

Comparison ODK forms - demo

H. Langet

2023-09-26

Table of contents

SPA exit interview comparisons	2
Generic comparison	2
Comparison based on variable names	2
RCT Day 0 form comparison	4
Comparison based on variable names	4
Inter-form tests	8
Test for choices	12

List of Tables

1	SPA exit interview - Senegal vs. Tanzania - Added variable names	3
2	SPA exit interview - Senegal vs. Tanzania - Variable names with minor label modifications	3
3	Main Day 0 - Senegal vs. Tanzania - Added variable names	4
4	Main Day 0 - Senegal vs. Tanzania - Removed variable names	6
5	Main Day 0 - Senegal vs. Tanzania - Variable names with major label modifications	6
6	Main Day 0 - Senegal vs. Tanzania - Variable names with minor label modifications	7
7	Main Day 0 - Senegal vs. Tanzania - Variable names with type modifications	8
8	Tanzania - Main Day 0 vs. SPA exit interview - Added variable names	9

```
root = r"C:\Users\langhe\switchdrive\Institution\TIMCI\1 Project details\11 DM\3 ODK\odk_forms"
```

SPA exit interview comparisons

```
in_xlsx1 = os.path.join(root, r"06 Tanzania\2-SPA-timeflow\02-TIMCI-SPA-CGEI-ref-form\02-TIMCI-SPA-CGEI-ref-form.xlsx")
in_xlsx2 = os.path.join(root, r"05 Senegal\2-SPA-timeflow\02-TIMCI-SPA-CGEI-ref-form\02-TIMCI-SPA-CGEI-ref-form.xlsx")
f1 = form.Form(in_xlsx1,
               survey = "SPA exit interview")
f2 = form.Form(in_xlsx2,
               survey = "SPA exit interview")
```

Generic comparison

```
print(f1.compare(f2))
```

Form ID is identical: 02-TIMCI-SPA-cgei

Versions are different: 0.445 and 0.441

Default languages are different: Swahili (sw) and Français (fr)

Comparison based on variable names

Note:

- Identified added questions are displayed with the variable name and label of the closest label match in the reference XLSForm.
- Identified removed questions are displayed with the variable name and label of the closest label match in the target XLSForm.

```
f1.detectAddedQuestions(f2)
```

Table 1: SPA exit interview - Senegal vs. Tanzania - Added variable names

	row	name	label	name_of_closest_lbl	closest_lbl	matching
0	49	i4_3	f2) Were you given a paper or record to take w...	i4_2	f1) When do you need to complete the referral?	0.568164
1	63	h4_2	g1) Can you show me all the medicines and pres...	h4_1	e2) Did the provider give or prescribe any med...	0.535274
2	112	m3_2	k3) How many children under age 5 years curren...	m3_1b	j19) Who is the head of your household?	0.500000
3	116	m3_5	k6) What type of stove do you use for cooking ...	m3_3	j21) What type of toilet is the main toilet do...	0.532631
4	117	m3_5o	k6.a) Please specify.	b1_8o	j2.a) Please specify.	0.674594

```
f1.detectDeletedQuestions(f2)
```

```
major, minor = f1.detectModifiedLabels(f2)
```

```
major
```

```
minor
```

Table 2: SPA exit interview - Senegal vs. Tanzania - Variable names with minor label modifications

