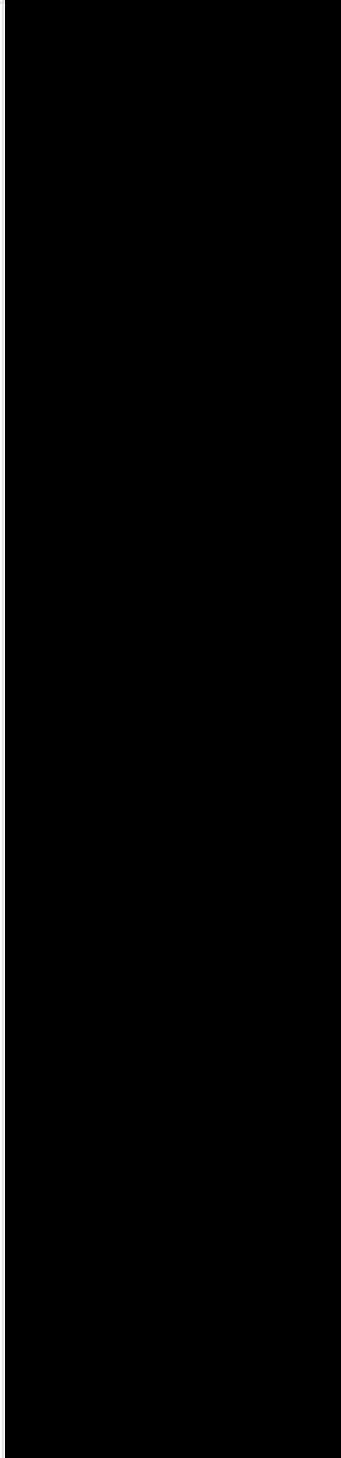
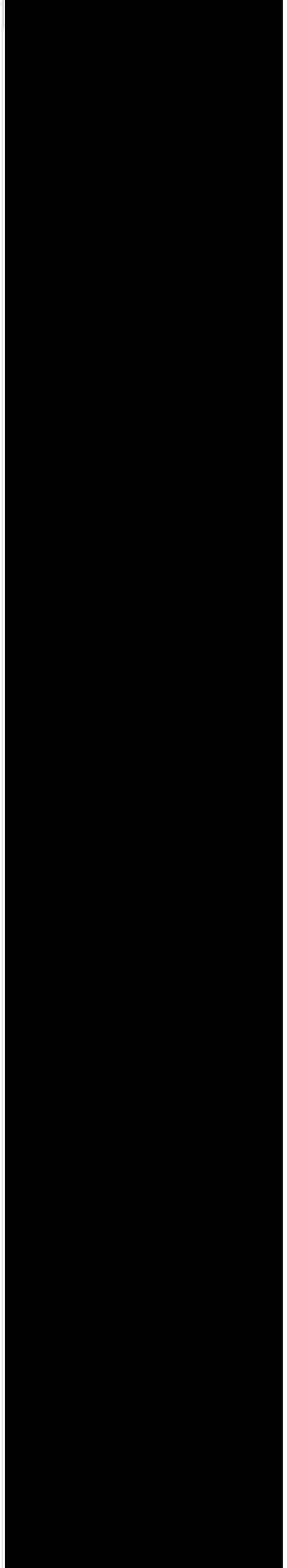


Nigeria_EOR_2020

Field	Question	Answer														
nott	SMC END-OF-ROUND COVERAGE SURVEY															
generated_note_name_14	SECTION A: Preliminary Data and Informed Consent															
State (required)	A1. State	<table border="1"> <tr><td>90</td><td>BAUCHI</td></tr> <tr><td>40</td><td>JIGAWA</td></tr> <tr><td>100</td><td>KANO</td></tr> <tr><td>30</td><td>KATSINA</td></tr> <tr><td>120</td><td>KEBBI</td></tr> <tr><td>10</td><td>SOKOTO</td></tr> <tr><td>50</td><td>YOBE</td></tr> </table>	90	BAUCHI	40	JIGAWA	100	KANO	30	KATSINA	120	KEBBI	10	SOKOTO	50	YOBE
90	BAUCHI															
40	JIGAWA															
100	KANO															
30	KATSINA															
120	KEBBI															
10	SOKOTO															
50	YOBE															
LGA (required)	A2. LGA	LGAIID LGA														
community (required)	A3. Community	wardid ward														
ea_name (required)	A4. EA name	HFid HF														
data_collector_name (required)	A6. Enumerator															

Field	Question	Answer
		

Field	Question	Answer	
obser (required)	Instruction: Please confirm that you have selected the correct LGA, ward, health facility and community. State: [State] LGA: [LGA] Community: [community] EA name: [ea_name] Your Name: [data_collector_name]	Yes	Yes
obser2 (required)	Instruction: Please swipe right to select the corect LGA and ward. Question relevant when: \${obser} = "No"		

