
SMC_town_announcer (required)	Question: Did you hear the town announcer giving information about SMC within the last month? Question relevant when: ${heard_SMC} ='Yes' and selected(${SMC_sources} , '8')	Yes Yes No No
SMC_heard_date (required)	Question: Did you hear information within the last month about the date that SMC would take place? Note: The caregiver doesn't need to know the exact date; but just that they heard about the date of the previous cycle (not cycles before that). Question relevant when: ${heard_SMC} ='Yes'	Yes Yes No No
SMC_purpose (required)	Question: Do you know what the purpose of SMC is? Instruction: If the caregiver mentions protecting children against malaria, please select "yes". If the caregiver gives no answer, or an incorrect answer, please select "no". Question relevant when: ${heard_SMC} ='Yes'	Yes Yes No No
SMC_eligibility (required)	Question: Do you know which children are eligible to recieve SMC? Instruction: If the caregiver mentions children under the age of five years, please select "yes". If the caregiver gives no answer, or an incorrect answer, please select "no". Question relevant when: ${heard_SMC} ='Yes'	Yes Yes No No
SMC_age_protection (required)	Question: Why is it important that only children aged under five years recieve SMC? Instruction: If the caregiver mentions that SMC dose provided does not offer sufficient protection for older children, or that older children are at lower risk of malaria and do not need SMC, please select "yes". If the caregiver gives no answer, or an incorrect answer, please select "no". Question relevant when: ${heard_SMC} ='Yes'	Yes Yes No No
SMC_aq_importance (required)	Question: When SMC is administered to eligible children, the SMC drug distributor leaves two drug doses behind for caregivers to give to their children daily at home over the next two days. Why is it important to give children these doses? Instruction: If the caregiver mentions that it is important for children to take these doses to provide full or long-lasting potection against malaria (or similar answer), please select "yes". If the caregiver gives no answer, or an incorrect answer, please select "no". Question relevant when: ${heard_SMC} ='Yes'	Yes Yes No No

Field	Question	Answer	
SMC_adverse_event (required)	Question: What should you do if a child experiences an adverse reaction after taking SMC drugs given to them by a drug distributor? Instruction: If the caregiver mentions that the child should be taken to a clinic or that it should be reported to a SMC drug distributor (or similar answer), please select "yes". If the caregiver gives no answer, or an incorrect answer, please select "no". Question relevant when: ${heard_SMC} ='Yes'	Yes	Yes
		No	No
SMC_effective (required)	Question: Do you believe that SMC drugs are effective at protecting young children from malaria during the rainy season? Note: Question refers to eligible children aged 3 to 59 months. Question relevant when: ${heard_SMC} ='Yes'	Yes	Yes
		No	No
aware_Covid19 (required)	Question: Have you heard of "COVID-19" or "Coronavirus disease".	Yes	Yes
		No	No
Covid19_sources (required)	Question: From what sources have you heard about COVID-19? Instruction: Please encourage the caregiver to name all sources from which they have heard about COVID-19. Select all sources that are applicable. Question relevant when: ${aware_Covid19} ='Yes'	1	Local leader
		2	Religious leader
		3	Health facility staff
		4	Community health worker or SMC distributor
		5	Radio
		6	Printed materials or banners
		7	Television
		8	Town announcer
		9	Word of mouth (e.g. friends or family)
		10	Any other source not listed
symptoms_Covid19 (required)	Question: Can you name any symptoms of COVID-19? Please name as many as you know. Instruction: Please select "yes" if the caregiver mentions any (at least one) of the symptoms listed below: • Fever or chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhoea Please select "no" if the caregiver cannot name any symptoms, or only mentions symptoms not listed above. Question relevant when: ${aware_Covid19} ='Yes'	Yes	Yes
		No	No
compound_Covid19 (required)	Question: During the last one month, was there any person in this compound, who reported signs or symptoms of COVID-19, and/or was diagnosed with COVID-19? Note: The question refers to all people living in the same compound as the caregiver. Note: The question refers to all people living in the same compound as the caregiver. Question relevant when: ${aware_Covid19} ='Yes'	Yes	Yes
		No	No