	name	row1	label1	row2	label2
0	i4_1	26	e1) Did the provider refer the child?	42	e2) Did the provider refer the child?
1	h4_1	27	e2) Did the provider give or prescribe any med...	43	e3) Did the provider give or prescribe any med...
2	g5_1	28	e3) Did the provider tell you what illness you...	41	e1) Did the provider tell you what illness you...
3	h4_3	47	g2) Did the provider explain to you how to giv...	64	g2) Did the provider explain to you how to giv...
4	m3_1b	109	j19) Who is the head of your household?	111	k2) Who is the head of your household?
5	m3_3	110	j21) What type of toilet is the main toilet do...	113	k4 What type of toilet is the main toilet do h...
6	m3_3o	111	j21.a) Please specify.	114	k4.a) Please specify.
7	m3_4	112	j22) Is this toilet shared with another househ...	115	k5) Is this toilet shared with another household?
8	m3_6	113	j24) Where is the household's main source of d...	118	k7) Where is the household's main source of dr...
9	m3_7	114	j25) How much time does it take to the househo...	119	k8) How much time does it take to the househol...
10	m3_8a	115	j26) What type of floor do you have at home?	120	k9) What type of floor do you have at home?
11	m3_9a	116	j27) What type of roof do you have at home ?	121	k10) What type of roof do you have at home ?

```
f1.detectModifiedTypes(f2)
```

RCT Day 0 form comparison

```
in_xlsx3 = os.path.join(root, r"06 Tanzania\1-RCT-LS\01a-TIMCI-CRF-Facility-ref-form\01a-TIMCI-CRF-Facility-ref-form.xlsx")
in_xlsx4 = os.path.join(root, r"05 Senegal\1-RCT-LS\01a-TIMCI-CRF-Facility-Senegal-form\01a-TIMCI-CRF-Facility-Senegal-form.xlsx")
f3 = form.Form(in_xlsx3,
               survey = "RCT/LS day 0 form")
f4 = form.Form(in_xlsx4,
               survey = "RCT/LS day 0 form")

## Generic comparison

print(f3.compare(f4))
```

Form ID is identical: 01a-TIMCI-CRF-Facility
 Versions are different: 0.356 and 0.347
 Default languages are different: Swahili (sw) and Français (fr)

Comparison based on variable names

```
f3.detectAddedQuestions(f4)
```

Table 3: Main Day 0 - Senegal vs. Tanzania - Added variable names

	row	name	label	name_of_closest_lbl	closest_lbl
0	118	consent_img	d6) Please take a picture of the signed consent.	booklet_pic	l5.b) Please take a picture of the child
1	172	a4_c_6	g11) Can you specify in which area you are liv...	a4_c_4a_tanga	f10) In what ward are you living?
2	173	a4_c_7	g11.a) Please specify.	a4_c_4b_oth	f11.a) Please specify.
3	174	location_name	Location name	child_lname	Child last name

