

PMA Nigeria COVID-19 Questionnaire (2020)

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</i>	
002a. Current date and time: \${now_lab}. Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
Now you will select an assignment	
Select an RE group	
Select an RE	
Select an EA assignment	
Select from among assigned respondents	
There is no information for this woman from the previous survey. Please choose another woman from the assignments list.	
You have not selected an assignment. <i>Make a selection on the previous screen.</i>	
	Respondent summary
Respondent first name: \${name_auto} Age: \${age_auto} Survey language: \${language_lab} Head of household first name: \${hh_head_name_auto}	
Location summary Level 1: \${level1_auto} Level 2: \${level2_auto} Level 3: \${level3_auto} EA name: \${EA_auto} Structure: \${structure_auto} Household: \${household_auto}	
Phone number: \${phone_auto}	
Is this the correct respondent?	<input type="radio"/> Yes <input type="radio"/> No
Tap to call \${name_auto} at \${phone_auto}	
008. Call attempt number	
009. Did someone answer your call?	<input type="radio"/> Yes <input type="radio"/> No

010. Hello. My name is calling from the CRERD. May I speak to \${name_auto}?	<input type="radio"/> Yes <input type="radio"/> No
011. Do you have the correct person on the phone?	<input type="radio"/> Yes <input type="radio"/> No
012. Record the result of the phone call.	<input type="radio"/> Reached correct participant <input type="radio"/> No answer <input type="radio"/> Wrong number <input type="radio"/> Phone switched off <input type="radio"/> Phone no longer working <input type="radio"/> Participant not available

INFORMED CONSENT

Read the greeting on the next screen

<p>Title of research: Performance Monitoring for Action – Lagos, Nigeria</p> <p>Name(s) and affiliation(s) of researcher(s) of application: This research is being conducted by Dr. Scott Radloff of the Johns Hopkins University, and Dr. Funmilola OlaOlorun on behalf of the Center for Research Evaluation and Resource Development, Ile-Ife.</p> <p>Sponsor(s) of Research: This study is sponsored by the Bill & Melinda Gates Foundation through the Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University, Baltimore, MD.</p> <p>Purpose of research: The purpose of this research is to learn about the awareness, knowledge, risk perception, behavior change, and impact of the coronavirus pandemic on women ages 15-49 years in Lagos in order to provide government and other stakeholders with data to improve interventions and programs aimed at this population.</p> <p>Procedure of the research, what shall be required of each participant, and approximate total number of participants that would be involved in the research: We are asking you to join our study because you were interviewed by a member of our team in December 2019/January 2020 for a similar survey, and agreed to be contacted again. If you agree to participate in the study, we will ask you to complete a short questionnaire by phone where I will ask you about your knowledge related to the coronavirus, and how this virus has impacted you. The questionnaire should take about 20 minutes to complete. After you complete the survey, you will be provided with recharge cards worth N300.</p> <p>Expected duration of research, and of participant’s involvement: In total, we expect you to be involved in the original research for which we first contacted you for 3 years.</p>	
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Your participation in the study will only include annual or biannual surveys in-person or by phone.

Risk(s): There are no major risks to participating in the study, but you may get tired or bored when completing the questionnaire. Some questions may be personal or sensitive and may make you feel embarrassed or uncomfortable. Please let us know if you feel distressed.

There is a small risk that someone outside the study will see your information. We will do our best to keep your information safe by not including your name anywhere in the survey. Upon completion of the survey, data will be sent to and stored on a secure, password-protected server. Only authorized individuals will be able to access the data. All data are encrypted when transferred. When we share your information with other researchers, we will ask them to use the same protections.

Costs to the participant, if any, of joining the research:
Your participation in this research will not cost you anything, apart from some of your time.

Benefit(s): There is no direct benefit to you from being in this study. We hope this knowledge will help us understand how the coronavirus is affecting women's lives. The data collected from this study will provide information for future research, interventions, and programs.

