

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)

- 0
 - 1
 - 2
 - 3
 - 4
 - 5 or more
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)



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- Yes
- No

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

- No

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



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- 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