	row	name	label	name_of_closest_lbl	closest_lbl
4	175	location_type	Location type	m2_5	j8) What type of birth was it?
5	176	location_rurb	Rural or urban	a4_c_4b	f11) In what urban neighborhood / vil
6	205	cp_start		child_lname	Child last name
7	206	cp_start_dec		child_lname	Child last name
8	207	cp_start_disp		child_lname	Child last name
9	218	injection	k5) Did \${child_fname} receive an injection?	vaccine_injection	n21) Did \${child_fname} receive an in
10	219	injection_types	k6) What type of injection was it?	m2_5	j8) What type of birth was it?
11	220	injection_typeso	k6.a) Please specify.	c1_a_11o	i16.a) Please specify.
12	245	paracetamol_route	k14) Please indicate the administration route ...	quinine_route	n16) Please indicate the administratio
13	246	salbutamol_route	k19) Please indicate the administration route ...	quinine_route	n16) Please indicate the administratio
14	267	b2_3	i9) What is the estimated amount of money you ...	a3_a_10	c1) What is the main reason for you t
15	330	i2_1a	l13) What type of referral was it?	i2_1b	o14) What was the name of the referra
16	338	h2_2ayn	l17) Were treatments recorded for \${child_fnam...	child_hfid_yn	m1) Is there a registration number allo
17	340	amoxicillin_hf	Amoxicillin (Amox) OR Clamoxyl OR Bactox OR Al...	amoxicillin	n2) Amoxicillin (Amox) OR Amoxil/A
18	341	penig_hf	Benzylpenicillin OR Benpen	penig	n7) Benzylpenicillin (Benpen) OR Per
19	342	ceftriaxone_hf	Ceftriaxone OR Rocephin	ceftriaxone	n8) Ceftriaxone OR Rocephin
20	343	ciprofloxacin_hf	Ciprofloxacin OR Ciproxin OR Cifran	ciprofloxacin	n9) Ciprofloxacin OR Cipon
21	344	ciprofloxacin_route_hf	Please indicate the administration route of ci...	ciprofloxacin_route	n9.a) Please indicate the administratio
22	345	gentamicin_hf	Gentamicin OR Gentalline	gentamicin	n12) Gentamicin (Genta)
23	346	gentamicin_route_hf	Please indicate the administration route of ge...	gentamicin_route	n12.a) Please indicate the administrat
24	347	metronidazol_hf	Metronidazol OR Flagyl	metronidazol	n11) Flagyl OR Metronidazole (Metro
25	348	metronidazol_route_hf	Please indicate the administration route of Me...	metronidazol_route	n11.a) Please indicate the administrat
26	349	ampicillin_hf	Ampicillin OR Totapen	ampicillin	n4) Ampicillin OR Ampiclox
27	350	azithromycin_hf	Azithromycin OR Zithromax	azithromycin	n5) Azithromycin OR Zithromax
28	351	benzathine_hf	Benzathine benzylpenicillin (benzathine penici...	benzathine	n6) Benzathine benzylpenicillin (benza
29	352	aclav_hf	Co-amoxiclav OR Aclav OR Soclav OR Augmentin	aclav	n3) Amoxicillin + clavulanic acid OR
30	353	cotrimoxazole_hf	Co-trimoxazole OR Septrin OR Bactrim	cotrimoxazole	n10) Cotrimoxazol (CTX / SMX-TME
31	354	antibiotics_hf	l19) Please indicate if any of the following a...	antibiotics	n13) Please indicate if any of the follo
32	355	antimalarials_hf	l20) Please indicate if any of the following a...	antimalarials	n14) Please indicate if any of the follo
33	356	artesunate_route_hf	l20.a) Please indicate the administration rout...	artesunate_route	n15) Please indicate the administratio
34	357	quinine_route_hf	l20.b) Please indicate the administration rout...	quinine_route	n16) Please indicate the administratio
35	358	h2_2a	l21) Please select all the other drugs and tre...	h2_2	n20) Please select all the other treatm
36	359	h2_2ao	l21.a) Please specify.	m3_3o	j21.a) Please specify.
37	360	paracetamol_route_hf	l20) Please indicate the administration route ...	quinine_route	n16) Please indicate the administratio
38	361	salbutamol_route_hf	l25) Please indicate the administration route ...	quinine_route	n16) Please indicate the administratio

	row	name	label	name_of_closest_lbl	closest_lbl
39	393	f2_5	o5) Haemoglobin level (in g/dL)	f2_5dec	r5) Haemoglobin level (in g/dL)

```
f3.detectDeletedQuestions(f4)
```

Table 4: Main Day 0 - Senegal vs. Tanzania - Removed variable names

	row	name	label	name_of_closest_lbl	closest_lbl
0	13	district1	a1) Please select the current district	a3_b_4	c4) Please select the facility of last enrolme...
1	14	fcode	a2) Please select the current facility	a3_b_4	c4) Please select the facility of last enrolme...
2	128	arm	Intervention	a1_a_4a	d7.b) If QR code scanning is not possible, ple...
3	137	contact_start		location_name	Location name
4	138	contact_start_dec		location_name	Location name
...
69	425	c3_3a	s4) Is the TB status recorded?	c3_4	p5) Is the sickle-cell status recorded?
70	427	c3_6a	s6) Are any disabilities recorded?	rxothermain	l10) Are any of the following entries recorded...
71	431	c3_6	s7) What disability is recorded?	g3_1	l11.a) What are the other diagnoses recorded?
72	432	c3_6o	s7.a) Please specify	b2_1o	i7.a) Please specify.
73	435	varia	t1) Any other thing you would like to mention ...	c1_a_11	h16) Anything else prompting you to bring \${ch...

```
major, minor = f3.detectModifiedLabels(f4)
```

```
major
```

