

5. Do you think malaria can kill you, if it is untreated?

- (1) Yes
- (2) No
- (3) Don't know

6. What are the most vulnerable groups to malaria infection? **Please tick all that apply.**

- (1) Under 5 years old
- (2) Between 5 and 18 years old
- (3) Between 19 and 49 years old
- (4) 50 years old or over
- (5) Pregnant women
- (6) Don't know

7. What information would you like to get about malaria? **Please tick all that apply.**

- (1) Information on treatment
- (2) Information on malaria control
- (3) Information on malaria prevention
- (4) Nature of the disease
- (5) Other (specify) .....

8. Do you think malaria can be prevented? **Please tick only one.**

- (1) Yes, easily possible → please go to **Question 9**
- (2) Yes, but very difficult → please go to **Question 9**
- (3) No, impossible → please go to **Question 11**
- (4) Don't know → please go to **Question 15**

9. What **personal protective measures** do you use to prevent malaria infection at your house?

**Please tick all that apply.**

- (1) Use repellents
- (2) Use mosquito coil
- (3) Use insecticide spray
- (4) Burn cow dung/ leaves
- (5) Close windows and doors
- (6) Gauze wired in windows
- (7) Taking herbal or biomedicine regularly
- (8) Use treated mosquito nets
- (9) Wear long sleeves and trousers
- (10) Other (specify) .....
- (11) Do nothing

10. What have you done to control malaria in your village? **Please answer 5 items one by one.**

(1) Clear vegetation for compound to be open

(1. Regularly    2. Sometimes    3. Never)

(2) Drain stagnant water

(1. Regularly    2. Sometimes    3. Never)

(3) Keep compound clean and built latrines

(1. Regularly    2. Sometimes    3. Never)

(4) Take antimalarial drugs

(1. Regularly    2. Sometimes    3. Never)

(5) Other (specify) .....

(1. Regularly    2. Sometimes    3. Never)

→ **Please skip to Question 12.**

11. Why do you think malaria cannot be prevented? **Please tick all that apply.**

- (1) Malaria is a God given fact of life
- (2) Impossible to kill all the mosquitoes
- (3) People cannot afford prevention and treatment
- (4) People do not take preventive measures
- (5) Malaria multiplies fast and can't be stopped
- (6) Don't know

12. Do you have mosquito bed nets in your household? **Please tick only one.**

- (1) Yes → please go to **Question 13**
- (2) No → please skip to **Question 15**
- (3) Don't know → please go to **Question 15**

13. How many bednets are available in your household?

- ..... **treated** bednets (ITNs)
- ..... **untreated** bednets

14. Who slept under bednets in your household last night? **Please tick all that apply.**

- (1) Household head
- (2) Wife of household head, pregnant
- (3) Wife of household head, non pregnant
- (4) Other adult family member
- (5) Children between 5 and 18 years old
- (6) Children under 5 years old
- (7) Other (specify) .....
- (8) Don't know

Next I would like to ask you a few questions about treatment seeking behavior when you/  
your family become sick.

15. With which symptoms presented do you seek treatment outside home **for yourself?** Please  
answer about yourself.

Symptoms	Yourself		
	1. Always	2. Sometimes	3. Never
a. Fever	1. Always	2. Sometimes	3. Never
b. Cough/ Sore throat/ Running nose	1. Always	2. Sometimes	3. Never
c. Headache	1. Always	2. Sometimes	3. Never
d. Difficulty breathing/ fast breathing	1. Always	2. Sometimes	3. Never
e. Diarrhea	1. Always	2. Sometimes	3. Never
f. Vomiting	1. Always	2. Sometimes	3. Never

16. With which symptoms presented do you seek treatment outside **for your children?** Please  
answer about your children.

Symptoms	Children under 18 years old		
	1. Always	2. Sometimes	3. Never
a. Fever	1. Always	2. Sometimes	3. Never
b. Cough/ Sore throat/ Running nose	1. Always	2. Sometimes	3. Never
c. Headache	1. Always	2. Sometimes	3. Never
d. Difficulty breathing/ fast breathing	1. Always	2. Sometimes	3. Never
e. Diarrhea	1. Always	2. Sometimes	3. Never
f. Vomiting	1. Always	2. Sometimes	3. Never

17. What is **the biggest factor** that makes you decide to seek treatment outside home? **Please tick only one.**

- (1) Treatment cost (cheap/ free of charge)
- (2) Disease severity
- (3) Distance from the nearest health provider
- (4) Other (specify) .....