Confidentiality: All information collected in this study will be given code numbers, and no names will be recorded. Your responses cannot be linked to you in any way, and your name or any identifier will not be used in any publications or reports from this study.

Voluntariness: Your participation in this research is entirely voluntary. You do not have to join, it is your choice. There will be no penalty if you decide not to join.

Alternatives to participation: If you choose not to participate, this will not affect your ability to participate in other surveys or receive services in your community.

Due inducement: You will be given a small token for your time. You will receive recharge cards worth ₦300 for participating in the study.

Consequences of participant's decision to withdraw from research and procedures for orderly termination of participation: You can also choose to withdraw from the research at any time. Please note that any information that has been obtained from you before you choose to withdraw may have been used in data analysis or report writing. These cannot be removed, but the researchers will comply with your wish as much as it is practicable.

Modality of providing treatments and action(s) to be taken in case of injury or adverse event(s): If you suffer any injury as a result of your participation in this research, the project will ensure you are referred to appropriate services.

What happens to research participants and communities when the research is over? The researchers will post the outcome of the research on the project website. During the course of this research, you will be informed about anything that may affect your continued participation, or your health.

Statement about sharing of benefits among researchers, and whether this includes or excludes research participants: If this research leads to commercial products, the Johns Hopkins University shall own it. There is no plan to contact any participant now or in the future about such commercial benefits.

Any apparent or potential conflict of interest: We are not aware of anything that may prevent the researchers from conducting the research in a manner that will be fair. Statement of person obtaining informed consent: Statement of person giving verbal consent: The description of the research has been read to me, or translated into language I understand. I have also talked it over with the interviewer to my satisfaction. I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research study to judge that I want to take part in it. I understand that I may freely stop being part of the study at any time. I am willing to participate.

Detailed contact information, including contact address, telephone, fax, email and any other contact information or researcher(s), institutional HREC and head of institution. This research has been approved by the Lagos State University Health Research Ethics Committee (LASUTH HERC) and the committee can be contacted at Health Research and Ethics Committee, Lagos State University Teaching Hospital, Lagos State. The phone number of the committee administrator is +234 805 526 2563. In addition, if you have any question about your participation in this research, you can contact the local principal investigator, Dr. OlaOlorun, at her office in the Department of Community Medicine, College of Medicine, University of Ibadan. The phone is +234 813 173 3297.

Hello. My name is and I am working for the Center for Research, Evaluation Resources, and Development. We are conducting a local survey about COVID-19. You have been selected for this survey because you gave us your phone number after you were interviewed in the Phase 1 of PMA Survey in December 2019 or January 2020.

We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team, and only fully de-identified data will be

<p>used when conducting analyses, presenting results, or sharing data.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. The survey will take about 20 minutes to complete.</p> <p>Women who participate in the phone interview will receive a small incentive to compensate them for their time. A N700 recharge card will be provided to each respondent after the interview is completed.</p> <p>I am going to ask you questions about what you know and what you practice about COVID-19.</p> <p>At this time, do you want to ask me anything about the survey?</p> <p>May I begin the interview now?</p> <p>If yes continue with interview, if no thank the respondent and end the interview. If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact Dr. Musa Sani Zakirai at Center for Research, Evaluation Resources and Development in Ile-ife, Nigeria at +234 8094749830.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>If yes continue with interview, if no thank the respondent and end the interview.</p>	
<p>013. Read the verbal consent text. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>014. Please tell me your name</p>	
<p>015. Please tell me your age in years. <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>CHECK: The respondent said in a previous survey that she is \${age_auto}. Did the respondent say she is \${age} years old? If yes, then she is too young to participate in this survey.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>CHECK: The respondent said in a previous survey that she is \${age_auto}. Did the respondent say she is \${age} years old?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>016. What is the highest level of school you attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses.</i></p>	<p><input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Higher <input type="radio"/> No response</p>

SECTION 1: BACKGROUND

I would like to ask you some questions about your background and residence

101. Are you currently in \${region_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
102. In which state are you staying now?	
103. Do you have a dedicated place to wash your hands at your current residence?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
104. Do you have soap at this place to wash your hands?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
105. How many times did you wash your hands with soap yesterday?	<input type="radio"/> Zero (0) <input type="radio"/> 1 to 3 <input type="radio"/> 4 to 10 <input type="radio"/> More than 10 <input type="radio"/> No response

SECTION 2: AWARENESS OF COVID-19, and MEDIA EXPOSURE

The next series of questions are about COVID-19, also called Coronavirus.