Table 5: Main Day 0 - Senegal vs. Tanzania - Variable names with major label modifications

	name	row1	label1	row2	label2
0	a4_c_9a	147	f8) Can you mention the name of your village l...	169	g8) Is there a focal point within the communit...
1	a4_c_9	148	f8.a) Can you mention the name of your balozi ...	170	g9) Can you indicate the name of the focal poi...
2	a4_c_4	149	f9) In what division are you living?	171	g10) In what area / village are you living?
3	referral_note	291	l3) Were you given a paper or record to take w...	216	k3) Do you have a referral note ?
4	h2_1a	296	l6) Did the healthcare provider give you drugs...	221	k7) Did the healthcare provider give you a dru...

	name	row1	label1	row2	label2
5	h2_1b	297	l6.a) Can I take a picture of your drugs/presc...	222	k8) Can I take a picture of your drug prescrip...
6	h2_1c	298	l6.b) Please take a picture of the prescriptio...	223	k9) Please take a picture of the drug prescrip...
7	b1_9	305	m3) What type of visit was it according to the...	211	k1) What type of visit was it?
8	amoxicillin	314	n2) Amoxicillin (Amox) OR Amoxil/Amoxillin DT	225	Amoxicilline (Amox) OU Clamoxyl OU Bactox OU A...
9	aclav	315	n3) Amoxicillin + clavulanic acid OR Amoxiclav...	237	Amoxicilline + Acide Clavulanique (Aclav) OU C...
10	ampicillin	316	n4) Ampicillin OR Ampiclox	234	Ampicilline (Ampi) OU Totapen
11	azithromycin	318	n5) Azithromycin OR Zithromax	235	Azithromycine OU Zithromax
12	benzathine	319	n6) Benzathine benzylpenicillin (benzathine pe...	236	Benzathine-benzylpénicilline OU Extencilline O...
13	penig	320	n7) Benzylpenicillin (Benpen) OR Penicillin G/...	226	Benzylpenicilline OU PéniG
14	ceftriaxone	321	n8) Ceftriaxone OR Rocephin	227	Ceftriaxone OU Rocéphine
15	ciprofloxacin	322	n9) Ciprofloxacin OR Cipon	228	Ciprofloxacin OU Ciproxin OU Cifran
16	cotrimoxazole	324	n10) Cotrimoxazol (CTX / SMX-TMP / CMX) OR Sep...	238	Cotrimoxazol (Cotri/Cotrim) OU Bactrim
17	metronidazol	325	n11) Flagyl OR Metronidazole (Metro)	232	Metronidazole OU Flagyl
18	gentamicin	327	n12) Gentamicin (Genta)	230	Gentamicine OU Gentalline
19	antibiotics	329	n13) Please indicate if any of the following a...	239	k11) Please indicate if any of the following a...
20	antimalarials	330	n14) Please indicate if any of the following a...	240	k12) Please indicate if any of the following a...
21	h2_2	336	n20) Please select all the other treatments th...	243	k13) Please select all the other drugs/treatme...
22	rxsevere	345	o2) Severe disease / severe febrile disease	305	l2) Severe disease / severe febrile disease / ...
23	e2_2a	380	p4) SpO2 value	370	m4) SpO2 value (in %)
24	f2_10a	409	r6a) Choose the unit of Blood glucose value	395	o6) Blood glucose value (in mg/dL)

minor

Table 6: Main Day 0 - Senegal vs. Tanzania - Variable names with minor label modifications