Field	Question	Answer				
cons_note	<p>Instruction: Please read the following:</p> <p>My name is [data_collector_name_str], I have been contracted by Hanovia Limited on behalf of the non-governmental organization Malaria Consortium. We are conducting a survey to determine the proportion of children reach during SMC implementation and to measure community drug distributor and caregiver adherence to the SMC 2020 protocol.</p> <p>This study has received approval by the National Health Research Ethics Committee, and by the relevant authorities in your state. The study protocol was designed in collaboration with the Nigeria National Malaria Control Programme (NMCP).</p> <p>In addition to asking questions about SMC, we would also like to ask questions about the head of household and the living conditions of the household.</p> <p>Participation in this survey is important as it will give us insight into the successes and challenges of implementation of the SMC in 2020.</p> <p>The survey usually takes between 35 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.</p> <p>Thank you.</p>					
agreed (required)	<p>Instruction: Please ask the head of household for consent to continue with the survey.</p> <p>Select "yes" if consent is given.</p> <p>Note: The "head of household" is self-defined by household members. If household members cannot determine who is head of household, this can be defined as the person who typically makes decisions for all household members (e.g. on place of residence), the person who is responsible for owning/renting/constructing accomodation, or as a primary financial provider for the household.</p> <p>Note: If the head of household is not present, another household member may act as a proxy and provide consent in his/her place.</p>	<table border="1"> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Yes	Yes	No	No
Yes	Yes					
No	No					
agree_group	Group relevant when: \${agreed} ='Yes'					
generated_note_name_37	SECTION B: Household List/SMC Regime					
note4	<p>Instruction: Identify all children in the household aged less than 11 years. Please ask their caregivers their first names and ages in turn.</p> <p>Swipe and click on the "ADD GROUP" button to begin to add the children</p>					
agree_group > Member List (1)		(Repeated group)				
H1 (required)	<p>QB1. Instruction: Please enter the child's name.</p> <p>Surname, Last Name</p>					
H3 (required)	<p>QB2a. What is the [H1]'s age as at last birthday??</p> <p>Record in years. If less than one year, record 0</p> <p>Response constrained to: .<=10</p>					
Q9 (required)	<p>QB2b. What is the [H1]'s age in months?</p> <p>Question relevant when: \${H3} = 0</p> <p>Response constrained to: .<=11</p>					
Q9_1 (required)	<p>QB3: Was [H1] born after 1st July 2015?</p> <p>Note: If the respondent does not know the month of the child's birth, please attempt some probing questions.</p> <p>For example you can ask whether the child was born before or after the rainy reason started in 2015. You can also use events as an anchor. For example, Muhammadu Buhari was inaugurated as President of Nigeria on 29 May 2015; you can ask whether the child was born before or after this event (and if after, how many weeks after).</p> <p>You reported that [H1] is 5 years old now</p> <p>Question relevant when: \${H3} = 5</p>	<table border="1"> <tr> <td>Yes</td> <td>After July 2015</td> </tr> <tr> <td>No</td> <td>Before July 2015</td> </tr> </table>	Yes	After July 2015	No	Before July 2015
Yes	After July 2015					
No	Before July 2015					
H2 (required)	<p>QB4. Instruction: Please indicate whether [H1] is male or female.</p>	<table border="1"> <tr> <td>Male</td> <td>Male</td> </tr> <tr> <td>Female</td> <td>Female</td> </tr> </table>	Male	Male	Female	Female
Male	Male					
Female	Female					

Field	Question	Answer	
status_treatment (required)	QB5: Did [H1] receive SMC drugs (at any time during value 2020 and from any source)? Note: This question refers to SMC drugs from any source. Although most children receive SMC drugs when distributors visit their homes, some children might receive SMC from other sources (e.g. from a fixed distribution point, health facility, private purchase, from friends/family, etc.). 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 they are delivered crushed and dissolved in water).	received_SMC_drugs	TREATED
		did_not_receive_SMC_drugs	NOT TREATED
check	Instruction: If there are still other children in the household, swipe and select "Add Group". If there are no remaining child in this household swipe and select "Do Not Add".		
confirm1 (required)	There is no eligible child in this household. Please move to the next household with an eligible child. Question relevant when: $\$(total_eligible) < 1$		
member1	You only entered/enrolled one child within the age range of 0–9 years in this household. If there are more children aged 0–9 years, please go back and enter all the children within the age of 0–9 years in the household. It is important that all children in this age range are entered to ensure correct randomisation of survey respondents. This ensures that data are representative and high quality. Question relevant when: $\$(Member_number) = 1$		
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_monthe] months Age (if one to four years): [selected_chi_age] years ID: 1 Instruction: Identify [selected_chi_name]'s caregiver. Please ask the questions that follow to the PRIMARY CAREGIVER. Note: A primary caregiver in this survey refers to any individual, aged 15 years or over, with the primary responsibility for the feeding and daily care of at least one child under the age of five, in a household where he or she has been resident prior to the start of the SMC.		
confirm11 (required)	Instruction: Please confirm that [selected_chi_name] [selected_status_selected] (with SMC drugs from any source and at any time during Cycle 4 in value 2020) Note: Please select "yes" if this is correct.	Yes	Yes
		No	No
confirm11_note (required)	Instruction: Please go back to the roster section and correct [selected_chi_name]'s treatment status. You recorded in the roster section that [selected_chi_name] was [selected_status_selected] but the caregiver confirmed otherwise. Question relevant when: $\$(confirm11) = "No"$		
visited_compound (required)	QB6: Did a SMC drug distributor visit your compound during value 2020?	Yes	Yes
		No	No
visited_compound_received_SMC (required)	QB7: Did your child receive SMC drugs when the SMC distributor visited your compound? Note: This question refers to Cycle 4. Question relevant when: $selected(\$(visited_compound), 'Yes')$	Yes	Yes
		No	No
treated_SMC_cycles_exc4 (required)	QB8: According to your memory, during which months was your child treated with SMC drugs (following visits from SMC distributors)? Instruction: If the child did not receive SMC drugs from SMC distributors during 2020, please tick "none of these cycles" to continue to the next question. Note: This refers to Day 1 treatment. Please try to orient caregivers to report the months in which the child received SMC, and select the corresponding 2020 SMC cycles. Please select all cycles that apply. Response constrained to: $if(selected(, 99), count-selected(.) = 1, count-selected(.) >= 1)$	1	Cycle 1 (July 2020)
		2	Cycle 2 (August 2020)
		3	Cycle 3 (September 2020)
		99	None of these cycles
caregiver_hh_head (required)	Instruction: Please indicate if [selected_chi_name]'s primary caregiver is the same person as the head of household.	No	No (caregiver is not head of household)
		Yes	Yes (caregiver is head of household)
caregiver_gender (required)	Instruction: Please enter the gender of [selected_chi_name]'s primary caregiver.	Male	Male
		Female	Female