201. How much, if anything, have you heard or read about the recent Coronavirus (COVID-19) outbreak? <i>Read all options</i>	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> A little <input type="radio"/> Not at all <input type="radio"/> No response
202. How did you learn about Coronavirus (COVID-19)? <i>Do not read responses. Select all that apply</i>	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Poster / billboard <input type="checkbox"/> Town crier <input type="checkbox"/> Phone message <input type="checkbox"/> Family <input type="checkbox"/> Friends / neighbors <input type="checkbox"/> Community/religious leaders <input type="checkbox"/> Social media (Twitter, Facebook, WhatsApp) <input type="checkbox"/> Health personnel <input type="checkbox"/> Messages from government or authorities <input type="checkbox"/> School <input type="checkbox"/> None of the above <input type="checkbox"/> No response

<p>203. Have you ever heard of an emergency number or call center for reporting suspected cases of coronavirus? <i>PROBE: If yes, ask if the respondent knows the number</i></p>	<p><input type="radio"/> Yes, knows the number <input type="radio"/> Yes, but does not know the number <input type="radio"/> No <input type="radio"/> No response</p>
<p>204. Which of these sources do you trust for accurate information about Coronavirus (COVID-19)? <i>Read all options Select all that apply</i></p>	<p><input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Poster / billboard <input type="checkbox"/> Town crier <input type="checkbox"/> Phone message <input type="checkbox"/> Family <input type="checkbox"/> Friends / neighbors <input type="checkbox"/> Community/religious leaders <input type="checkbox"/> Social media (Twitter, Facebook, WhatsApp) <input type="checkbox"/> Health personnel <input type="checkbox"/> Messages from government or authorities <input type="checkbox"/> School <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>205. Do you trust the call center number for accurate information?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>206. Have you tried to call the emergency number or call center?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>SECTION 3: COVID-19 RISK PERCEPTION</p> <p><i>Now I would like to ask about your views about Coronavirus (COVID-19). Your answers will be kept completely confidential.</i></p>	
<p>301. If someone in your family caught Coronavirus (COVID-19), would you want to keep it a secret?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>302. How concerned are you about the spread of Coronavirus (COVID-19) in your community? <i>Read all options</i></p>	<p><input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> No response</p>
<p>303. Approximately how many people in your community do you think are or have been infected with Coronavirus (COVID-19)? <i>Read all options</i></p>	<p><input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No one is infected <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>304. Have any of your close relatives or friends had or have Coronavirus (COVID-19)?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>305. How concerned are you about getting infected yourself? <i>Read all options</i></p>	<p> <input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> I am currently / was infected with COVID-19 <input type="radio"/> No response </p>
<p>SECTION 4: COVID-19 SYMPTOMS AND TRANSMISSION</p> <p><i>Now I would like to ask about your knowledge of COVID-19 symptoms and transmission.</i></p>	
<p>401. What are common symptoms of Coronavirus (COVID-19) infection? <i>Do not read responses. Select all that apply</i></p>	<p> <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Chest pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny or stuffy nose <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Headaches <input type="checkbox"/> Fatigue (tiredness) <input type="checkbox"/> Diarrhea <input type="checkbox"/> Loss of taste <input type="checkbox"/> Loss of smell <input type="checkbox"/> Rash <input type="checkbox"/> Dizziness <input type="checkbox"/> Sneezing <input type="checkbox"/> Other <input type="checkbox"/> Do not know any symptoms <input type="checkbox"/> No response </p>
<p>402. Which of the following statements are true about the Coronavirus (COVID-19) infection? <i>Read all options</i></p>	
<p>Some people cannot be infected with Coronavirus (COVID-19)</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>Most people experience mild or no symptoms</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<input type="radio"/> Do not know <input type="radio"/> No response
Most people develop serious illness requiring hospitalization	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
People can be infected and not have symptoms	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Only people with symptoms are contagious	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
You can become infected by shaking hands with someone who is infected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
You can become infected by close contact with infected people even if you are not touching	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
People of all ages can become infected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Coronavirus (COVID-19) is mostly a risk to rich people	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
403. Which of the following actions can reduce the risk of being infected? <i>Read all options</i>	
Washing hands with soap and water frequently	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Washing hands with hand sanitizer frequently	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Avoiding any close contact (2 meters) with people when you go out	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
Staying in your home	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Getting vaccinated	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Traditional practices	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Wearing something that covers your mouth and nose when you go out (a mask)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Avoiding shaking hands with others	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Coughing/sneezing into your elbow or tissue	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Prayer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
404. Have you taken any action to prevent becoming infected?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
405. What have you done? <i>Read all options Select all that apply</i>	<input type="checkbox"/> Washing hands with soap and water frequently <input type="checkbox"/> Washing hands with hand sanitizer frequently <input type="checkbox"/> Avoiding any close contact (2 meters) with people when you go out <input type="checkbox"/> Staying in your home <input type="checkbox"/> Getting vaccinated <input type="checkbox"/> Traditional practices <input type="checkbox"/> Wearing something that covers your mouth and nose when you go out (a mask)