	name	row1	label1	row2	label2
0	dobk	20	b1) Do you know the date of birth of the child?	14	a1) Do you know the date of birth of the child?
1	a3_a_7	24	b2) What is the exact date of birth of the child?	18	a2) What is the exact date of birth of the child?
2	a3_a_4	34	b3) What are the year and month of birth of th...	28	a3) What are the year and month of birth of th...
3	yob	35	b4) What is the year of birth of the child?	29	a4) What is the year of birth of the child?
4	quarter	36	b5) Can you further specify in what quarter of...	30	a5) Can you further specify in what quarter of...
...
118	d2_3b	396	q6.a) WFA z-score	385	n6.a) WFA z-score

	name	row1	label1	row2	label2
119	f2_1	400	r1) What type of laboratory tests were ordered...	388	o1) What type of laboratory tests were ordered...
120	f2_1o	401	r1.a) Please specify	389	o1.a) Please specify
121	f2_3	404	r3) Malaria test result	391	o3) Malaria test result
122	c3_4	426	s5) Is the sickle-cell status recorded?	397	p5) Is the sickle-cell status recorded?

`f3.detectModifiedTypes(f4)`

Table 7: Main Day 0 - Senegal vs. Tanzania - Variable names with type modifications

	name	row1	type1	row2	type2
0	a3_a_11	74	select_one YESNO_FULL	68	select_one YESNO_UNKN
1	a3_c_3a	86	select_one YESNO_DECL	80	select_one YESNO
2	ado_mother	89	select_one YESNO_UNKN	83	select_one YESNO
3	a4_a_10	142	text	164	integer
4	a4_c_10	145	text	167	integer
5	a4_c_4	149	select_one_from_file divisions.csv	171	select_one_from_file areas_villages.csv
6	a4_c_12	188	text	153	integer
7	referral_note	291	select_one YESNO	216	select_one YESNO_DECL
8	antibiotics	329	select_multiple ANTIMICROBIALS	239	select_multiple ANTIBIOTICS
9	vaccine_injection	338	select_one YESNO	247	select_one YESNO_FULL
10	d2_6b	386	decimal	375	text
11	f2_10a	409	select_one Blood_Glucose_unit	395	integer

