

ARISE Network COVID-19 Round 2 Adult General Population Survey

To be administered over the phone to adults in the general population.

INTERVIEWER QUESTIONS

Interview date and time to be automatically coded by ODK.

Question	Responses
1. Country/Region	1 = Burkina Nouna 2 = Burkina Ouaga 3 = Ethiopia Addis 4 = Ethiopia Kersa 5 = Nigeria Ibadan 6 = Nigeria Lagos 7 = Tanzania DSM 8 = Tanzania Dodoma 9 = Ghana Kintampo
2. Data collector's code	
3. Household ID	
4. Phone number called	
5. Was the phone call answered? If Yes, skip 5.1 If No, skip 5.2	0=No 1=Yes
5.1. If No, how many times have you tried to reach this phone number? <i>Note to interviewer: each phone number should be tried three times on separate days.</i>	0=This was the first attempt 1=This was the second attempt 2=This was the third (final) attempt 99= Don't know
5.2 If Yes, what was the outcome of the call?	0=Participant unavailable now but requested a call-back 1=Participant hung up or unavailable now but did not want to be called back 2=Participant unavailable but called back a different household member 3=Participant agreed to proceed with the screening questions 4= Other (specify)
5.3 Specify other	
6. Participant identification number	
7. Participant initials (first initial of first, middle and last name)	
8. Was this participant included in the round 1 survey? <i>(In Tanzania and Ghana, skip this question)</i> <i>If Yes, please input the household and participant ID they were assigned in the last survey in the next field.</i> <i>If they are a new participant, assign them a new ID.</i>	0=No 1=Yes

PARTICIPANT QUESTIONS

Screening Question

1.1.1. What is your age in years? <i>If respondent is under the age of 20, ask to speak to another household member aged 20 years or older. If no-one over the age of 20 resides in the household, thank the participant and end the interview.</i>	___ __ years
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Consent

1.1.2. Does the participant consent to participate in the survey? <i>(After consent script is read out to the participant)</i>	0 = No 1 = Yes <i>If the response is No, terminate the interview</i>
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1. Descriptive Characteristics

Question	Response
1.1.3. What state/region/province do you currently live in?	<i>Insert dropdown list for each country.</i>
1.1.4. What is your gender?	0 = Female 1 = Male
1.1.5. Are you the head of the household?	0=No 1=Yes
1.1.6. What is your role in the household?	1=Mother/wife 2=Father/husband 96= Other (specify)
1.1.7. How many people currently live with you in your household, including yourself?	___ __
1.1.8. How many children younger than 5 years are living with you in your household?	___ __
1.1.9. What is the highest level of education that you have completed?	0 = None, religious school, literacy class 1 = Some primary school education 2 = Completed primary school 3 = Some secondary/high school 4 = Completed secondary/high school 5 = Tertiary education (vocational training, college, university) or higher 96 = Other (specify) 99= Refuse to answer
1.1.10. What is your current occupation? <i>(Select all that apply)</i>	0 = Unemployed 1 = Student 2 = Farmer 3 = Wage employment 4 = Self-employed

	<p>5 = Stay at home parent 6 = Casual, off-farm income 96 = Other (specify) 99= Refuse to answer</p>
1.1.11. Are there ways in which the COVID-19 pandemic has affected your job/employment?	<p>0 = None, unemployed 1 = None, no change in employment status 2 = Lost employment 3 = Changed occupation 4 = Other (specify) 99 = Refuse to answer</p>
1.1.12. Are there ways in which the COVID-19 pandemic has affected your income?	<p>0 = No, income is unchanged 1= Lost/reduced salary from employer 2 = Lost/reduced income from farming, entrepreneurial activities/formal or informal business 3 = Increased salary from employer 4 = Increased income from farming, entrepreneurial activities/formal or informal business 99 = Refuse to answer</p>
1.1.13. Does your household have tapped running water?	<p>0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer</p>
1.1.14. Does your household have grid electricity?	<p>0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer</p>
1.1.15. What is the most common cooking fuel used in your household?	<p>0 = Do not cook at home 1 = Wood 2 = Charcoal 3 = Dung 4 = Plant stalks (maize and others) 5 = Kerosene or paraffin 6 = Electricity 96 = Other(specify) 97 = Don't know 99 = Refuse to answer</p>
1.1.16. What type of roofing does your house have?	<p>0 = None 1 = Rudimentary (grass, palm, leaves, straw, etc.) 2 = Plastic sheeting or cardboard 3 = Finished roof (metal, wood, corrugated metal, tile, etc.) 96 = Other (specify) 97 = Don't know 99 = Refuse to answer</p>
1.1.17. Does your household own any of the following items? <i>Read all responses aloud and select all that the participant lists.</i>	<p>0 = No 1 = Donkey/oxen cart 2 = Radio</p>