**Next I would like to ask you various questions about treatment-seeking behavior of your/ your family's most recent fever episode.**

18. Who in your household most recently suffered from fever? **Please tick only one.**

- (1) Yourself
- (2) Your spouse
- (3) Child (.....years old)
- (4) Other family member (specify) .....

19. When was the most recent fever episode?

.....days ago



20. Did you/ your family have symptoms **other than fever** during most recent fever episode?

**Please answer each item one by one.**

**Symptoms**

- |                           |         |        |
|---------------------------|---------|--------|
| (1) Cried all the time    | (1. Yes | 2. No) |
| (2) Stopped playing       | (1. Yes | 2. No) |
| (3) Abdominal pain        | (1. Yes | 2. No) |
| (4) Agitation             | (1. Yes | 2. No) |
| (5) Shivering             | (1. Yes | 2. No) |
| (6) Loss of consciousness | (1. Yes | 2. No) |
| (7) Confusion             | (1. Yes | 2. No) |
| (8) Convulsions           | (1. Yes | 2. No) |
| (9) General aches/ pains  | (1. Yes | 2. No) |
| (10) Headache             | (1. Yes | 2. No) |
| (11) Jaundice             | (1. Yes | 2. No) |
| (12) Much vomits          | (1. Yes | 2. No) |
| (13) Urine dark colored   | (1. Yes | 2. No) |
| (14) Pale color           | (1. Yes | 2. No) |
| (15) Sweating             | (1. Yes | 2. No) |

- (16) Unable to work (1. Yes 2. No)
- (17) Cough/ Difficult breathing (1. Yes 2. No)
- (18) Other (specify)..... (1. Yes 2. No)
- (19) Don't know

21. During your/ your family's most recent fever episode, did you/ your family seek treatment outside home? **Please tick only one.**

- (1) Yes → please go to **Question 22**
- (2) No → please skip to **Question 42**
- (3) Don't know → please skip to **Question 44**

22. Where, outside home, did you/ your family **first** seek advice/ treatment? **Please tick only**

**one.**

- (1) Traditional healer
- (2) Regional hospital
- (3) Governmental health center
- (4) Village Malaria Worker/ Community Health Worker
- (5) Private clinic/ practitioner
- (6) Private pharmacy
- (7) Drug seller
- (8) NGO clinic or hospital
- (9) Friend/ Neighbor
- (10) Other (specify) .....

23. What are the reasons for the **first provider preference**? Please tick all that apply.

- (1) Quality of treatment provided
- (2) Experience of health provider
- (3) Provider is polite
- (4) Good equipment
- (5) Treatment being cheap
- (6) Provider is nearby
- (7) Others (specify) .....

24. Who made a decision to visit the first provider you answered? Please tick **only one**.

- (1) Patient himself/ herself
- (2) Patient's father
- (3) Patient's mother
- (4) Patient's child
- (5) Others (specify) .....

25. How long after the fever started did you/ your family **first** receive treatment? **Please tick**

**only one.**

- (1) Same day
- (2) Next day
- (3) 2 days after the illness started
- (4) 3 or more days after the illness started
- (5) Don't know / don't remember

26. Did the person who had fever most recently have a blood test for malaria? **Please tick only**

**one.**

- (1) Yes, dipstick. → please go to **Question 27**
- (2) Yes, slide. → please go to **Question 27**
- (3) Yes, but I don't know/ remember which one. → please go to **Question 27**
- (4) No → please skip to **Question 29**
- (5) Don't know/ don't remember → please skip to **Question 29**

27. Where did you/ your family get the blood test?

- (1) Private clinic/practitioner
- (2) Village Malaria Worker/ Community Health Worker
- (3) Regional hospital
- (4) Government health center
- (5) NGO clinic or hospital
- (6) Other (specify) .....