prevention_Covid19 (required)	Question: Can you name or describe any ways you can protect yourself and other people from being infected with COVID-19? Please name as many as you know. Instruction: Please select "yes" if the caregiver mentions any of the prevention methods listed below: • Frequently wash your hands with soap and water or alcohol-based hand sanitizer for 30 seconds. • Do not touch your eyes, nose or mouth with unclean hands or hands that have touched unclean surfaces. • Cover your mouth and nose with the inside of your elbow when sneezing or coughing. • Avoid physical greetings and contact with others outside the household. • Do not attend public gatherings or events. • Avoid spitting in public. • Distance yourself from people outside the household by 2 meters. • Stay home as much as possible. • Wear a face mask or face covering if you are sick or have fever, cough, body aches or difficulty breathing. • Wear a face mask or face covering if you are caring for a person with COVID-19. Please select "no" if the caregiver cannot name any prevention methods, or only mentions prevention methods not listed above. Question relevant when: ${aware_Covid19} ='Yes'	Yes	Yes
		No	No
myth1 (required)	Question: True or false: taking antiobiotics or antimalarials (such as chloroquine) can offer protection against being infected with COVID-19. Instruction: If the caregiver answers "true", explain to them that COVID-19 is caused by a virus, and that both antiobiotics or antimalarials are ineffective at protecting against viral diseases. Question relevant when: ${aware_Covid19} ='Yes'	1	True
		0	False
myth2 (required)	Question: True or false: chewing raw garlic can offer protection against being infected with COVID-19. Instruction: If the caregiver answers "true", explain to them that chewing raw garlic does not offer protection against COVID-19. Question relevant when: ${aware_Covid19} ='Yes'	1	True
		0	False
myth3 (required)	Question: True or false: gargling salty water can offer protection against being infected with COVID-19. Instruction: If the caregiver answers "true", explain to them that gargling salty water does not offer protection against COVID-19. Question relevant when: ${aware_Covid19} ='Yes'	1	True
		0	False
child_fever (required)	Question: Has [selected_chi_name] had a fever during the last month?	Yes	Yes
		No	No
child_hf (required)	Question: Did you take [selected_chi_name] to a health facility? Question relevant when: ${child_fever} ='Yes'	Yes	Yes
		No	No
test_malaria (required)	Question: Was [selected_chi_name] tested for malaria at the health facility? Question relevant when: ${child_hf} ='Yes'	Yes	Yes
		No	No
positive_malaria (required)	Question: Did the test show that [selected_chi_name] was positive for malaria? Question relevant when: ${test_malaria} ='Yes'	Yes	Yes
		No	No
mosquito_nets (required)	Question: Do you or your household own a mosquito net? Note: Household is defined as the people who sleep together in the same structure as the caregiver.	Yes	Yes
		No	No

Field	Question	Answer	
spend_mosquito_net (required)	Question: Did [selected_chi_name] spend last night under a mosquito net? Question relevant when: ${mosquito_nets} ='Yes'	Yes	Yes
		No	No
visited_compound (required)	Question: Did a drug distributor visit your compound during the last two weeks?	Yes	Yes
		No	No
visited_mask (required)	Question: Did the drug distributors wear a mask when they visited your compound? Question relevant when: ${visited_compound} ='Yes'	yes	Yes
		no	No
		dr	Don't remember
visited_wash_hands (required)	Question: Did the drug distributors wash their hands (with either soap and water, or an alcohol-based gel) when they visited your compound? Question relevant when: ${visited_compound} ='Yes'	yes	Yes
		no	No
		dr	Don't remember
visited_info_Covid (required)	Question: Did the drug distributors give you information about COVID-19 when they visited your compound? Question relevant when: ${visited_compound} ='Yes'	yes	Yes
		no	No
		dr	Don't remember
status_treatment (required)	Question: Did [selected_chi_name] recieve SMC drugs (at any time during the last two weeks)? Note: If caregiver does not know what SMC is, please describe SMC to them (e.g. showing them materials from the SMC programme, or describing how thet are delivered crushed and dissolved in water).	Yes	Yes
		No	No
agree_group > not_treated Group relevant when: ${status_treatment} ='No'			
why_not_treated (required)	Question: Why was [selected_chi_name] not treated? Instruction: Please select the most relevant reason.	1	Caregiver and or children not home during visit
		2	Refused to give SMC drugs to children
		3	Household not visited at all by CHW
		4	This child was not in the household in the last one month
		5	Child had fever when distributor visited
		6	Child was not eligible for another reason (e.g. allergy to SP or AQ)
		96	Any other response
not_treated_other (required)	Other specify Question relevant when: ${why_not_treated} = '96'		
refuse_treated (required)	Question: Why was treatment refused? Instruction: Please select the most relevant reason. Question relevant when: selected(${why_not_treated} , '2')	1	Husband not at home to give permission
		2	Husband refused
		3	Fear of side effects/belief that SMC drugs are dangerous
		4	Religious reasons
		5	Fears about COVID-19
		96	Any other response refusal
refuse_other (required)	Other specify Question relevant when: ${refuse_treated} = '96'		
child_hf_2 (required)	Question: Did you take [selected_chi_name] to a health facility? Question relevant when: selected(${why_not_treated} , '5')	Yes	Yes
		No	No