Field	Question	Answer																				
age_caregiver (required)	<p>Instruction: Please select the category corresponding to the age [selected_chi_name]'s primary caregiver.</p> <p>Hint: If no exact age is given please select the category that best represents your estimate of the caregiver's age.</p>	<table border="1"> <tr><td>1</td><td>Under 20 years</td></tr> <tr><td>2</td><td>20–29 years</td></tr> <tr><td>3</td><td>30–39 years</td></tr> <tr><td>4</td><td>40–49 years</td></tr> <tr><td>5</td><td>50–59 years</td></tr> <tr><td>6</td><td>60 or more years</td></tr> </table>	1	Under 20 years	2	20–29 years	3	30–39 years	4	40–49 years	5	50–59 years	6	60 or more years								
1	Under 20 years																					
2	20–29 years																					
3	30–39 years																					
4	40–49 years																					
5	50–59 years																					
6	60 or more years																					
literacy_caregiver (required)	<p>QB9: Is the caregiver literate?</p> <p>Note: Literacy is defined as ability both read and write with understanding a short, simple statement on a topic related to everyday life. Please select "no" if the respondent cannot give a definite answer.</p>	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																
Yes	Yes																					
No	No																					
education_caregiver (required)	<p>QB10: What is the highest level of education that the caregiver has completed?</p> <p>Note: Please select the level of education the caregiver completed, as indicated by a qualification, or finishing the final year of that level.</p>	<table border="1"> <tr><td>1</td><td>None (or only first-year pre-primary education)</td></tr> <tr><td>2</td><td>Informal or religious education</td></tr> <tr><td>3</td><td>Primary school</td></tr> <tr><td>4</td><td>Junior secondary school</td></tr> <tr><td>5</td><td>Senior secondary school</td></tr> <tr><td>6</td><td>Higher education (post-secondary, including vocational college, teacher training college, university, etc.)</td></tr> </table>	1	None (or only first-year pre-primary education)	2	Informal or religious education	3	Primary school	4	Junior secondary school	5	Senior secondary school	6	Higher education (post-secondary, including vocational college, teacher training college, university, etc.)								
1	None (or only first-year pre-primary education)																					
2	Informal or religious education																					
3	Primary school																					
4	Junior secondary school																					
5	Senior secondary school																					
6	Higher education (post-secondary, including vocational college, teacher training college, university, etc.)																					
occupation_caregiver (required)	<p>QB11: What is the caregiver's occupation?</p> <p>Instruction: Please select the most appropriate category that best describes the caregiver's occupation.</p>	<table border="1"> <tr><td>1</td><td>Not employed, not looking for paid work (e.g. retired, full-time parent, home-maker)</td></tr> <tr><td>2</td><td>Unemployed (looking for paid work)</td></tr> <tr><td>3</td><td>Agriculture (paid)</td></tr> <tr><td>4</td><td>Agriculture (unpaid)</td></tr> <tr><td>5</td><td>Unskilled manual work (unpaid) (non-agricultural)</td></tr> <tr><td>6</td><td>Unskilled manual work (paid) (non-agricultural)</td></tr> <tr><td>7</td><td>Skilled manual work (e.g. builder, electrician, truck driver)</td></tr> <tr><td>8</td><td>Sales and services work (e.g. shopkeeper)</td></tr> <tr><td>9</td><td>Clerical, technical, professional or managerial (e.g. teacher, office worker, policeman, civil servant, paid health centre workers)</td></tr> <tr><td>96</td><td>Other specify</td></tr> </table>	1	Not employed, not looking for paid work (e.g. retired, full-time parent, home-maker)	2	Unemployed (looking for paid work)	3	Agriculture (paid)	4	Agriculture (unpaid)	5	Unskilled manual work (unpaid) (non-agricultural)	6	Unskilled manual work (paid) (non-agricultural)	7	Skilled manual work (e.g. builder, electrician, truck driver)	8	Sales and services work (e.g. shopkeeper)	9	Clerical, technical, professional or managerial (e.g. teacher, office worker, policeman, civil servant, paid health centre workers)	96	Other specify
1	Not employed, not looking for paid work (e.g. retired, full-time parent, home-maker)																					
2	Unemployed (looking for paid work)																					
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9	Clerical, technical, professional or managerial (e.g. teacher, office worker, policeman, civil servant, paid health centre workers)																					
96	Other specify																					
occupation_caregiver_other (required)	<p>Other specify</p> <p>Question relevant when: \${occupation_caregiver} = 96</p>																					
married_caregiver (required)	<p>QB12: What is your marital status?</p> <p>Instruction: Please select the most appropriate category for the caregiver's marital status.</p>	<table border="1"> <tr><td>1</td><td>Married/in a partnership</td></tr> <tr><td>2</td><td>Single/unpartnered</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Widowed</td></tr> <tr><td>5</td><td>Separated</td></tr> </table>	1	Married/in a partnership	2	Single/unpartnered	3	Divorced	4	Widowed	5	Separated										
1	Married/in a partnership																					
2	Single/unpartnered																					
3	Divorced																					
4	Widowed																					
5	Separated																					
generated_note_name_94	SECTION C- Knowledge and Perception of SMC																					
heard_SMC (required)	<p>QC1. Have you ever heard about "SMC" or "Seasonal Malaria Chemoprevention"?</p> <p>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 they are delivered crushed and dissolved in water).</p>	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																
Yes	Yes																					
No	No																					