28. What was the result of blood test? **Please tick only one.**

- (1) Negative → please skip to **Question 31**
- (2) Positive → please skip to **Question 31**
- (3) Don't know/ don't remember → please skip to **Question 31**

29. Were you/ your family diagnosed as malaria? **Please tick only one.**

- (1) Yes → please go to **Question 31**
- (2) No → please go to **Question 30**
- (3) Impossible to diagnose → please go to **Question 31**
- (4) Don't know/ don't remember → please go to **Question 31**

30. How was the fever diagnosed?

.....

31. Did you/ your family take any antimalarial drugs? **Please tick only one.**

- (1) Yes → please go to **Question 32**
- (2) No → please skip to **Question 43**
- (3) Don't know/ don't remember → please skip to **Question 44**

32. Did you/your family already have the antimalarial drugs at home? **Please tick only one.**

- (1) Yes → please go to **Question 33**
- (2) No → please skip to **Question 34**
- (3) Don't know/ don't remember → please skip to **Question 37**

33. Did you/ your family take antimalarial drugs at home **before seeking first treatment**?

**Please tick only one.**

- (1) Yes → please go to **Question 34**
- (2) No → please go to **Question 34**
- (3) Don't know → please go to **Question 34**

34. Who advised you/ your family to take antimalarial drugs? **Please tick only one.**

- (1) Traditional healer
- (2) Regional hospital staff
- (3) Government health center staff
- (4) Village Malaria Worker/ Community Health Worker
- (5) Self
- (6) Family member
- (7) Neighbor/ friend
- (8) NGO clinic or hospital
- (9) Private pharmacy
- (10) Drug seller
- (11) Other (specify) .....



(12) Don't know/ don't remember

35. Do you happen to remember which antimalarial drugs you/your family took? **Please tick all that apply.**

(1) Artemisinin

(2) Artemether

(3) Artesunate

(4) Chloroquine

(5) A+M

(6) Fansidar

(7) Mefloquine

(8) Malarine

(9) Paracetamol

(10) Primaquine

(11) Tetracycline

(12) Vitamins

(13) Other (specify) .....

(14) Don't know/ don't remember

36. Do you happen to remember how many days you continued taking the antimalarial drugs?

(1) .....days

(2) Don't know/ don't remember

37. Did health provider at first health facility you/ your family visited tell you/ your family

about following topics? **Please answer 4 items one by one.**

(1) Treatment schedule of antimalarials (1. Yes 2. No)

(2) Possible adverse events of antimalarials (1. Yes 2. No)

(3) Importance of completing full regimen of antimalarials (1. Yes 2. No)

(4) What to do if you/ your family did not get better (1. Yes 2. No)

38. Did you/ your family get better after consulting first treatment provider? **Please tick only**

**one.**

(1) Yes → please skip to **Question 44**

(2) No → please go to **Question 39**

(3) Don't know/ don't remember → please go to **Question 44**

39. Did you seek further treatment outside home? **Please tick only one.**

- (1) Yes → please go to **Question 40**
- (2) No → please skip to **Question 44**
- (3) Don't know/ don't remember → please skip to **Question 44**

40. Which health provider, outside home, did you/ your family visit as **second** treatment source? **Please tick only one.**

- (1) Traditional healer
- (2) Regional hospital staff
- (3) Government health center staff
- (4) Village Malaria Worker/ Community Health Worker
- (5) Friend/ neighbor
- (6) NGO clinic or hospital staff
- (7) Private pharmacy
- (8) Drug seller
- (9) Other (specify) .....
- (10) Don't know

**Respondents who sought treatment outside home 3 or more times** → please go to **Question**

**41**

**Respondents who sought treatment outside home 1 or 2 times** → please skip to **Question 44**

41. Which health facility, if any, did you visit as **third** treatment source? **Please tick only one.**

- (1) Traditional healer
- (2) Regional hospital staff
- (3) Government health center staff
- (4) Village Malaria Worker/ Community Health Worker
- (5) Friend/ neighbor
- (6) NGO clinic or hospital staff
- (7) Private pharmacy
- (8) Drug seller
- (9) Other (specify) .....
- (10) Don't know

→ please skip to **Question 44**