

Part 1

Section 1: Socio-demographic status

Name	
Age	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Household head name	
Relation to the household head	
Number of household members	
Number of children under 18	
Village	<input type="checkbox"/> Andeng Sang <input type="checkbox"/> Srakak Neak
Ethnicity	

1. What is the highest level of education you completed? Please tick only one.

- (1) No education
- (2) Primary
- (3) Secondary
- (4) High school
- (5) Tertiary Qualification
- (6) Other (specify)

2. What is your occupation? Please tick only one.

(1) Farmer

(2) Shop keeper or shop owner

(3) Forest worker

(4) Construction worker

(5) No occupation

(6) Other (specify)

3. What is your marital status? Please tick only one.

(1) Married

(2) Never married

(3) Divorced/ separated

(4) Widowed

4. Which health facility is the nearest from your house? Please tick only one.

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

5. How far is it from your house to the nearest health facility? Please tick only one.

- (1) < 2 km
- (2) 2-5 km
- (3) > 5 km

6. How do you go to the nearest health facility from your house? **Please tick only one.**

- (1) Foot
- (2) Bicycle
- (3) Moto
- (4) Car
- (5) Other (specify)

7. How much you receive as monthly income? **Please tick only one.**

- (1) $0 \leq \text{Monthly income} < \text{Riel } 207,250 \text{ (50 USD)}$
- (2) $\text{Riel } 207,250 \text{ (50USD)} \leq \text{Monthly income} < \text{Riel } 414,500 \text{ (100 USD)}$
- (3) $\text{Riel } 414,500 \text{ (100USD)} \leq \text{Monthly income}$

8. What is the situation of your household income? **Please tick only one.**

- (1) Regular
- (2) Not regular
- (3) Uncertain/ not sure

9. Does any member of this household own: (Please answer 6 items one by one.)

- | | | |
|------------------------------------|---------|--------|
| (1) Bicycle? | (1. Yes | 2. No) |
| (2) A motorcycle or motor scooter? | (1. Yes | 2. No) |
| (3) A car or truck or van? | (1. Yes | 2. No) |
| (4) A boat with a motor? | (1. Yes | 2. No) |
| (5) A boat without a motor? | (1. Yes | 2. No) |
| (6) An oxcart or horse cart? | (1. Yes | 2. No) |

10. Does this household own any livestock, herds, or farm animal?

- (1) Yes
- (2) No

Part 2

First I would like to ask you various things about what you know about malaria issues.

1. Have you ever heard about malaria?

(1) Yes → please go to **Question 2**

(2) No → please skip to **Question 55**

2. Where do you **usually** get information about malaria? **Please tick all that apply.**

(1) Friend/ neighbor

(2) Family member

(3) Poster/ pamphlet

(4) Radio

(5) TV

(6) School

(7) Temple

(8) Health facility

(9) Village Malaria Worker/ Community Health Worker

(10) Other (specify)

3. Do you happen to know how people get malaria? Please tick all that apply.

- (1) From malaria infected patients
- (2) Weather conditions
- (3) Lack of hygiene
- (4) Food poisoning
- (5) Mosquito bites
- (6) Body exhaustion
- (7) Witchcrafts/ evil spirits
- (8) Virus
- (9) Other (specify)

4. What do you think are the most common signs and symptoms in malaria infection? Please

tick all that apply.

- (1) Headache
- (2) Fever/ high temperature
- (3) Body pains
- (4) Shivering
- (5) Vomiting
- (6) Loss of energy
- (7) Delirium
- (8) Loss of appetite
- (9) Dizziness
- (10) Sweating
- (11) Other (specify)
- (12) Don't know

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)