Field	Question	Answer
SMC_sources (required)	QC2. 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
96 Other specify		
SMC_sources_other (required)	Other specify other specify Question relevant when: selected(\${SMC_sources} , '96')	
SMC_town_announcer (required)	QC3. Did you hear the town announcer giving information about SMC during value 2020? Question relevant when: \${heard_SMC} = 'Yes' and selected(\${SMC_sources} , '8')	Yes Yes
		No No
SMC_heard_date (required)	QC4. 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)	QC5. 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)	QC6. Do you know which children are eligible to receive 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)	QC7. Why is it important that only children aged under five years receive 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, or children under five years are at high(er) risk of having 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_aq_importance (required)	QC8. 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 protection 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
SMC_adverse_event (required)	QC9. 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)	QC10. 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
generated_note_name_106	Section D: Knowledge and Perception of Covid-19	
aware_Covid19 (required)	QD1. Have you heard of "COVID-19" or "Coronavirus disease".	Yes Yes
		No No

Field	Question	Answer																						
Covid19_sources (required)	<p>QD2. From what sources have you heard about COVID-19?</p> <p>Instruction: Please encourage the caregiver to name all sources from which they have heard about COVID-19. Select all sources that are applicable.</p> <p>Question relevant when: \${aware_Covid19} = 'Yes'</p>	<table border="1"> <tr><td>1</td><td>Local leader</td></tr> <tr><td>2</td><td>Religious leader</td></tr> <tr><td>3</td><td>Health facility staff</td></tr> <tr><td>4</td><td>Community health worker or SMC distributor</td></tr> <tr><td>5</td><td>Radio</td></tr> <tr><td>6</td><td>Printed materials or banners</td></tr> <tr><td>7</td><td>Television</td></tr> <tr><td>8</td><td>Town announcer</td></tr> <tr><td>9</td><td>Word of mouth (e.g. friends or family)</td></tr> <tr><td>10</td><td>Any other source not listed</td></tr> <tr><td>96</td><td>Other specify</td></tr> </table>	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	96	Other specify
1	Local leader																							
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9	Word of mouth (e.g. friends or family)																							
10	Any other source not listed																							
96	Other specify																							
symptoms_Covid19 (required)	<p>QD3. Can you name any symptoms of COVID-19? Please name as many as you know.</p> <p>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.</p> <p>Question relevant when: \${aware_Covid19} = 'Yes'</p>	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																		
Yes	Yes																							
No	No																							
compound_Covid19 (required)	<p>QD4. 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?</p> <p>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.</p> <p>Question relevant when: \${aware_Covid19} = 'Yes'</p>	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																		
Yes	Yes																							
No	No																							
prevention_Covid19 (required)	<p>QD5. 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.</p> <p>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.</p> <p>Question relevant when: \${aware_Covid19} = 'Yes'</p>	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																		
Yes	Yes																							
No	No																							
prevention_Covid19_behaviour (required)	<p>QD6. Have you taken any precautions, or changed your behaviours, to help protect yourself and other people from being infected with COVID-19 during 2020? Please name the main changes you have made.</p> <p>Instruction: Please select "yes" if the caregiver mentions doing any of the following listed below during 2020:

• 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 did not change their behaviour, or did not do any of the prevention methods listed above.</p> <p>Question relevant when: \${aware_Covid19} = 'Yes'</p>	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																		
Yes	Yes																							
No	No																							
generated_note_name_117	Section E: SMC Cycle 4																							
agree_group > state_date																								
child_fever (required)	QE1. Has [selected_chi_name] had a fever during the past month?	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																		
Yes	Yes																							
No	No																							
generated_note_name_120	<p>Note: This question refers to the one month period following the start of Cycle 4 in your state.</p> <p>Instruction: Please select "yes" if the fever happened during the date range shown for your state. For example, in Yobe state, this period is 9th October to 9th November. The dates of Cycle 4 SMC distribution are shown in brackets). Start dates for SMC in each state are:</p> <p>Bauchi: 10th October to 10th November (Cycle 4: 10-13 October)</p> <p>Question relevant when: \${State} = 90</p>																							

