INTERVIEW INFORMATION						
C1. Today's date (dd/mm/yyyy)	[]-[]-[_2_ _0_ _1_ _8_]					
C2. Interviewer's name	C2a. Interviewer's code					
	[_]					
C3. Geographic level 1 name	C3a. Level 1 code					
C4. Geographic level 2 name	C4a. Level 2 code					
C5. Outlet/facility name	C5a. Outlet/facility code					
C6. Outlet/facility type						
Type 1 1 Type 33						
Type 2 2 Type 44						
INFORMED CONSENT						
Find the manager, the in-charge, or the most senior member of staff respo	onsible for client services present at the					
outlet/facility. Read the following information.						
Hello, my name is I am an interviewer from AGENCY. In collaboration of the control Unit, we are conducting an anonymous study about child and adult health						
Your facility was chosen at random to be invited to participate in the study. The study a few questions about what medicines and tools you have available today. If the like your agreement to conduct exit interviews with clients leaving your facility. Clients in which I will ask them about the type of service they came for and their expection will last 10 minutes, and your clients can refuse to participate or stop the interview at the end of the day with a member of youll ask them about treating children and adults and will last 10 minutes.	e outlet is eligible for the study I would then An exit interview is a short interview with periences during the visit. Each exit interview view at any time. Finally, I would like your					
It is important to know that <u>I am not evaluating this facility</u> , its staff, or your clients, and no individual information will be given to anyone outside the study team. <u>The information we collect will not be used for regulatory purposes</u> . Neither your name nor the name of anyone I interview will be included in the dataset or in any report. Results from this study will only be presented in aggregate, that is, <u>for all outlets and clients in total</u> . The information collected from all facilities and clients during this study may be used by the study team, the Ministry of Health, and organizations supporting services in your facility for planning service improvements or for conducting further studies in the future.						
You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study as your participation may help to improve child and adult health services in this community.						
At this point, do you have any questions about the study? Interviewer to respond fully to all questions from the respondent.						
Do I have your agreement to proceed with the study? This will include conducting interviewing a member of your staff at the end of the day.	exit interviews with clients and					
1 = Yes Proceed to OS1 on next page.						
0 - No. Thank the respondent End interview						

Complete the following questions by interviewing the manager, in-charge or most senior member of staff present today.

Availability of medicines and diagnostic tools

OS1. Does the outlet/facility have the following medicines available today?

Ask the respondent to show you the medicine if it is in stock.

		Available Observed	Reported available Not seen	Not available today
Α	Paracetamol tablets	1	2	3
В	Paracetamol syrup for children	1	2	3
С	Amoxicillin tablets	1	2	3
D	Amoxicillin syrup for children	1	2	3
Е	Cotrimoxazole tablets	1	2	3
F	Cotrimoxazole syrup for children	1	2	3
G	Artemether-lumefantrine tablets	1	2	3
Н	Artesunate-amodiaquine tablets	1	2	3
I	Other tablet ACT	1	2	3
J	ORS	1	2	3
K	Zinc tablets	1	2	3

OS2. Does the outlet/facility have the following diagnostic tools available today?

Ask the respondent to show you the item if it is available.

		Available Observed	Reported available Not seen	Not available today
Α	Adult scale	1	2	3
В	Child scale	1	2	3
С	Thermometer	1	2	3
D	Malaria RDT testing on site*	1	2	3
Е	Functioning microscope†	1	2	3
F	Microscope slides and stain†	1	2	3
G	Watch or timing device	1	2	3

Screening

Interviewer:

If eligible (STATEMENT OF ELIGIBILTY CONDITIONS, E.G. Any diagnostic testing available):

Inform that respondent that the facility is eligible for the study and thank them for their time so far.

Explain that you will now wait outside the facility, out of the way of potential clients, and conduct exit interviews. Ask the respondent again if they have any questions, then proceed outside.

If not eligible

Inform the respondent that the facility is not eligible for the study and thank them for their time.

Proceed to the next outlet or facility on your list.

INTERVIEW	INFORMATION					
C1. Today's d	ate (dd/mm/yyyy)		[]]-[]-[2	_0_ _1_ _8_]
C2. Interview	ver's name		C2a. Inte	erviewer's c		= = = = = = = =
ſ		1				[]
C3. Geograph	hic level 1 name	-	C3a. Lev	el 1 code		
						[]
C4. Geograp	hic level 2 name		C4a. Lev	el 2 code		
						[_]
C5. Outlet/fa	cility name		C5a. Out	tlet/facility	code	
[]			[[]]
			C6a. Inte	erview num	ber	
						[]
INTRODUCT	TION					
Control Unit w	ne is I am an interviewed are conducting an anonymous survey about the services for patients in this community ask you a few questions to see if you could	out services for fever in are the best they can b	this comm		•	
SCREENING						
S1	Are you 18 years or older?	Yes			. 1	
		No			. 0	0 → ineligible
S2	Did you come to this outlet to get treatment for fever, either for yourself or on behalf of someone else?	Yes				1 → eligible 0 → S3
\$3	Did you come to this outlet <u>for</u> <u>treatment for malaria or to buy</u> <u>antimalarials</u> , either for yourself or on behalf of someone else?	Yes				1 → eligible 0 → ineligible