	3 = Bicycle 4 = Television 5 = Motorcycle 6 = Car 5 = Motorcycle 6 = Car 96 = Other (specify) 97 = Don't know 99 = Refuse to answer
1.1.18. What is your religion?	0 = None 1 = Catholic 2 = Muslim 3 = Orthodox Christian 4 = Protestant 96 = Other (specify) 99 = Refuse to answer

2. COVID-19 Practices and Perceptions

Question	Response
2.1.1 What measures do you currently take, if any, to reduce your risk of contracting COVID-19? <i>Read all responses aloud and select all that apply.</i>	0 = Nothing 1 = Wash hands with soap and/or used hand sanitizer 2 = Social distancing and/or reduced social gatherings and funerals 3 = Wear a face mask 4 = Change/cancel travel plans 5 = Drink/eat lemon, ginger or garlic or ginger tea 6 = Take vitamin C, vitamin D, zinc or other nutritional supplements 7 = Steaming or sauna treatment 96 = Other (specify) 99 = Refuse to answer
2.1.2 Is COVID-19 testing available in your community or at your health centre?	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
2.2.2b Is the available COVID-19 testing free or paid?	0= Yes, free testing 1= Yes, paid testing 97= Don't know 99= Refuse to answer
2.1.3 Have you ever been tested for COVID-19? <i>If no, skip to 2.1.5</i>	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
2.1.4 Have you ever tested positive for COVID-19?	0 = No 1 = Yes 97 = Don't know/have never been tested 99 = Refuse to answer

2.1.5 Do you know anyone who has been sick from COVID-19?	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
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3. Mental health and COVID-19

Question	Responses
3.1.1 Over the last two weeks, how often have you been bothered by the following problems?	
a. Feeling nervous, anxious or on edge	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer
b. Not being able to stop or control worrying	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer
c. Feeling down, depressed or hopeless	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer
d. Little interest or pleasure in doing things	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer

4. Healthcare Utilization

Question	Responses
4.1.1. Has COVID-19 impacted you or your family's access to the following healthcare services? <i>If the answer to all of these is no, skip to question 5.1</i>	
a. Childhood immunization	0 = No 1 = Yes 98 = Not applicable 97 = Don't know 99 = Refuse to answer

b. Vitamin A supplementation for children	0 = No 1 = Yes 98= Not applicable 97 = Don't know 99 = Refuse to answer
c. Management of child malnutrition (e.g. severe acute malnutrition)	0 = No 1 = Yes 98= Not applicable 97 = Don't know 99 = Refuse to answer
d. Antenatal care for pregnant women	0 = No 1 = Yes 98= Not applicable 97 = Don't know 99 = Refuse to answer
e. Iron and folic acid supplementation for pregnant women	0 = No 1 = Yes 98= Not applicable 97 = Don't know 99 = Refuse to answer
f. HIV treatment services (e.g. access to antiretroviral treatment ART)	0 = No 1 = Yes 98= Not applicable 97 = Don't know 99 = Refuse to answer
g. Sexual and reproductive health services including family planning	0 = No 1 = Yes 98= Not applicable 97 = Don't know 99 = Refuse to answer
4.1.2.How has COVID-19 impacted your family's access to the healthcare services previously listed? <i>Select all that apply.</i>	1= Can't reach health facilities due to lockdown/travel restrictions 2= Can't reach health facilities because of transportation 3= Health facility is closed or not receiving patients 4= Fear of being infected at the health facility 97 = Don't know 99 = Refuse to answer

5. Child Feeding, WASH and Food Pricing

5.1 Child Feeding	
5.1.1. Do you have children under 2 years of age living in your household? <i>If no, skip to 5.2.1.</i>	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer

5.1.2. How old is the youngest child under 2 years in your household in months? (Between 0-24 months)	<p>__ __ mos</p> <p>97 = Don't know 99 = Refuse to answer</p>
5.1.3. For children under 2 years of age in your household, have you been able to feed them nutrient-rich complementary foods (e.g. eggs, milk, meats, fruits, vegetables) as frequently as usual since the start of the COVID-19 pandemic?	<p>0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer</p>
5.1.4. For the youngest child under 2 in your household, how many times was that child fed complementary food yesterday (excluding breastmilk)?	<p>__ __</p> <p>98= Not applicable 97 = Don't know 99 = Refuse to answer</p>
5.1.5. Did the youngest child under 2 in your household receive breastmilk yesterday?	<p>0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer</p>
5.1.6. Since the coronavirus emergency began, have the children in your household lost access to meals at school?	<p>0 = No, did not exist previously 1 = No, still receiving school meals 2 = Yes, lost access 98= No children in household or extended family 97 = Don't know 99 = Refuse to answer</p>
5.2 Food Pricing	
5.2.1 Have the prices of the following foods been affected by the COVID-19 pandemic, as compared to this time of the year in previous years?	
a. Staples (maize, rice, cassava and teff)	<p>0 = No 1 = Yes, lower than expected 2 = Yes, higher than expected 97 = Don't know 99 = Refuse to answer</p>
b. Pulses (beans, lentils, peas, chickpeas)	<p>0 = No 1 = Yes, lower than expected 2 = Yes, higher than expected 97 = Don't know 99 = Refuse to answer</p>
c. Fruits (e.g. bananas, oranges, any locally available fruits)	<p>0 = No 1 = Yes, lower than expected 2 = Yes, higher than expected 97 = Don't know 99 = Refuse to answer</p>
d. Vegetables (e.g. spinach, cabbage, tomatoes, onions, any locally available vegetables)	<p>0 = No 1 = Yes, lower than expected 2 = Yes, higher than expected 97 = Don't know</p>

	99 = Refuse to answer
e. Animal source foods e.g. beef, chicken, dairy, eggs, fish	0 = No 1 = Yes, lower than expected 2 = Yes, higher than expected 97 = Don't know 99 = Refuse to answer

6. Food Security and Diets

6.1 Food Security	
6.1.1 In the past month, was there a time when you or others in your household [<i>read all and record responses</i>]:	
a. Worried you would run out of food	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
b. Skipped a meal	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
c. Went without eating for a whole day	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
6.1.2 Over the past month, have you received any assistance in cash or in kind from the local government, a not for profit, or any organization? <i>If no, skip to 6.1.4.</i>	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
6.1.3 If yes, what assistance did you receive? <i>(Select all that apply)</i>	0 = Food aid (e.g. grain, cooking oil, beans) 1 = Cash transfers 2 = School meals for children 96 = Other (Specify) 97 = Don't know 99 = Refuse to answer
6.1.4 Has your own crop production been affected by the COVID-19 pandemic over the past year?	0 = No 1 = Yes, production has decreased 2 = Yes, production has increased 3 = No, I don't grow any crops 97 = Don't know 99 = Refuse to answer
6.2 Diet Quality	
FOODS	6.2.1. In the last seven days, how many days did you consume these foods?

Vegetables	
a. Cruciferous vegetables e.g. Cabbage, broccoli, cauliflower	__ Days /week
b. Vitamin A rich dark green vegetables e.g. Spinach, amaranthus, pumpkin leaves, cassava leaves	__ Days /week
c. Other vitamin A rich fruits and vegetable e.g. Carrots, pumpkins, orange sweet potato, mango, papaya	__ Days /week
d. Other vegetables e.g. Okra, tomatoes, onions, eggplant	__ Days /week
Fruits	
a. Whole citrus fruits e.g. Orange, lemon, clementines	__ Days /week
b. Other whole fruits e.g. Banana, avocado, guava, jackfruit, peach, pineapple	__ Days /week
Animal source foods	
a. Poultry e.g. Chicken, duck	__ Days /week
b. Red meat e.g. Beef, pork	__ Days /week
c. Fish	__ Days /week
d. Processed meat e.g. Sausage, cold meats	__ Days /week
e. Eggs	__ Days /week
f. Dairy e.g. Milk, cheese	__ Days /week
Legumes and nuts	
a. Legumes e.g. Beans, peas, lentils, cowpeas, bambara nuts, others	__ Days /week
b. Nuts and seeds e.g. Cashew, almond, groundnuts (peanuts)	__ Days /week
Cereals, grains and tubers	
a. Refined grains and baked goods e.g. Rice, bread, chapati, pasta, maize products (ugali, nsima) from refined flour	__ Days /week
b. Whole grains e.g. Whole grain bread, millet, sorghum, brown rice	__ Days /week
c. Potatoes and other roots and tubers e.g. Sweet potato, yam, cassava	__ Days /week