Field	Question	Answer				
generated_note_name_121	<p>Note: This question refers to the one month period following the start of Cycle 4 in your state.</p> <p>Instruction: Please select "yes" if the fever happened during the date range shown for your state. For example, in Yobe state, this period is 9th October to 9th November. The dates of Cycle 4 SMC distribution are shown in brackets). Start dates for SMC in each state are:</p> <p>Jigawa: 7th November to 7th December (Cycle 4: 7-10 November) Question relevant when: \${State} =40</p>					
generated_note_name_122	<p>Note: This question refers to the one month period following the start of Cycle 4 in your state.</p> <p>Instruction: Please select "yes" if the fever happened during the date range shown for your state. For example, in Yobe state, this period is 9th October to 9th November. The dates of Cycle 4 SMC distribution are shown in brackets). Start dates for SMC in each state are:</p> <p>Kano: 5th October to 5th November (Cycle 4: 5-8 October) Question relevant when: \${State} =100</p>					
generated_note_name_123	<p>Note: This question refers to the one month period following the start of Cycle 4 in your state.</p> <p>Instruction: Please select "yes" if the fever happened during the date range shown for your state. For example, in Yobe state, this period is 9th October to 9th November. The dates of Cycle 4 SMC distribution are shown in brackets). Start dates for SMC in each state are:</p> <p>Katsina: 7th October to 7th November (Cycle 4: 7-10 October) Question relevant when: \${State} =30</p>					
generated_note_name_124	<p>Note: This question refers to the one month period following the start of Cycle 4 in your state.</p> <p>Instruction: Please select "yes" if the fever happened during the date range shown for your state. For example, in Yobe state, this period is 9th October to 9th November. The dates of Cycle 4 SMC distribution are shown in brackets). Start dates for SMC in each state are:</p> <p>Kebbi: 7th November to 7th December (Cycle 4: 7-10 November) Question relevant when: \${State} =120</p>					
generated_note_name_125	<p>Note: This question refers to the one month period following the start of Cycle 4 in your state.</p> <p>Instruction: Please select "yes" if the fever happened during the date range shown for your state. For example, in Yobe state, this period is 9th October to 9th November. The dates of Cycle 4 SMC distribution are shown in brackets). Start dates for SMC in each state are:</p> <p>Sokoto: 10th October to 10th November (Cycle 4: 10-13 October) Question relevant when: \${State} =10</p>					
generated_note_name_126	<p>Note: This question refers to the one month period following the start of Cycle 4 in your state.</p> <p>Instruction: Please select "yes" if the fever happened during the date range shown for your state. For example, in Yobe state, this period is 9th October to 9th November. The dates of Cycle 4 SMC distribution are shown in brackets). Start dates for SMC in each state are:</p> <p>Yobe: 9th October to 9th November (Cycle 4: 9-12 October) Question relevant when: \${State} =50</p>					
child_hf (required)	<p>QE2. Did you take [selected_chi_name] to a health facility? Question relevant when: \${child_fever} ='Yes'</p>	<table border="1"> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Yes	Yes	No	No
Yes	Yes					
No	No					
test_malaria (required)	<p>QE3. Was [selected_chi_name] tested for malaria at the health facility? Question relevant when: \${child_hf} ='Yes'</p>	<table border="1"> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Yes	Yes	No	No
Yes	Yes					
No	No					
positive_malaria (required)	<p>QE4. Did the test show that [selected_chi_name] was positive for malaria? Question relevant when: \${test_malaria} ='Yes'</p>	<table border="1"> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Yes	Yes	No	No
Yes	Yes					
No	No					
mosquito_nets (required)	<p>QE5. 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.</p>	<table border="1"> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Yes	Yes	No	No
Yes	Yes					
No	No					
spend_mosquito_net (required)	<p>QE6. Did [selected_chi_name] spend last night under a mosquito net? Question relevant when: \${mosquito_nets} ='Yes'</p>	<table border="1"> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Yes	Yes	No	No
Yes	Yes					
No	No					
residual_spray (required)	<p>QE7 Did your household receive indoor residual spraying (against mosquitos) at any time during 2020? Enumerator: IRS is the process of spraying the internal walls and ceilings of dwellings or housing structure with a residual insecticide to kill mosquitoes</p>	<table border="1"> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Yes	Yes	No	No
Yes	Yes					
No	No					


Field	Question	Answer
agree_group > visit_covid Group relevant when: selected(\${visited_compound} , 'Yes')		
distributor_community (required)	QE8. Was the SMC distributor who visited your compound in value 2020 from your local community? Note: Please select "don't remember" if the caregiver does not know or does not remember. Question relevant when: selected(\${visited_compound} , 'Yes')	yes Yes
		no No
		dr Don't remember
distributor_known (required)	QE9. Was the SMC distributor someone whom you know personally? Question relevant when: selected(\${visited_compound} , 'Yes')	Yes Yes No No
visited_mask (required)	QE10. 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)	QE11. 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)	QE12. 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
agree_group > not treated Group relevant when: selected(\${visited_compound} , 'Yes') and selected(\${visited_compound_recieved_SMC} , 'No')		
why_not_treated (required)	QE13. 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 medication 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)	QE14. 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)	QE15. Did you take [selected_chi_name] to a health facility? Question relevant when: selected(\${why_not_treated} , '5')	Yes Yes
		No No
clinic_outcome (required)	QE16. What happened when the child was taken to the health facility Question relevant when: selected(\${child_hf_2} , 'Yes')	1 The child was diagnosed with malaria and treatment was given
		2 The child was diagnosed with malaria but no treatment was given
		3 The child was not diagnosed with malaria, and was then given SMC drugs
		4 The child was not diagnosed with malaria, and no SMC drugs were administered
agree_group > yes_treated Group relevant when: selected(\${visited_compound_recieved_SMC} , 'Yes')		

