Malaria in Your Local Area

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

2. On average, in the last 6 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. Does your household have any insecticide treated bednets? (SELECT_ONE)
   - Yes | No

4. How many insecticide treated bednets does your household have? (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 or more

5. During December-February, how many insecticide treated bednets did anyone in your household receive or purchase? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5 or more

6. Since March, how many insecticide treated bednets has anyone in your household received or purchased? (SELECT_ONE)
7. Did everyone in your household sleep under a bednet last night? (SELECT_ONE)
   - Yes
   - No

8. How many people in your household did not sleep under a net last night? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5 or more

9. What is the most number of people sleeping under a single net at the same time? (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5 or more

10. During December-February did you experience symptoms of malaria? (SELECT_ONE)
    - Yes
    - No

11. Were you able to see a health provider during December - February for these symptoms? (SELECT_ONE)
    - Yes
    - I saw a provider during this time, but not every time I needed one
    - No
12. How many times did you see a healthcare provider for these symptoms during December - February? (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5 or more

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

14. Specify the other reason you were not able to see a health provider during December-February.
   - Text

15. When you saw a health provider, were you tested for malaria? (SELECT_ONE)
   - Yes
   - No

16. What was the result of your malaria test? (SELECT_ONE)
   - Positive malaria
   - Negative malaria
   - Other result
   - Don’t know
   - Decline to respond

17. To treat the malaria, did you take any medicine? (SELECT_ONE)
18. What medication did you take? (SELECT_MANY)
   - Chloroquine
   - Primaquine
   - Artemisinin combination therapy (ACT)
   - SP/ Fansidar
   - Amodiaquine
   - Quinine pills
   - Quinine injection/ IV
   - Artesunate rectal
   - Artesunate injection/IV
   - Do not know the name
   - Other

19. Specify the other medication that you took (TEXT)
   - None

20. Why did you not take any medication? (SELECT_ONE)
   - Did not want to
   - Fear of side effects
   - Health facility closed
   - Turned away from health facility
   - Medication unavailable
   - No transportation
   - Lack of money
   - Partner or family does not approve
   - Other
   - Decline to respond

21. Specify the other reason you did not take medication.
   - Text

22. Since March did you experience symptoms of malaria? (SELECT_ONE)
   - Yes
23. Were you able to see a health provider since March for these symptoms? (SELECT_ONE)
   - Yes
   - I saw a provider during this time, but not every time I needed one
   - No

24. How many times did you see a healthcare provider for these symptoms since March? (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5 or more

25. What was the reason you were not able to see a health provider since March? (SELECT_ONE)
   - I did not seek medical help
   - Health facility closed
   - Turned away from health facility
   - Treatment or tests unavailable
   - No transportation
   - Lack of money
   - Unable to access due to lockdown restrictions
   - Fear of being infected with COVID-19
   - Partner or family does not approve
   - Other
   - Decline to respond

26. What was the other reason you were not able to see a health provider since March?
   - Text

27. When you recently saw a health provider, were you tested for malaria? (SELECT_ONE)
   - Yes
   - No
28. What was the result of your recent malaria test? (SELECT_ONE)
   - Positive malaria
   - Negative malaria
   - Other result
   - Don’t know
   - Decline to respond

29. Since March, to treat the malaria, did you take any medicine? (SELECT_ONE)
   - Yes
   - No

30. What medication did you take since March? (SELECT_MANY)
   - Chloroquine
   - Primaquine
   - Artemisinin combination therapy (ACT)
   - SP/ Fansidar
   - Amodiaquine
   - Quinine pills
   - Quinine injection/ IV
   - Artesunate rectal
   - Artesunate injection/IV
   - Do not know the name
   - Other

31. Specify the other medication that you took.
   - Text

32. Why did you not obtain or take medication since March? (SELECT_ONE)
   - Did not want to
   - Fear of side effects
   - Medication not available at facility
   - Medication not available at pharmacy
   - Medication not available from community health worker
   - Health facility closed
   - Turned away from health facility
   - No transportation
- Lack of money
- Unable to access due to lockdown restrictions
- Fear of being infected with COVID-19
- Partner or family does not approve
- Other
- Decline to respond

33. Why else did you not obtain or take medication since March?
   - Text