Healthcare and Services in Your Local Area (General Population)

1. This survey will ask about healthcare and services in your local area. (SELECT_ONE)
   - Continue

2. On average, in the last six months, how many members usually live in your household counting yourself? (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
   - 20 or more

3. During December-February, did you have a need to see a health provider? (SELECT_ONE)
   - Yes
   - No

4. What health condition(s) required you to see a health provider during December - February? (SELECT_MANY)
   - Preventive or routine care
   - Heart disease
   - Stroke
   - Cancer
   - Diabetes
   - Kidney disease
   - Asthma
   - Tuberculosis
   - COVID-19
   - Pneumonia

   - Other Lung disease
   - HIV
   - Malaria
   - Liver disease
   - Depression,
   - anxiety or other mental health
   - Injury
   - Hearing or vision problems
   - Bone, joint or other muscle problems
   - Sexual and reproductive health
   - Alcohol or drug problems
   - High cholesterol
   - High blood pressure
   - Other

5. What other health condition required you to see a health provider during December-February?
   - Text

6. Were you able to see a health provider during December - February? (SELECT_ONE)
   - Yes
   - No

7. Where did you see a health provider between February - December? (SELECT_MANY)
8. Where else did you see a health provider between December - February?
   - Text

9. How many times did you see a healthcare provider during December - February?
   (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 or more

10. What was the reason you were not able to see a health provider during December-February? (SELECT_ONE)
    - Health facility closed
    - Turned away from health facility
    - Treatment or tests unavailable
    - No transportation
    - Lack of money
    - Partner or family does not approve
    - Other
    - Decline to respond

11. Specify the other reason you were not able to see a health provider.
    - Text

12. Since March, did you have a need to see a health provider? (SELECT_ONE)
    - Yes
    - No

13. What health condition(s) required you to see a health provider since March?
    (SELECT_MANY)
    - Preventive or routine care
    - Heart disease
    - Stroke
    - Cancer
    - Diabetes
    - Kidney disease
    - Asthma
    - Tuberculosis
    - COVID-19
    - Pneumonia
    - Other Lung disease
    - HIV
    - Malaria
    - Liver disease
    - Depression, anxiety or other mental health
    - Injury
    - Hearing or vision problems
    - Bone, joint or other muscle problems
14. Specify the other condition that required you to see a health provider since March.
   - Text

15. Were you able to see a health provider since March? (SELECT_ONE)
   - Yes
   - I saw a provider during this time, but not every time I needed one
   - No

16. Where did you see a health provider since March? (SELECT_MANY)
   - Health facility
   - At my home
   - Online
   - Other

17. Where else did you see the healthcare provider since March?
   - Text

18. How many times did you see a healthcare provider since March? (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 or more

19. What was the reason you were not able to see a health provider since March? (SELECT_ONE)
   - Health facility closed
   - Turned away from health facility
   - Treatment or tests unavailable
   - No transportation
   - Lack of money
   - Partner or family does not approve
   - Other
   - Decline to respond

20. For what other reason were you not able to see a health provider since March?
   - Text

21. In the last 6 months, did you have a health condition that required you to take medication? (SELECT_ONE)
   - Yes
22. What health condition(s) did you require medication for in the past six months? (SELECT_MANY)
- Preventive or routine care
- Heart disease
- Stroke
- Cancer
- Diabetes
- Kidney disease
- Asthma
- Tuberculosis
- COVID-19
- Pneumonia
- Other Lung disease
- HIV
- Malaria
- Liver disease
- Depression, anxiety or other mental health
- Injury
- Hearing or vision problems
- Bone, joint or other muscle problems
- Sexual and reproductive health
- Alcohol or drug problems
- High cholesterol
- High blood pressure
- Other

23. During December-February, did you miss any doses of medication? (SELECT_ONE)
- Yes
- No
- I don’t know

24. On average during a week, how many doses did you miss December - February? (SELECT_ONE)
- Less than once a week
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

25. What was the reason you missed a dose of your medication December - February? (SELECT_MANY)
- Health facility or pharmacy was closed
- Turned away from health facility or pharmacy
- Medication unavailable at facility
- No transportation
- Lack of money
- Partner or family does not approve
- Forgot to take
- Other
- Decline to respond

26. What was the other reason you missed a dose of your medication during December - February?
27. Since March, did you miss any doses of medication? (SELECT_ONE)
   - Yes
   - No

28. On average during a week, how many doses did you miss since March? (SELECT_ONE)
   - Less than once a week - 6
   - 1 - 7
   - 2 - 8
   - 3 - 9
   - 4 - 10 or more
   - 5

29. What was the reason you missed a dose of your medication since March? (SELECT_MANY)
   - Health facility or pharmacy was closed
   - Turned away from health facility or pharmacy
   - Medication unavailable at facility
   - No transportation
   - Lack of money
   - Partner or family does not approve
   - Forgot to take
   - Other
   - Decline to respond

30. What was the other reason you missed a dose of your medication since March?
    - Text

31. Last week, did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour? (SELECT_ONE)
    - Yes
    - No

32. Were you working during December-February? (SELECT_ONE)
    - Yes
    - No

33. What was the main reason you stopped working? (SELECT_ONE)
    - Business / office closed
    - Laid off while business continues
    - Furlough (temporarily laid off)
    - Vacation | Ill or quarantined
    - Need to care for ill relative
    - Seasonal worker
34. What was the other reason you stopped working?
   - Text

35. During December-February, what was your personal average income in a month?
   - Number

36. Since March, what was your personal average income in a month?
   - Number