Other foods	
a. Vegetable oils	__ Days /week
b. Desserts and ice cream and fried foods obtained away from home e.g. Cakes, candies, chocolates, biscuits, ice cream, mandazi (fried dough)	__ Days /week
c. Sugar sweetened beverages e.g. Soft drinks, juice with added sugar	__ Days /week

7. Vaccines

Question	Responses
7.1. Vaccine knowledge, attitudes, practices	
7.1.1. Have you been vaccinated before as an adult, for example for hepatitis, influenza, or Td/Tdap?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
7.1.2. In general, do you believe that vaccines are safe?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
7.1.3. Has your religious leader ever said anything about vaccination in general?	0=No 1=Yes, something positive 2=Yes, something negative 3=I don't have a religious leader 97 = Don't know 99 = Refuse to answer
7.1.4. Have you heard of a vaccine for COVID-19?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer If response is No skip to Q7.1.11
7.1.5. Is a COVID-19 vaccine available in [COUNTRY]?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
7.1.6. Have you or someone you know received the COVID-19 vaccination?	0=No 1=Yes, I have been vaccinated 2=I know someone who has been vaccinated 97 = Don't know 99 = Refuse to answer If Response is 1=Yes, Skip to question 7.1.8
COVID vaccine awareness and perception	
7.1.7. In general, how safe do you think COVID-19 vaccines are?	1 = Very safe 2 = Somewhat safe

	3 = Neither safe nor unsafe 4 = Not very safe 5 = Not at all safe 97 = Don't know 99 = Refuse to answer
7.1.8. In general, how effective do you think the COVID-19 vaccines are in preventing COVID infection?	1=Very effective 2=Somewhat effective 3=Not very effective 4=Not effective at all 97 = Don't know 99 = Refuse to answer
7.1.9. Does the COVID-19 vaccine have any side effects that you are aware of? <i>(Do not read answer choices aloud; code responses and/or enter "other")</i> <i>(Select all that apply)</i>	0 = No side effects 1 = Fever 2 = Body ache, including arm pain 3 = Nausea 4 = Tiredness / exhaustion 5 = Headache 96= Other (specify) 97 = Don't know 99 = Refuse to answer
7.1.10. How much do you agree with this statement? "If a vaccine for COVID-19 were available now, I would definitely get it."	0=No, would definitely not get it 1=Yes, would definitely get it 2=Maybe, would wait and see what others do before getting it 3=Unsure/undecided 99 = Refuse to answer
7.1.11. Which of the following are reasons that you <i>would/did</i> get the COVID-19 vaccine? <i>If 7.1.7 = Yes, Maybe, or Unsure/undecided, or if 7.1.6=1</i>	
a) I would get the vaccine to keep myself or my family safe	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
b) I would get the vaccine to keep my family safe	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
c) I would get the vaccine because my friends/family suggested I get it	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
d) I would get the vaccine because my doctor suggested I get it	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
e) There are additional reasons I would get the vaccine	0=Disagree / No 1=Agree / Yes <i>(Specify)</i>
7.1.12. What are the reasons why you would not get the COVID-19 vaccine? <i>If 7.1.7 = No or Unsure/undecided</i> <i>(Do not read answer choices aloud; code responses and/or enter "other")</i> <i>(Select all that apply)</i>	1=Do not think it is needed 2=Do not think I am at risk of getting COVID 3=Do not think the vaccine is effective against COVID-19 4= Heard/read negative media reports 5=Do not think the vaccine is safe/ It was developed too fast 6= Concerned about side effects

	<p>7= Fear of getting an unlicensed / experimental vaccine, fear that people here will get worse quality vaccines</p> <p>8=Fear getting COVID-19 disease from the vaccine</p> <p>9=Fear getting other illnesses / autism from the vaccine</p> <p>10= Fear the vaccine will cause infertility / sterilization / population control</p> <p>11=Religious reasons/church or religion advises against</p> <p>12=Fear of microchipping</p> <p>13=Fear of New World Order</p> <p>14= Had a bad experience or reaction with previous vaccinations</p> <p>15=Concerned because I have a chronic condition e.g. diabetes, hypertension and not sure it is safe for people with my condition</p> <p>16=Personal liberty / do not want bodily intrusion</p> <p>96= Other (specify)</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
7.1. Willingness to get the COVID vaccine	
7.1.1. I am going to list several statements about the COVID-19 vaccine. Some are true and some are false. Do you believe the following statements about the COVID-19 vaccine are true or false?	
a) Vaccine trial participants have died after taking the vaccine	<p>1=True / Yes</p> <p>0=False / No</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
b) Side effects from the COVID-19 vaccine are usually mild and temporary, and should go away in a few days	<p>0=Disagree / No</p> <p>1=Agree / Yes</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
c) There is no need for a vaccine because COVID-19 is a conspiracy or a bioweapon	<p>1=True / Yes</p> <p>0=False / No</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
d) People on the African continent are immune to COVID-19, so there is no need for a vaccine	<p>1=True / Yes</p> <p>0=False / No</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
e) It is not necessary to get a COVID 19 vaccine if you follow all safety protocols	<p>1=True / Yes</p> <p>0=False / No</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
f) There is not enough evidence that the COVID-19 vaccine prevents the occurrence and spread of COVID-19	<p>1=True / Yes</p> <p>0=False / No</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
g) The COVID-19 vaccine was developed too fast.	<p>1=True / Yes</p> <p>0=False / No</p> <p>97 = Don't know</p> <p>99 = Refuse to answer</p>
7.1.2. There a few different COVID-19 vaccines which have been developed in multiple countries. Does the	<p>0 = No</p> <p>1 = Yes</p> <p>97 = Don't know</p>

