1. What is the most important goal of mass drug administrations (MDAs) with azithromycin for trachoma?
   a) CONTROL (reduction of infection to an acceptable level; requires continued intervention)
   b) LOCAL ELIMINATION (reduction of infection to zero in a defined geographical area; requires continued measures to prevent re-establishment of transmission)
   c) GLOBAL ERADICATION (permanent reduction of infection to zero worldwide, not requiring any further intervention)

2. Is drug resistance a challenge to ELIMINATION / ERADICATION...
   ...for trachoma itself?
   a) Yes
   b) No
   ...for infections unrelated to trachoma?
   a) Yes
   b) No

3. Please select which situation below would MINIMIZE drug resistance for trachoma:
   a) Repeated annual mass treatment of the entire community at the same single time point each year, with very high drug coverage
   b) Use of the same number of doses of drug as above, but distributed evenly throughout the year
   c) Use of the same number of doses as the drug above, but treating quarterly for a reduced number of years
   d) Both options above will result in similar amounts of resistance

4. When will GLOBAL ERADICATION of trachoma occur?
   a) 2015
   b) 2020
   c) 2030
   d) 2040
   e) 2050
   f) 2060
   g) After 2060
   h) Eradication is not possible

5. How sure are you of this estimate regarding GLOBAL ERADICATION?
   a) Very certain (within a range of 5 years)
   b) Fairly certain (within a range of 10 years)
   c) Somewhat certain (within a range of 20 years)
   d) Not very certain (within a range of 30 years)
   e) Not certain at all (within a range of 40 years)

6. What is the biggest obstacle to GLOBALLY ERADICATING trachoma?
   a) Lack of resources
   b) Ineffective treatment/interventions
   c) Antimicrobial resistance
   d) Community awareness/involvement
   e) Politics/war
   f) Lack of surveillance tools to declare eradication
   g) Other
7. If a district has a TF prevalence of 15% and mass drug administration with azithromycin is stopped in that district, what is your best guess of TF prevalence 3 years after treatment is stopped?
   a) Trachoma will be controlled (<5%)
   b) Reduced but control will not be achieved (5-14%)
   c) Essentially unchanged (~15%)
   d) Moderately increased (16-20%)
   e) Greatly increased (>20%)

8. How certain are you in your answer to the previous question?
   a) Very certain (within a range of ~1%)
   b) Fairly certain (within a range of ~3%)
   c) Somewhat certain (within a range of ~5%)
   d) Not very certain (within a range of ~10%)
   e) Not certain at all (within a range of ~25%)

9. Is your work related to trachoma (or other NTDs) focused on... (select all that apply)
   a. Research
   b. Programmatic
   c. Policymaking
   d. Other

10. Please select your degree. (Select all that apply.)
    e. MD or equivalent
    f. PhD or equivalent
    g. MPH or equivalent
    h. Other Masters
    i. Bachelors or equivalent
    j. Other
    k. Other (please specify)

11. Where do you conduct your work related to trachoma (or other NTDs if trachoma is not your primary focus)? (Select all that apply.)
    l. Sub-Saharan Africa
    m. North Africa/Middle East
    n. East/Southeast Asia
    o. South Asia
    p. Central Asia
    q. Australia
    r. Europe
    s. South America
    t. North America