

42. Why you didn't seek treatment outside home? **Please tick only one.**

- (1) Did not have enough money/ too expensive
- (2) Too far
- (3) Got better soon
- (4) Other (specify)

→ please skip to **Question 44**

43. What kind of treatment did you/ your family received? **Please tick all that apply.**

- (1) IM injection
- (2) IV infusion
- (3) Coining
- (4) Cupping
- (5) Herbs (t'nam boran)
- (6) Liquid (t'nam boran dteuk)
- (7) Burning herbs on abdomen
- (8) Acupuncture
- (9) Other (specify)
- (10) Don't know/ don't remember

Next I would like to ask you various questions about your knowledge on antimalarial drugs.

44. Do you happen to know about government recommended antimalarial drugs? **Please tick only one.**

- (1) Yes, I can remember the name of the drugs. → please go to **Question 45**
- (2) Yes, but I don't remember the name of the drugs. → please skip to **Question 46**
- (3) No → please go to **Question 46**

45. What is the name of the government recommended antimalarial drugs?

- (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

46. If you/ your family get malaria in the future, are you willing to use government recommended antimalarial drugs for treatment? **Please tick only one.**

(1) Yes

(2) No

(3) Don't know

47. Do you think it is important to complete full regimen of antimalarial drugs? **Please tick only one.**

(1) Yes, I cannot miss even single dose. → please skip to **Question 49**

(2) No → please go to **Question 48**

(3) Don't know → please skip to **Question 49**

48. Why do you think so? **Please tick all that apply.**

- (1) It doesn't matter if I don't take antimalarial drugs once or twice.
- (2) If I feel better, I can stop taking antimalarial drugs.
- (3) Health facility staff told me to stop taking antimalarial drugs, if I feel better.
- (4) Village Malaria Worker told me to stop taking antimalarial drugs, if I feel better.
- (5) I'm afraid of side effects if I take antimalarial drugs for a long time.
- (6) Other (specify)
- (7) Don't know

49. Have you ever heard of **fake** antimalarial drugs? **Please tick only one.**

- (1) Yes → please go to **Question 50**
- (2) No → please skip to **Question 53**
- (3) Don't know → please skip to **Question 53**

50. Where did you hear of **fake** antimalarial drugs? **Please tick all that apply.**

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

51. Have you ever seen **fake** antimalarial drugs in your village? **Please tick only one.**

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

52. If you have malaria in the future, would you take **fake** antimalarial drugs? **Please tick only**

one.

- (1) Yes, because it is cheaper.
- (2) Yes, because it has same quality as standard antimalarial drugs
- (3) No, because it is low quality
- (4) Don't know

53. Do you happen to know about **drug resistance**? **Drug resistance is the reduction in**

effectiveness of antimalarial drugs in curing malaria. Please tick only one.

- (1) Yes → please go to **Question 54**
- (2) No → please go to **Question 55**

54. Do you think **poor adherence** to antimalarial drugs can cause drug resistance? **Poor adherence means you do not take antimalarial drugs following health provider's advice or instruction written on the blister package or box of antimalarial drugs. Please tick only one.**

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

Next I would like to ask you various questions about treatment seeking behavior for diarrhea. Diarrhea is defined as having watery stools 3 or more times a day.

55. If you/ your family have diarrhea, do you/ your family **usually** seek treatment outside home? **Please tick only one.**

- (1) Yes → please go to **Question 56**
- (2) No, treat at home → please skip to **Question 57**

56. Where, outside home, do you **usually** go to seek treatment for diarrhea? **Please tick only**

one.

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

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

57. Who in your household most recently had diarrhea? **Please tick only one.**

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

58. When was the most recent diarrhea episode?

..... **days ago**

59. During most recent diarrhea episode, did you/ your family seek treatment outside home?

Please tick only one.

- (1) Yes → please go to **Question 60**
- (2) No → please skip to **Question 63**
- (3) Don't know → please skip to **Question 65**

60. Where, outside home, did you **first** seek treatment? **Please tick only one.**

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

61. 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) Other (specify)

62. What kind of treatment you/ your family received? **Please tick all that apply.**

- (1) Oral Rehydration Salt (ORS)
- (2) Antibiotics
- (3) Zinc supplementation
- (4) IV fluid
- (5) Other (specify)

→ please skip to **Question 64.**

63. How were you/ your family treated at home? **Please tick all that apply.**

- (1) Local medical teas
- (2) Infusion by the patient himself/herself
- (3) Recommended Home Fluids (gruel, soup, rice water, yoghurt drinks, green coconut water, weak tea, unsweetened fresh fruit juice etc.)
- (4) Oral Rehydration Salt (ORS)
- (5) More liquids than usual
- (6) Less liquid than usual
- (7) Continue to feed the child
- (8) Stop breastfeeding
- (9) Continue breastfeeding (more frequently and longer each feed)
- (10) Zinc supplementation
- (11) Antibiotics
- (12) Other (specify)
- (13) Don't know

64. How long after diarrhea started did you/ your family get treatment? **Please tick only one.**

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

Respondents from **Andeng Sang (Village Malaria Worker Project village)** → please go to

Question 65

Respondents from **Srakak Neak (Non-Village Malaria Worker Project village)** → please go

to **Question 66**

65. If Village Malaria Workers are trained to provide treatment for diarrhea, do you intend to seek them as **first source of diarrhea treatment**? **Please tick only one.**

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

Next I would like to ask you various questions about your/your family's treatment seeking behavior for ARI symptoms. The most obvious symptoms of ARI are having a cough and difficulty breathing.

66. If you/ your family show ARI symptoms, do you **usually** seek treatment outside home?

Please tick only one.

- (1) Yes → please go to **Question 67**
- (2) No, treat at home → please go to **Question 68**

67. Where, outside home, do you **usually** go to seek treatment for ARI symptoms? **Please tick only one.**

- (1) Traditional healer
- (2) Regional hospital
- (3) Government health center
- (4) Village Malaria Worker/ Community Health Worker
- (5) Friend/ neighbor
- (6) NGO clinic or hospital
- (7) Private pharmacy
- (8) Drug seller

(9) Other (specify)

(10) Don't know

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

68. Who in your household had ARI symptoms most recently? **Please tick only one.**

(1) Yourself

(2) Your spouse

(3) Your children (.....years old)

(4) Other family member (specify)

69. When was the most recent ARI-like episode?

.....**days ago**

70. Did you/ your family seek treatment outside home? **Please tick only one.**

- (1) Yes → please go to **Question 71**
- (2) No → please skip to **Question 74**
- (3) Don't know → please skip to **Question 76**

71. Where, outside home, did you **first** seek treatment for ARI symptoms? **Please tick only one.**

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

72. 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) Other (specify)

73. Were you/ your family prescribed medicine? **Please tick only one.**

- (1) Yes → please go to **Question 75**
- (2) No → please go to **Question 75**
- (3) Don't know → please go to **Question 76**

74. How were you/ your family treated at home?

.....

75. How long after ARI symptoms started did you/ your family **first** get treatment? **Please tick only one.**

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

Respondents from **Andeng Sang (Village Malaria Worker Project village)** → please go to

Question 76

Respondents from **Srakak Neak (Non-Village Malaria Worker Project village)** → **finished, thank you so much!**

76. If Village Malaria Workers are trained to provide treatment for ARI symptoms, are you intended to seek them as first source of ARI treatment? **Please tick only one.**

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

Thank you so much for sparing your precious time for my research!

I deeply appreciate for your great contribution and cooperation!