	<input type="checkbox"/> Avoiding shaking hands with others <input type="checkbox"/> Coughing/sneezing into your elbow or tissue <input type="checkbox"/> Prayer <input type="checkbox"/> Other <input type="checkbox"/> No response
406. Are you able to avoid contact with people outside of your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
407. What are some reasons why you might not be able to avoid contact with people outside of your household? <i>Read all options Select all that apply</i>	<input type="checkbox"/> My work or way of earning money requires me to leave the house <input type="checkbox"/> I need to visit the market <input type="checkbox"/> I need to visit the water source / well <input type="checkbox"/> My studies require me to leave the household <input type="checkbox"/> I need to attend funerals in the community <input type="checkbox"/> I need to attend religious services <input type="checkbox"/> I need to visit my family/relatives <input type="checkbox"/> To seek out health care <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>SECTION 5: SOCIAL CONSEQUENCES OF COVID-19</p> <p><i>We understand that COVID-19 is affecting many people's lives. We're interested in learning more about how you are being affected.</i></p>	
501. Since Coronavirus (COVID-19) restrictions began, how much of a loss of income has your household experienced? <i>Read all options</i>	<input type="radio"/> None <input type="radio"/> Complete <input type="radio"/> Partial <input type="radio"/> No response
502. Since Coronavirus (COVID-19) restrictions began, how much of a loss of income have you experienced? <i>Read all options</i>	<input type="radio"/> Large <input type="radio"/> Moderate <input type="radio"/> Small <input type="radio"/> Has no income <input type="radio"/> No response
503. Are you worried about the impact of Coronavirus (COVID-19) on your household's finances in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
504. Since the Coronavirus (COVID-19) restrictions began, did you or any household member go a whole day and night without eating anything because there was not enough food?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>505. Is this more common now compared to before the Coronavirus (COVID-19) restrictions began?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>506. Since the Coronavirus (COVID-19) restrictions began, how often has this happened?</p>	<p><input type="radio"/> Rarely (1-2 times) <input type="radio"/> Sometimes (3-10 times) <input type="radio"/> Often (more than 10 times) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>507. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i></p>	<p><input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response</p>
<p>508. Since the Coronavirus (COVID-19) restrictions began, who usually makes decisions about making household purchases for daily needs: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>509. Are you currently economically reliant on your husband/partner for basic needs?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>510. Are you more economically reliant on your husband/partner now than before the Coronavirus (COVID-19) restrictions began?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SECTION 6: COVID-19 AND FAMILY PLANNING</p> <p><i>Now I would like to ask you about pregnancy and family planning.</i></p>	
<p>601. Are you currently pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response</p>
<p>602. Have you needed to visit a health facility since the Coronavirus (COVID-19) restrictions began, including for family planning?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>603. What was the reason why you needed to visit a health facility? <i>Read all options Select all that apply</i></p>	<p><input type="checkbox"/> Family planning services <input type="checkbox"/> ANC <input type="checkbox"/> Delivery <input type="checkbox"/> PNC <input type="checkbox"/> Child's health <input type="checkbox"/> Immunization <input type="checkbox"/> Pick up of regular medications</p>