Field	Question	Answer
administer (required)	QE17. Can you tell us if the drug distributor directly supervised administration of the drugs during the visit (when [selected_chi_name] was treated during value 2020)? Note: Due to COVID-19, drug distributors are requested not to administer SMC drugs, but to supervisor caregivers when they administer SP to their children. This question is therefore about supervision of drug administration. This question refers to Cycle 4.	Yes Yes
		No No
ingestion (required)	QE18. Did your child fully ingest the SMC drugs during the visit by the SMC distributor? Please describe what happened.	1 The dose was fully ingested
		0.67 The child spat out some of the dose
		0.33 The child spat out most of the dose
		0 The child spat out or vomited all (or almost all) of the dose
another_dose (required)	QE19. The child did not ingest all of the SMC drug. Did the SMC distributor provide another dose? Question relevant when: not(selected(\${ingestion} , '1'))	Yes Yes
		No No
satisfied_day1 (required)	QE20. Were you satisfied with the way the CDD interacted with you	Yes Yes
not_satis_reason (required)	QE21. For what reason were you dissatisfied with how the CDD interacted with you? Question relevant when: selected(\${satisfied_day1} , 'No')	1 The CDD was rough with the child
		2 The CDD was rude to the caregiver
		3 The CDD did not wear a mask/keep physical distance/did not act in a safe way (regarding COVID-19)
		4 The CDD did not explain SMC adequately/answer questions/provide information
		5 Other reason (please specify in next question)
not_satis_reason_other (required)	Instruction: Please specify the reason the caregiver was dissatisfied with how the CDD interacted with them or their child. Question relevant when: selected(\${not_satis_reason} , '5')	
dose2 (required)	QE22. 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
dose2_reason (required)	QE23. 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
		5 Child was sick
		6 Vomited
		7 Fear of adverse reactions
		96 Others
dose_other (required)	Other specify Question relevant when: \${dose2_reason} = '96'	
dose3 (required)	QE24. 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)	QE25. 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
		5 Child was sick
		6 Vomited
		7 Fear of adverse reactions
		96 Others
dose3_other (required)	Other specify Question relevant when: \${dose3_reason} = '96'	
lead_mother (required)	QE26. 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

Field	Question	Answer
blister (required)	Instruction: Ask the caregiver to see the blister for SMC drugs from the last cycle. Please indicate whether it is available. Note: This question refers to the blister from Cycle 4.	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)	QE27. 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)	QE28. 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 Severe vomiting
		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} , '96')	
tell_adverse (required)	QE29. 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)	QE30. 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
tell_type_oth (required)	Other specify Question relevant when: \${tell_adversereason} = '96'	
agree_group > treated_c4_novisit Group relevant when: ((selected(\${selected_status_selected} , 'received_SMC_drugs') and selected(\${confirm11} , 'Yes')) or (selected(\${selected_status_selected} , 'did_not_receive_SMC_drugs') and selected(\${confirm11} , 'No'))) and (selected(\${visited_compound} , 'No'))		
drug_not_distributor (required)	QE31. You said that [selected_chi_name] was treated during value 2020. However, you also said that your child was not treated during a visit to your household by a SMC distributor. What was the source of the SMC drugs used to treat your child? Instruction: Please select the most relevant category.	1 Family or friend
		2 Health facility staff
		3 Fixed point distribution by SMC distributors (i.e. SMC drugs were distributed by SMC distributors from one location and caregivers travelled there to collect SMC drugs)
		4 Unofficial fixed point distribution (SMC drugs were distributed by a person not affiliated with the SMC programme, and caregivers travelled there to collect SMC drugs; e.g. drugs given out freely in a market)
		5 Private purchase (caregiver bought the same SMC drugs distributed by the SMC programme with their own money)
		6 Distribution by SMC distributors in another location (not the caregiver's home) (e.g. a distributor gave SMC drugs to a caregiver in the street or at their workplace).
		7 Other source
drug_not_distributor_other (required)	QE32. Where and how did you obtain SMC drugs? Please describe where and from whom you obtained them. Question relevant when: selected(\${drug_not_distributor} , '6')	

Field	Question	Answer
SMC_CARD (required)	QE33. Does [selected_chi_name] have a SMC card? Instruction: Please describe what the card is if the caregiver appears not to recall. Question relevant when: \${selected_status_selected} = 'received_SMC_drugs' or selected(\${treated_SMC_cycles_exc4} , '1') or selected(\${treated_SMC_cycles_exc4} , '2') or selected(\${treated_SMC_cycles_exc4} , '3')	Yes Yes
		No No
SMC_CARD_reason (required)	QE34. 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
		3 Card with someone else
		96 Others
SMC_CARD_other (required)	Other specify Question relevant when: \${SMC_CARD_reason} = '96'	
note_record_card	 Sample of SMC Child Record Card	
SMC_card_date (required)	Instruction: Please indicate whether the date of the last SMC cycle (Cycle 4) 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
smc_card_cycle_4 (required)	Instruction: Please indicate all the doses that the SMC record card indicates were taken for Cycle 4 (select all doses that apply) Question relevant when: selected(\${SMC_card_date} , 'Yes')	1 Day 1 SP and AQ
		2 Day 2 AQ
		3 Day 3 AQ
SMC_card_other_cycles (required)	Instruction: Please indicate which cycles are marked on the record card (indicating the child recieved SMC on Day 1) apart from Cycle 4 Question relevant when: \${SMC_CARD} = 'Yes' Response constrained to: if(selected(., 99), count-selected(.) = 1, count-selected(.) >= 1)	1 Cycle 1 (July 2020)
		2 Cycle 2 (August 2020)
		3 Cycle 3 (September 2020)
		99 None of these cycles
agree_group > non_eligible Group relevant when: \${total_non_eligible} > 0		
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 primary caregiver of and ask them the questions that follow. Question relevant when: \${total_non_eligible} > 0	
confirm12 (required)	Instruction: Please confirm that [selected_non_chi_name] [selected_status_selected_nonelig] (at any time during value 2020) by any source Note: Please select "yes" if this is correct. Question relevant when: \${total_non_eligible} > 0	Yes Yes
		No No
visited_compound_recieved_SMC_nonelig (required)	QE35. Did your child ([selected_non_chi_name]) recieve SMC drugs when the SMC distributor visited your compound? Note: This question refers to Cycle 4. Question relevant when: selected(\${visited_compound} , 'Yes')	Yes Yes
		No No
treated_SMC_cycles_exc4_inelig (required)	QE36. According to your memory, during which months (excluding value 2020) was [selected_non_chi_name] treated with SMC drugs (following visits from SMC distributors)? Note: This refers to Day 1 treatment. Please try to orient caregivers to report the months in which the child recieved SMC, and select the corresponding 2020 SMC cycles. Please select all cycles that apply. Question relevant when: \${total_non_eligible} > 0 Response constrained to: if(selected(., 99), count-selected(.) = 1, count-selected(.) >= 1)	1 Cycle 1 (July 2020)
		2 Cycle 2 (August 2020)
		3 Cycle 3 (September 2020)
		99 None of these cycles
generated_note_name_200	Section F: Household Head/Dwelling Structure	
agree_group > hh_questions		
note_hh	Please ask all the following questions to the HEAD OF HOUSEHOLD.	
resident_jul2020 (required)	QF1. Has this household been in this location since 1st July 2020?	Yes Yes
		No No

