REACH Côte d'Ivoire:
Informed Consent and Coverage Survey Questionnaire

Name of Research Study: Feasibility and acceptability of integrating mass distribution of azithromycin to children 1-11 Months into a trachoma mass drug administration campaign to reduce child mortality

Site Information

Qu.	Item	Response options	Code	Skip
1.	Village ID number	Village ID number	1 -- 25	
2.	Date of interview	DD/MM/YY		
3.	Data collector ID number	Pre-assigned ID number		
4.	Unique record ID *Automatically created by electronic survey*	[__] - [__ __] - [__ __] - [__ __] *District – Village – RAID - Count*		

Eligibility

Qu.	Item	Response options	Code	Skip
5.	Is there at least one child 1 to 11 months old living in this household? *(Interviewer – include children between December 20, 2019 and October 20, 2020)*	Yes No	1 0	 →END
6.	Respondent is the child's parent or primary caregiver. *(Interviewer- if not, ask whether you can speak to the child's parent or primary caregiver)*	Yes No	1 0	

Qu.	Item	Response options	Code	Skip
7.	***INTERVIEWER: Did the respondent consent to the interview?***	Yes No	1 0	 →END

Survey Questions

Qu.	Item	Response options	Code	Skip
8.	Note respondent's sex.	Female Male	1 0	
9.	How old are you	Age in years	|___|___|	
10.	What is the highest level of school that you completed? *Interviewer: Read list, select one option.*	None Primary school or less Any secondary school Any post-secondary school	0 1 2 3	

Qu.	Item	Response options	Code		Skip
11.	Did you hear about or receive any information about the recent mass drug administration to prevent trachoma activity that took place in your village in November 2020?	Yes No	1 0		 →Q12
12.	What were the sources of the information that you received? Did you get the information from: *Interviewer – Read the list and select 1 if yes, 0 if no..*		Yes	No	
		a. Family member/friend/neighbor	1	0	
		b. Health care worker (e.g. nurse)	1	0	
		c. CDD/ ASC	1	0	
		d. Community or religious leader	1	0	
		e. Brochures/flyers	1	0	
		f. Posters	1	0	
		g. Radio	1	0	
		h. TV	1	0	
		i. Other (specify) _____	1	0	
13.	Did you hear about or receive any information about giving children under 12 months azithromycin oral suspension to improve their health? You may also know the medication as the drug for trachoma. *Interviewer – Show the parent the sample medication container from the MDA.*	Yes No	1 0		 →Q14
14.	What were the sources of the information that you received? *Interviewer – Read the list and select 1 if yes, 0 if no.*		Yes	No	
		a. Family member/friend/neighbor	1	0	
		b. Health care worker (e.g. nurse)	1	0	
		c. CDD/ ASC	1	0	
		d. Community or religious leader	1	0	
		e. Brochures/flyers	1	0	
		f. Posters	1	0	
		g. Radio	1	0	
		h. TV	1	0	
		i. Other (specify _____	1	0	

15.	How many children under 1 year during last MDA campaign (from November 20 to November 24, 2020) reside in the household?			
a. Number	**b. Month of birth**	**c. Year of birth**	**d. Sex**	**e. Selected as index**
a1	b1. MM |___|___|	c1. YY |___|___|	1= female 0= male	1= Selected 0=Not selected
a2	b2.MM |___|___|	c2. YY |___|___|	1= female	1= Selected

			0= male	0=Not selected
a3	b3. MM |___|___|	c3. YY |___|___|	1= female 0= male	1= Selected 0=Not selected
a4	b4. MM |___|___|	c4. YY |___|___|	1= female 0= male	1= Selected 0=Not selected

Interviewer – Select one child 1 to 11 months of age for the remainder of the questions, per the study SOP. For the index child (selected from question 14 if more than one eligible child)

Number	Item	Response options	Code	Skip
16.	What is your relationship to the child?	Parent Grandparent Aunt/uncle Sibling Other: _____	1 2 3 4 5	
17.	Did the child receive any medication during the recent MDA?	Yes No Don't know Refused	1 0 8 9	→Q18 →Q28 →Q28
18.	What was the main reason why the child did not receive any medication during the recent MDA? ***Interviewer – record primary reason only.***	Child wasn't here when CDD came Child was ill at the time Child has a known allergy to the medication Parent was afraid of side effects Could not get child to take the medication Other (specify): _____	1 2 3 4 5 6	All skip to Q28
19.	Which medication did s/he receive? *Interviewer, show medication packaging to aid respondent's memory*	Azithromycin oral suspension Tetracycline ointment	1 0	→Q20
20.	Why didn't the child receive azithromycin?	Didn't want the child to have it Didn't know the child should have received it Wasn't offered by the CDD Other : _____ Don't know Refused	1 2 3 4 8 9	All skip to Q28
21.	***Azithromycin only:*** How was the dose for the child determined by the person who administered it? Did the CDD: ***Interviewer – read each response. Select one.***	Weigh the child Measure the child's height/length Both weighed and measured the child Neither weighed nor measured the child Don't know	1 2 3 4 5	

Number	Item	Response options	Code		Skip
22.	Did the child have any reaction to the medication (up to 24 hours after taking it) that you noticed?	Yes	1		
		No	0		→Q28
		Don't know	8		→Q28
		Refused	9		→Q28
23.	If so, what was the reaction that s/he experienced?		Yes	No	
		a. Fussier/more irritable than usual	1	0	
	Interviewer: DO NOT read the list. Select 1 if symptom is mentioned and 0 if not mentioned.	b. Fever	1	0	
		c. Vomiting	1	0	
		d. Runny/loose stools (different from normal)	1	0	
		e. Refused to eat/nurse/drink	1	0	
		f. Rash	1	0	
		g. Other:_____	1	0	
24.	Did you report the reaction to anyone?	Yes	1		
		No	0		→Q25
		Don't know	8		→Q25
		Refused	9		→Q25
25.	To whom did you report the reaction?		Yes	No	
		Health care worker	1	0	All skip to Q27
		CDD/ASC	1	0	
		MDA Supervisor	1	0	
		Community or religious leader	1	0	
		Study staff	1	0	
		Don't know	1	0	
		Refused	1	0	
26.	Why didn't you report the reaction to anyone?	Didn't know who to tell	1		
		Afraid to tell	2		
		Wasn't concerned/thought it was minor	3		
		Other: _____	4		
		Don't know	8		
		Refused	9		
27.	Did the symptoms go away on their own, or did you have to take the child to seek medical care?	Sought medical care	1		If 1, go to Q27, for all others skip to end.
		Resolved on their own	2		
		Other: _____	3		
		Don't know	8		
		Refused	9		

Number	Item	Response options	Code	Skip
28.	If you sought medical care for the symptoms, what treatment the child receive?	Treated with medication by health care worker at clinic	1	
		Checked by health care worker, but did not receive any medication or treatment	2	
		Child had to be hospitalized	3	
		Child died	4	
		Other: _____	5	
		Don't know	8	
		Refused	9	
29.	***READ:*** Thank you for taking time to answer my questions. We are almost finished. Do you have any questions for us? ***Respond to any questions.***			

Interviewer- move to recruitment form for IDIs.