	<input type="checkbox"/> HIV <input type="checkbox"/> Emergency services <input type="checkbox"/> General health services <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>604. Have you experienced any of the following difficulties in accessing healthcare services since the Coronavirus (COVID-19) restrictions began? <i>Read all options Select all that apply</i></p>	<input type="checkbox"/> Healthcare facility or doctor's office closed, appointment not possible <input type="checkbox"/> Partner does not approve <input type="checkbox"/> No transportation to access healthcare services <input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Unable to afford healthcare services <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Did not attempt to access healthcare services or did not experience difficulties accessing care <input type="checkbox"/> No response
<p>605. Did you successfully access the health services you needed?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>606a. Now I have some questions about the future. Would you like to have a child or would you prefer not to have any children?</p>	<input type="radio"/> Have a/another child <input type="radio"/> No more/prefer no children <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Don't know <input type="radio"/> No response
<p>606b. Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<input type="radio"/> Have a/another child <input type="radio"/> No more/prefer no children <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Don't know <input type="radio"/> No response
<p>607a. How long would you like to wait from now before the birth of a child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></p>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>607b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i></p>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

<p>Please check that you correctly entered the value for months/years.</p>	
<p>607c. Enter the number of \${waitchild_lab} you would like to wait:</p>	
<p>608. Have you changed your mind about wanting to get pregnant due to concerns about Coronavirus (COVID-19)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>609. If you got pregnant now, how would you feel? <i>Read all options</i></p>	<p><input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response</p>
<p>610. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>611. You said that you do not want any more children and that you are not using a method to avoid pregnancy. Can you tell me the reason why you are not using a method to prevent pregnancy? <i>Read all options Select all that apply</i></p>	<p><input type="checkbox"/> Healthcare facility or doctor's office closed, appointment not possible <input type="checkbox"/> Partner does not approve <input type="checkbox"/> No transportation to access services <input type="checkbox"/> Preferred contraceptive method unavailable <input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Unable to afford FP services <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Other <input type="checkbox"/> No response</p>
<p>612. Which method or methods are you using? PROBE: Anything else? <i>Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</i></p>	<p><input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam/Jelly <input type="checkbox"/> Standard Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal</p>

	<input type="checkbox"/> Other traditional method <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>
613. Have you used emergency contraception since the Coronavirus (COVID-19) restrictions began?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
SECTION 7: Follow-up Consent	
701. Thank you for the time you have kindly granted us. We look forward to speaking with you again. Do you have a better number we can reach you at in case we would like to follow-up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
702. What is the updated number? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
703. Can you repeat the number again? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
Questionnaire result	
<i>Thank the respondent for her time.</i>	
<i>The respondent is finished, but there are still more questions for you to complete outside the home.</i>	
098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Hausa <input type="radio"/> Yoruba <input type="radio"/> Pidgin <input type="radio"/> Other
099. Questionnaire Result <i>Record the result of the questionnaire.</i>	<input type="radio"/> Completed <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other