Inter-form tests

`f3.detectAddedQuestions(f1)`

Table 8: Tanzania - Main Day 0 vs. SPA exit interview - Added variable names

	row	name	label	name_of_closest_lbl	closest_lbl	match
0	15	fname	Facility name	b1_1a	i5) What is the name of the facility \${child_f...	0.601
1	17	ccode	Country code	former_timci_id2	d2.b) If QR code scanning is not possible, ple...	0.525
2	26	i4_1	e1) Did the provider refer the child?	provider_name	I8) Name of the provider who has seen the child	0.587
3	27	h4_1	e2) Did the provider give or prescribe any med...	h2_1a	l6) Did the healthcare provider give you drugs...	0.582
4	28	g5_1	e3) Did the provider tell you what illness you...	provider_name	I8) Name of the provider who has seen the child	0.563
5	33	i4_2	f1) When do you need to complete the referral?	referral_note	l3) Were you given a paper or record to take w...	0.601
6	34	i4_5	f3) Were you told <u>why</u> to go?	a4_a_10a	f3) Is there a phone number at which you can b...	0.501
7	35	i4_4	f4) Were you told <u>where</u> to go?	referral_note	l3) Were you given a paper or record to take w...	0.500
8	36	i4_4o	f4.a) Please specify.	m2_1o	j1.a) Please specify.	0.671
9	37	i4_6	f5) What do you intend to do now?	a3_c_3a	c5) Do you know your age in years ?	0.531
10	38	i4_6o	f5.a) Please specify what you intend to do.	a4_a_11o	f5.a) Please specify.	0.667
11	39	i4_6a	f6) What type of facility will you go to?	b1_2a	i3) You mentioned that you went to another hea...	0.580
12	40	i4_6b	f7) Where will you look for treatment?	b1_2b	i7) You mentioned that you sought care / treat...	0.538
13	41	i4_6c	f8) Who will you ask for advice?	j2_1	o15) Was a follow-up visit advice recorded for...	0.526
14	42	i4_6co	f8.a) Please specify.	b1_4o	i8.a) Please specify.	0.726
15	47	h4_3	g2) Did the provider explain to you how to giv...	b2_2	i10) How long did it take you to travel from y...	0.557
16	48	h4_4	g3) How confident do you feel in how much of t...	m2_7a	j13) At how many weeks of pregnancy did you gi...	0.544
17	53	j4_2	h1) Were you informed of signs / symptoms that...	a3_a_10	c1) What is the main reason for you to bring t...	0.579
18	54	j4_2a	h1.a) Can you specify these signs and symptoms?	f2_1o	r1.a) Please specify	0.541
19	55	j4_1	h2) What do you intend to do if the sick child...	sym_no_appetite	i7) Completely unable to eat or drink	0.543
20	56	j4_1d	h2.a) Can you specify what you will do?	i2_1a1_cgo	l2.a) Please specify	0.560
21	57	j4_1a	h3) What type of facility will you go to?	b1_2a	i3) You mentioned that you went to another hea...	0.583
22	58	j4_1b	h4) Where will you look for treatment?	b1_2b	i7) You mentioned that you sought care / treat...	0.535
23	59	j4_1c	h5) Who will you ask for advice?	j2_1	o15) Was a follow-up visit advice recorded for...	0.529
24	60	h4_6	h6) Were you given general information or advi...	m2_9	j17) How many months did you breastfeed with a...	0.597
25	66	e4_2	c2) Can you explain to me why this device was ...	e4_1	l7) Did the provider use the device that is re...	0.518
26	67	e4_3	c3) Did the provider explain to you the result...	e4_1	l7) Did the provider use the device that is re...	0.596
27	72	k2_1	d1) Did the provider use a tablet like this on...	e4_1	l7) Did the provider use the device that is re...	0.628
28	73	k2_2	d2) Did the provider explain to you why he was...	e4_1	l7) Did the provider use the device that is re...	0.533
29	74	k2_2a	d3) Was the explanation given to you only or a...	a3_a_10	c1) What is the main reason for you to bring t...	0.542
30	75	k2_3	d4) How did you feel with the fact that the pr...	e4_1	l7) Did the provider use the device that is re...	0.631
31	80	l3_1	i1) How do you feel overall with the service y...	a3_a_10	c1) What is the main reason for you to bring t...	0.565
32	81	l3_2	i2) Did you feel the provider treated you and ...	provider_name	I8) Name of the provider who has seen the child	0.552

	row	name	label	name_of_closest_lbl	closest_lbl	match
33	82	l3_3	i3) Did you find the provider was kind to you?	provider_name	I8) Name of the provider who has seen the child	0.534
34	83	l3_4	i4) Did you find the provider showed concern a...	provider_name	I8) Name of the provider who has seen the child	0.517
35	84	l3_5	i5) Did the provider speak in a language you u...	provider_name	I8) Name of the provider who has seen the child	0.519
36	85	l3_6	i6) Was the service delayed or were you kept w...	referral_note	l3) Were you given a paper or record to take w...	0.522
37	86	l3_7	i7) Would you recommend this facility to a fri...	b1_2a	i3) You mentioned that you went to another hea...	0.527
38	91	b1_7	j1) Is this facility the closest health facili...	b1_2a	i3) You mentioned that you went to another hea...	0.595
39	92	b1_8	j2) What is the main reason for you to choose ...	a3_a_10	c1) What is the main reason for you to bring t...	0.653
40	93	b1_8o	j2.a) Please specify.	a4_c_4c_oth	f12.a) Please specify.	0.704
41	94	b2_10	j3) Did you miss work to bring the child to th...	a3_a_10	c1) What is the main reason for you to bring t...	0.670
42	95	b2_10a	j4) How many work days did you miss as the res...	j2_1c	o16) In how many days should the follow-up vis...	0.541
43	96	b2_9a	j5) Did you pay for something at the facility ...	a3_a_10	c1) What is the main reason for you to bring t...	0.597
44	97	b2_9b	j6) What did you pay for?	m2_3	j6) Does \${child_fname} have a twin?	0.510
45	98	b2_9c	j6.a) Please specify 'Other'.	c1_a_11o	i16.a) Please specify.	0.589
46	99	b2_4a	j7) Can you specify the estimated amount you p...	child_hfid	m2) Please enter the registration number alloc...	0.558
47	100	b2_5a	j8) Can you specify the estimated amount you p...	e4_1	l7) Did the provider use the device that is re...	0.542
48	101	b2_6a	j9) Can you specify the estimated amount you p...	f2_1	r1) What type of laboratory tests were ordered...	0.531
49	102	b2_7	j10) Can you specify the estimated amount of m...	b1_2b	i7) You mentioned that you sought care / treat...	0.530
50	103	b2_8	j11) Do you intend to buy some medicines outsi...	a3_a_10	c1) What is the main reason for you to bring t...	0.531
51	109	m3_1b	j19) Who is the head of your household?	m3_5	k20) What type of stove do you use for cooking...	0.568

