

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
 - I saw a provider during this time, but not every time I needed one
 - No

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

- Health facility
 - At my home
 - Online
 - Other
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



- Sexual and reproductive health
- Alcohol or drug problems
- High blood pressure
- High cholesterol
- Other

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

- No

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?



- Text
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
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 or more
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



- Retired
- Not able to go to work due to government mandated movement restrictions
- To avoid exposure to COVID-19
- Other

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