Field	Question	Answer																				
when_arrived (required)	QF2. During which month (in 2020) did your family arrive in this location? Question relevant when: selected(\${resident_jul2020} , 'No')	<table border="1"> <tr><td>1</td><td>July</td></tr> <tr><td>2</td><td>August</td></tr> <tr><td>3</td><td>September</td></tr> <tr><td>4</td><td>October</td></tr> <tr><td>5</td><td>November (or after)</td></tr> </table>	1	July	2	August	3	September	4	October	5	November (or after)										
1	July																					
2	August																					
3	September																					
4	October																					
5	November (or after)																					
born_state (required)	QF3. Was the head of household born in this state?	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																
Yes	Yes																					
No	No																					
age_hh (required)	QF4. What is the head of household's age? Hint: If no exact age is given please select the category that best represents your estimate of the caregiver's age. Question relevant when: selected(\${caregiver_hh_head} , 'No')	<table border="1"> <tr><td>1</td><td>Under 20 years</td></tr> <tr><td>2</td><td>20–29 years</td></tr> <tr><td>3</td><td>30–39 years</td></tr> <tr><td>4</td><td>40–49 years</td></tr> <tr><td>5</td><td>50–59 years</td></tr> <tr><td>6</td><td>60 or more years</td></tr> </table>	1	Under 20 years	2	20–29 years	3	30–39 years	4	40–49 years	5	50–59 years	6	60 or more years								
1	Under 20 years																					
2	20–29 years																					
3	30–39 years																					
4	40–49 years																					
5	50–59 years																					
6	60 or more years																					
gender_hh (required)	QF5. What is the head of household's gender? Question relevant when: selected(\${caregiver_hh_head} , 'No')	<table border="1"> <tr><td>Male</td><td>Male</td></tr> <tr><td>Female</td><td>Female</td></tr> </table>	Male	Male	Female	Female																
Male	Male																					
Female	Female																					
literacy_hh (required)	QF6. Is the head of household literate? Note: Literacy is defined as ability both read and write with understanding a short, simple statement on a topic related to everyday life (in any language). Please select "no" if the respondent cannot give a definite answer. Question relevant when: selected(\${caregiver_hh_head} , 'No')	<table border="1"> <tr><td>Yes</td><td>Yes</td></tr> <tr><td>No</td><td>No</td></tr> </table>	Yes	Yes	No	No																
Yes	Yes																					
No	No																					
education_hh (required)	QF7. What is the highest level of education that the head of household has completed? Note: Please select the level of education the head of household has completed, as indicated by a qualification, or finishing the final year of that level. Question relevant when: selected(\${caregiver_hh_head} , 'No')	<table border="1"> <tr><td>1</td><td>None (or only first-year pre-primary education)</td></tr> <tr><td>2</td><td>Informal or religious education</td></tr> <tr><td>3</td><td>Primary school</td></tr> <tr><td>4</td><td>Junior secondary school</td></tr> <tr><td>5</td><td>Senior secondary school</td></tr> <tr><td>6</td><td>Higher education (post-secondary, including vocational college, teacher training college, university, etc.)</td></tr> </table>	1	None (or only first-year pre-primary education)	2	Informal or religious education	3	Primary school	4	Junior secondary school	5	Senior secondary school	6	Higher education (post-secondary, including vocational college, teacher training college, university, etc.)								
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6	Higher education (post-secondary, including vocational college, teacher training college, university, etc.)																					
occupation_hh (required)	QF8. What is the head of household's occupation? Instruction: Please select the most appropriate category that best describes the head of household's occupation. Question relevant when: selected(\${caregiver_hh_head} , 'No')	<table border="1"> <tr><td>1</td><td>Not employed, not looking for paid work (e.g. retired, full-time parent, home-maker)</td></tr> <tr><td>2</td><td>Unemployed (looking for paid work)</td></tr> <tr><td>3</td><td>Agriculture (paid)</td></tr> <tr><td>4</td><td>Agriculture (unpaid)</td></tr> <tr><td>5</td><td>Unskilled manual work (unpaid) (non-agricultural)</td></tr> <tr><td>6</td><td>Unskilled manual work (paid) (non-agricultural)</td></tr> <tr><td>7</td><td>Skilled manual work (e.g. builder, electrician, truck driver)</td></tr> <tr><td>8</td><td>Sales and services work (e.g. shopkeeper)</td></tr> <tr><td>9</td><td>Clerical, technical, professional or managerial (e.g. teacher, office worker, policeman, civil servant, paid health centre workers)</td></tr> <tr><td>96</td><td>Other specify</td></tr> </table>	1	Not employed, not looking for paid work (e.g. retired, full-time parent, home-maker)	2	Unemployed (looking for paid work)	3	Agriculture (paid)	4	Agriculture (unpaid)	5	Unskilled manual work (unpaid) (non-agricultural)	6	Unskilled manual work (paid) (non-agricultural)	7	Skilled manual work (e.g. builder, electrician, truck driver)	8	Sales and services work (e.g. shopkeeper)	9	Clerical, technical, professional or managerial (e.g. teacher, office worker, policeman, civil servant, paid health centre workers)	96	Other specify
1	Not employed, not looking for paid work (e.g. retired, full-time parent, home-maker)																					
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96	Other specify																					
religion (required)	QF9. What is the religion of the head of household? Instruction: Please tell the head of household that answering this question is voluntary, and that they can give no answer.	<table border="1"> <tr><td>1</td><td>Islam</td></tr> <tr><td>2</td><td>Christianity</td></tr> <tr><td>3</td><td>Traditional religion/other religion</td></tr> <tr><td>4</td><td>No religious affiliation (e.g. agnostic, irreligious)</td></tr> <tr><td>5</td><td>Does not wish to respond</td></tr> </table>	1	Islam	2	Christianity	3	Traditional religion/other religion	4	No religious affiliation (e.g. agnostic, irreligious)	5	Does not wish to respond										
1	Islam																					
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5	Does not wish to respond																					