`f3.detectDeletedQuestions(f1)`

Table 9: Tanzania - Main Day 0 vs. SPA exit interview - Removed variable names

	row	name	label	name_of_closest_lbl	closest_lbl
0	5	start_geopoint		fname	Facility name
1	6	screening_id	Screening ID	a1_a_4a	b1.b) If QR code scanning is not possible, ple...
2	13	district1	a1) Please select the current district	b1_4	a1) Please select the current district
3	20	dobk	b1) Do you know the date of birth of the child?	k2_3	d4) How did you feel with the fact that the pr...
4	21	screening_start		fname	Facility name
...
302	429	report_end_dec		fname	Facility name
303	430	report_end_disp		fname	Facility name

	row	name	label	name_of_closest_lbl	closest_lbl
304	431	c3_6	s7) What disability is recorded?	fname	Facility name
305	432	c3_6o	s7.a) Please specify	b1_8o	j2.a) Please specify.
306	435	varia	t1) Any other thing you would like to mention ...	k2_1	d1) Did the provider use a tablet like this on...

```
f3.detectSimilarLabels(f1)
```

	row1	name1	label1	type1	row2	name2	label2
0	13	district1	a1) Please select the current district	select_one_from_file districts.csv	11	b1_4	a1)
1	14	fcode	a2) Please select the current facility	select_one_from_file facilities.csv	12	fcode	a2)
9	128	arm	Intervention	calculate	16	arm	Inte
27	269	m3_6	j24) Where is the household's main source of d...	select_one WATER_SRC_LOC	113	m3_6	j24)
28	270	m3_7	j25) How much time does it take to the househo...	select_one TIME_2_SRC_LOC	114	m3_7	j25)
29	271	m3_3	j21) What type of toilet is the main toilet do...	select_one MAIN_TOILET	110	m3_3	j21)
30	272	m3_3o	j21.a) Please specify.	text	111	m3_3o	j21.a)
31	273	m3_4	j22) Is this toilet shared with another househ...	select_one YESNO_DECL	112	m3_4	j22)
32	274	m3_8a	j26) What type of floor do you have at home?	select_one FLOOR_TYPES	115	m3_8a	j26)
33	275	m3_9a	j27) What type of roof do you have at home ?	select_one ROOF_TYPES	116	m3_9a	j27)
40	299	e4_1	l7) Did the provider use the device that is re...	select_one YESNO_FULL	65	e4_1	c1)
5	98	former_timci_id2	d2.b) If QR code scanning is not possible, ple...	text	21	a1_a_4a	b1.
8	122	a1_a_4a	e2.b) If QR code scanning is not possible, ple...	text	21	a1_a_4a	b1.
4	97	former_timci_id1	d2.a) Please scan the participant's QR code	barcode	20	a1_a_4	b1.a
22	233	b1_4o	i8.a) Please specify.	text	42	i4_6co	f8.a
24	246	m2_1o	j1.a) Please specify.	text	111	m3_3o	j21.a
14	161	a4_c_4c_oth	f12.a) Please specify.	text	93	b1_8o	j2.a
13	158	a4_c_4b_oth	f11.a) Please specify.	text	111	m3_3o	j21.a
25	250	m1_1o	j3.a) Please specify.	text	93	b1_8o	j2.a
10	144	a4_a_11o	f5.a) Please specify.	text	93	b1_8o	j2.a
2	70	a3_a_10	c1) What is the main reason for you to bring t...	select_one VISIT_REASONS	94	b2_10	j3)
23	236	b2_1o	i9.a) Please specify.	text	93	b1_8o	j2.a
19	226	b2_2a_o	i3.a) Please specify.	text	93	b1_8o	j2.a
21	231	b2_2b_o	i7.a) Please specify.	text	93	b1_8o	j2.a
11	150	a4_c_4_oth	f9.a) Please specify.	text	93	b1_8o	j2.a
35	290	i2_1a1_cgo	l2.a) Please specify	text	93	b1_8o	j2.a