COVID-19 vaccine's country of origin affect your willingness to take the vaccine? <i>If no, skip to 7.3.4.</i>	99 = Refuse to answer
7.1.3. <i>As of now we know that vaccines have been developed by several countries.</i> Which countries or regions would you be willing to take a COVID-19 vaccine developed from? <i>Read all options aloud and select all that the participant lists.</i>	1 = US 2 = China 3 = Russia 4 = India 5 = Europe 6 = Other (specify) 97 = Don't know 99 = Refuse to answer
7.1.4. If a COVID-19 vaccine had been developed or tested in Africa would that affect your willingness to take it?	0=No, will not change my mind 1=Yes, will decrease my chances of taking it 1=Yes, will increase my chances of taking it 97 = Don't know 99 = Refuse to answer
7.1.5. Do any of the following groups or individuals influence your opinion about whether or not you would take the COVID-19 vaccine?	
a) Family or loved ones	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
b) Religious leaders (imams, pastors, priests)	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
c) Community/tribal leaders	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
d) Political leaders	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
e) Celebrities/social media influencers	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
f) Healthcare workers	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
7.1.6. Which of the following factors would prevent you from getting the COVID-19 vaccine, if it was available in your country?	
a) The location of vaccination sites is far	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
b) I don't want to / cannot miss work	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
c) It is inconvenient for me to go get the vaccine	0=Disagree / No

	1=Agree / Yes 97 = Don't know 99 = Refuse to answer
d) I cannot afford to pay for the vaccine	0=Disagree / No, I am willing to pay for vaccine 1= Disagree/ No, Vaccine is free in my country 2=Agree / Yes 97 = Don't know 99 = Refuse to answer
e) When the vaccine is available in my country, I will not be prioritized to get it as quickly as the wealthy/elite	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
f) I need my husband/family consent in order to get the vaccine	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
g) Other (specify)	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
7.2. Information sources	
7.2.1. Which information sources do you trust to provide accurate information about the COVID-19 vaccine?	
a) Television, radio, or newspaper	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
b) Social media (Facebook, WhatsApp, Twitter, etc.)	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
c) Internet	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
d) Friends/family	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
e) Religious bodies/leaders	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
f) Medical professionals	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
g) Government communications/announcements eg Ministry of Health	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
h) Other (specify)	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer

7.3. Benefits and expectations of the vaccine campaign		
7.3.1.	Would you be willing to participate in a vaccine clinical trial if one were available locally?	1=Yes 0=No 97 = Don't know 99 = Refuse to answer
7.3.2.	When do you think a COVID-19 vaccine will be made available to you?	0=Never 1=Already received the vaccine 2=Before the end of 2021 3=During the first six months of 2022 4=During the last six months of 2022 5=2023 or later 97 = Don't know 99 = Refuse to answer
7.3.3.	Once vaccines are available, should people continue to follow preventative guidelines such as social distancing, washing hands, using masks, etc?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer

8. Follow-up

Question	Responses
8.1.1. What is the best phone number to reach you for a future call?	
8.1.2. Do you have any adolescents between the ages of 10-19 years that live with you in your household? <i>If no, end the interview</i>	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
8.1.3 Are you the parent or guardian of the adolescent in your household?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
8.1.4 Would you allow us to call them to ask them a few questions about their experiences during the Coronavirus emergency?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
8.1.5. If Yes, what is the best phone number to reach them at?	

This concludes our survey. Thank you for your time and attention.