Field	Question	Answer
sps_1 (required)	QF10. How many members does your household have? Note: A household is one or more people—regardless of blood or marital ties—who normally live in the same residence, eat together, and recognize the same head. To count as a household member, a person must have normally lived and eaten with the household for at least six of the last 12 months. Please be sure to include household members who are temporarily absent, servants, students away at boarding school, infants, and small children	0 10 or more 5 8 or 9 10 7 11 6 17 5 19 4 25 3 32 1 or 2
sps_2 (required)	QF11. How many separate rooms do the members of the household occupy (excluding bathrooms, toilets, storerooms, or garage)?	0 1 4 2 5 3 6 4 7 5 or more
sps_3 (required)	QF12. The roof of the main dwelling structure is predominantly made of what material?	0 Grass, clay tiles, asbestos or plastic sheets, or others 4 Concrete, zinc, or iron sheets
sps_4 (required)	QF13. What kind of toilet facility does the household use?	0 None, bush, pail/bucket, or other 3 Uncovered pit latrine or ventilated improved pit latrine 6 Covered pit latrine with water seal (flush with water) 15 Toilet with flush to septic tank, or flush to sewage
sps_5 (required)	QF14. Does the household own a gas cooker, stove (electric, gas table, or kerosene), or microwave?	0 No 3 Yes
sps_6 (required)	QF15. How many mattresses does the household own?	0 0 6 1 8 2 10 3 or more
sps_7 (required)	QF16. Does the household own a TV set?	0 No 8 Yes
sps_8 (required)	QF17. How many mobile phones does the household own?	0 0 2 1 5 2 7 3 or more
sps_9 (required)	QF18. Does the household own a motorbike or a car or other vehicle? Note: The question refers to vehicles with a motor (i.e. does not include bicycles). If a household has both a motorcycle and a car, please select "car".	0 No vehicle with a motor 3 Motorcycle only 11 Car (regardless of motorcycle)
sps_10 (required)	QF19. Does any member of this household practice any agricultural activity such as crop, livestock, or fish farming, or own land that is not cultivated?	Yes Yes No No
sps_10_b (required)	QF19b. does the household own any sprayers, wheelbarrows, or sickles? Question relevant when: \${sps_10} = 'Yes'	0 Farms or has uncultivated land, but no sprayers, wheelbarrows, or sickles 3 Farms or has uncultivated land, and has sprayers, wheelbarrows, or sickles OR does not farm nor has uncultivated land
nomad (required)	QF20. Does this household engage in seasonal nomadism (or seasonal migration)? Instruction: Seasonal nomadism/migration is defined as all members of the household not living continually in the same place, but moving cyclically or periodically at least one time per year.	Yes Yes No No
mark_note	 Correctly mark The year SMC is given (20 for 2020) • The cycle number (1, 2, 3 or 4) • The CDD team code— 6 digits (LGA: 2 digits – HF: 2 digits – Team; 2 digits) • House number (if available) • Number of children eligible for SMC/number of children given SPAQ • Whether the visit was: Completed (C) • Needs to be Revisited (R) • Completed after re-visit (R/C) • Excluded (E)—children not eligible for SMC or permission not granted	
Mark (required)	Instruction: Please indicate whether the household structure has been marked correctly by the drug distributors.	yes Yes (house marked) inc House was marked but incorrect illegible Marked but illegible no No (house not marked)

Field	Question	Answer	
end_survey	Thank you for participating in the survey.		
language (required)	<p>Instruction: Please indicate the primary language of the survey.</p> <p>Note: If multiple languages were used, please select the one most frequently used/for most of the questions.</p>	Hausa	Hausa
		Fulani	Fulani
		Kanuri	Kanuri
		English	English
		Pidgin	Pidgin
		Yoruba	Yoruba
		Igbo	Igbo
gps (required)	<p>Instruction: Please press the button to record your GPS coordinates.</p> <p>With les than 10 m level of accuracy</p>		
gencom (required)	General Comment		