agree_group > yes_trated Group relevant when: ${status_treatment} ='Yes'			
administer (required)	Question: Can you tell us if the drug distributor directly supervised administration of the drugs during the visit? Note: Due to COVID-19, drug distributors are requested not to administer SMC drugs, but to superviser caregivers when they administer SP to their children. This question is therefore about supervision of drug administration.	Yes	Yes
		No	No
satisfied_day1 (required)	Question: you satisfied with the way the CDD interacted with you	Yes	Yes
		No	No
dose2 (required)	Question: Did you administer the second SMC dose to [selected_chi_name] on the day after the drug distributor visited your compound (Day 2)?	Yes	Yes
		No	No

Field	Question	Answer
dose2_reason (required)	Question: What was the reason [selected_chi_name] did not receive AQ on Day 2? Question relevant when: ${dose2} ='No'	1 Didn't know I had to administer a second dose 2 Lost blister 3 Child refused the drug 4 Forgot 96 Others
dose_other (required)	Other specify Question relevant when: ${dose2_reason} = '96'	
dose3 (required)	Question: Did you administer the third SMC dose to [selected_chi_name] two days after the drug distributor visited your compound (Day 3)?	Yes Yes No No
dose3_reason (required)	Question: What was the reason [selected_chi_name] did not receive AQ on Day 3? Question relevant when: ${dose3} ='No'	1 Didn't know I had to administer a second dose 2 Lost blister 3 Child refused the drug 4 Forgot 96 Others
dose3_other (required)	Other specify Question relevant when: ${dose3_reason} = '96'	
lead_mother (required)	Question: Did a Lead Mother visit your compound to remind you to give your child(ren) Day 2 and Day 3 treatments?	Yes Yes No No
SMC_CARD (required)	Question: Does [selected_chi_name] have a SMC card? Instruction: Please describe what the card is if the caregiver appears not to recall.	Yes Yes No No
SMC_CARD_reason (required)	Question: Why is there no SMC card for [selected_chi_name]? Question relevant when: ${SMC_CARD} ='No'	1 Caregiver lost or misplaced card 2 Card was not given 96 Others
SMC_CARD_other (required)	Other specify Question relevant when: ${SMC_CARD_reason} = '96'	
SMC_card_date (required)	Instruction: Please indicate whether the date of the last SMC cycle has been marked on the card? Note: Please answer "no" if the card is marked, but has clearly been marked incorrectly so that it cannot be used to track childrens' receipt of SMC in the last cycle. Question relevant when: ${SMC_CARD} ='Yes'	Yes Yes No No
blister (required)	Instruction: Ask the caregiver to see the blister for SMC drugs from the last cycle. Please indicate whether it is available.	Yes Yes No No
blister_tablet (required)	Instruction: Please indicate the number of tablets remaining in the blister. Question relevant when: ${blister} ='Yes'	0 0_tablets 1 1_tablets 2 2_tablets 3 3_tablets 4 4_tablets
adverse_reactions (required)	Question: Did [selected_chi_name] have any adverse reactions to the SMC drugs? Note: Please select "yes" if the child experienced any reaction to either SP on Day 1 or AQ on Day 2 or Day 3.	Yes Yes No No
adverse_type (required)	Questions: What type of adverse reactions did [selected_chi_name] experience? Instruction: Please select all categories that the caregiver describes. Question relevant when: ${adverse_reactions} ='Yes'	1 Vomited 2 Diarrhoea 3 Skin reaction or itch 4 Yellow eyes 5 Sleeplessness 6 Fever (Fever) 7 Loss of appetite 96 Other responses
adverse_type_oth	Other specify Question relevant when: selected(${adverse_type} , '5')	
tell_adverse (required)	Question: Did you tell the drug distributor or staff at a health facility about this adverse reaction? Question relevant when: ${adverse_reactions} ='Yes'	Yes Yes No No
tell_adversereason (required)	Question: Why didn't you tell distributor/health facility about this adverse reaction? Question relevant when: ${tell_adverse} ='No'	1 Didn't know this was an option 2 Too far or limited physical access 3 Didn't consider the reaction serious enough 96 Other responses

Field	Question	Answer		
tell_type_oth	Other specify Question relevant when: ${tell_adversereason} = '96'			
end_survey_1	Thank you for participating in the survey.			
Note_non_child_SMC	An ineligible child aged between five and nine years has been randomly selected: Name: [selected_non_chi_name] Gender: [selected_non_chi_sex] Age: [selected_non_chi_age] years Instruction: Identify [selected_non_chi_name]'s caregiver of and ask them the question that follows. Question relevant when: ${total_non_eligible} > 0			
status_overage (required)	Question: When the SMC drug distributor visited your compound, did [selected_non_chi_name] receive SMC drugs?		Yes	Yes
			No	No
Mark (required)	Instruction: Please indicate whether the household has been marked correctly by the drug distributors.		yes	Yes (house marked)
			inc	House was marked but incorrectly
			illegible	Marked but illegible
			no	No (house not marked)
end_survey	Thank you for participating in the survey.			
gps (required)	Record your GPS coordinates With les than 10 m level of accuracy			