	row1	name1	label1	type1		row2	name2	label2
42	317	ampicillin_spec	n4.a) Please specify	select_one	AMPICILLIN_DETAILS	36	i4_4o	f4.a
17	217	c1_a_11o	i16.a) Please specify.	text		93	b1_8o	j2.a
12	155	a4_c_4a_oth	f10.a) Please specify.	text		93	b1_8o	j2.a
47	370	i2_1o	o14.a) Please specify	text		36	i4_4o	f4.a
48	401	f2_1o	r1.a) Please specify	text		111	m3_3o	j21.
43	337	h2_2o	n20.a) Please specify.	text		93	b1_8o	j2.a
34	280	m3_5o	k20.a) Please specify.	text		93	b1_8o	j2.a
3	81	a3_c_1o	c3.a) Please specify	text		93	b1_8o	j2.a
49	432	c3_6o	s7.a) Please specify	text		93	b1_8o	j2.a
45	368	i2_1a1o	o13.a) Please specify	text		93	b1_8o	j2.a
36	291	referral_note	l3) Were you given a paper or record to take w...	select_one	YESNO	33	i4_2	f1)
20	228	b1_1a	i5) What is the name of the facility \${child_f...	text		15	fname	Fac
16	216	c1_a_11	i16) Anything else prompting you to bring \${ch...	select_multiple	OTHER_SYMPTOMS	94	b2_10	j3)
26	265	m2_9	j17) How many months did you breastfeed with a...	integer		60	h4_6	h6)
7	121	a1_a_4	e2.a) Please scan the TIMCI QR code	barcode		20	a1_a_4	b1.a
46	369	i2_1b	o14) What was the name of the referral facility?	select_one_from_file	referral_facilities.csv	15	fname	Fac
18	225	b1_2a	i3) You mentioned that you went to another hea...	select_multiple	OTHER_CARE_DETAILS	91	b1_7	j1)
6	100	a3_b_4	d4) Please select the facility of last enrolme...	select_one_from_file	facilities.csv	12	fcode	a2)
39	298	h2_1c	l6.b) Please take a picture of the prescriptio...	image		65	e4_1	c1)
44	364	g3_1o	o11.b) Please specify	text		111	m3_3o	j21.
41	300	provider_name	I8) Name of the provider who has seen the child	text		26	i4_1	e1)
38	296	h2_1a	l6) Did the healthcare provider give you drugs...	select_one	YESNO_DECL	27	h4_1	e2)
15	203	sym_less_appetite	i6) Eating or breastfeeding less than usual	select_one	YESNO_UNKN	60	h4_6	h6)
37	295	booklet_pic	l5.b) Please take a picture of the child bookl...	image		65	e4_1	c1)

Test for choices

```
#choices_df["list_name"].dropna().unique()
```