If ineligible: Thank respondent for their time and explain that respondent is not eligible for the study. End interview. Complete QX3: Interview result

If eligible:	Verify the additional inclusion criteria below through polite discussion the respondent.					
AS1	Is the patient <u>less than 2 months old</u>	Yes	1 → ineligible			
AS2	Is the patient <u>currently pregnant</u>	Yes	1 → ineligible			
AS3	Has the patient <u>been referred</u> by this facility to a doctor or another health facility <u>for serious illness</u> ?	Yes	1 → ineligible			

If eligible: Share study information and gain informed consent. Proceed with interview.

If ineligible: Thank respondent for their time and explain that respondent is not eligible for the study. End interview.

Complete QX3: Interview result

INFORMED CONSENT	
Read to client:	
	INFORMED CONSENT SCRIPT

CONSENT

Interviewer complete this section after reading the study information and responding to all questions from the client.

Do you agree to participate in this study?

1 = Yes

0 = No

Thank respondent for their time. End interview. Complete QX3: Interview result.

FINAL INTERVIEW STATUS						
QX3	Interview result	Completed	7 → R1			

INTERVIEW	INTERVIEWER COMMENTS						
QX4	Please write any comments about this interview that may be relevant to the project team here. NOTE: Comments are not obligatory.						

SECTION 1: DEMOGRAPHICS						
QX1	Interview start time Use 24-hour clock (hh:mm)	[_ _]:[]				
READ TO THE I would like to education.		the patient. This will include questions about your a	ge and			
Q101	Interviewer: Record respondent's sex	Male				
Q102	How old were you at your last birthday?	Number of years []				
	Enter number of completed years	Refused97				
Q103	What is the highest level of education you have completed?	No education completed 1 Primary 2 Secondary 3 Tertiary and above 4 Don't know 8				
Q104	How long did it take you to get to this outlet today?	Less than 15 minutes 1 15 to 30 minutes 2 31 minutes to 1 hour 3 More than 1 hour 4 Don't know 8				
Q105	What is the main type of transport you used to get to this outlet today?	Foot				
Q106	Interviewer: Is the person you are interviewing also the patient?	Yes	1 → Q201			
Q107	Did the patient accompany you to this outlet today?	Yes				
Q108	What is your relationship to the patient. The patient is your Read responses. Record one response.	Son / daughter 1 Wife / husband 2 Sister / brother 3 Parent 4 Any other family member 5 Friend / neighbour 6 Other (specify) 96 []				
Q109	Is the patient male or female?	Male				
Q110	How old is the patient? Enter age in completed years. For children less than 1 year old enter "00" Years and record the number of months below. Cross-check with response to AS1.	Number of years [] Number of months [] Refused 97				

SECTION 2:	SECTION 2: DIAGNOSIS AND TREATMENT						
READ TO THE CLIENT: I would like to ask you some questions about [your illness] / [the patient's] illness and what actions have been taken to treat the illness.							
Q201	For how many days have [you] / [the patient] been sick?	[you] / [the Number of days[]					
	If response is >10 days, verify with patient. Focus of interview is the most recent episode of fever and not ongoing chronic illness.		efusedon't know				
Q202	What were [your] / [the patient's]			Yes	No		
	symptoms when you came to this outlet?	Α	Blood in stools	1	0		
	Do not read list	В	Chill/cold/shivers	1	0		
	Circle 1 if symptom mentioned;	С	Convulsions/seizures	1	0		
	Circle 0 if not mentioned.	D	Coughing	1	0		
	E	Diarrhea	1	0			
	F	Difficulty breathing	1	0			
		G	Fatigue/weakness	1	0		
		Н	Fever / high temperature / hot body	1	0		
		ı	Headache	1	0		
		J	Loss of appetite	1	0		
		К	Muscle pain / body pain	1	0		
		L	Nausea / vomiting	1	0		
		M	Not able to drink / breastfeed	1	0		
		N	Rashes	1	0		
		0	Red/yellow eyes	1	0		
		Р	Stiff neck	1	0		
		Q	Unable to sit upright	1	0		
		R	Unconscious	1	0		
		S	Yellow / dark urine	1	0		
		х	Other <i>(specify)</i>	1	0		

Previous	sources					
PV1	Has the patient, or have you on the patient's behalf, visited any other places to seek treatment for this fever before coming here today?	N F	'es No Refuses to answer Don't know		. 0 . 7	0 → Q203 7 → Q203 8 → Q203
PV2	Which other places have you visited			Yes	No	
	for this fever, before coming here?	Α	Public health facility	1	0	
	Do not read list. Prompt once "Anywhere else?"	В	Private health facility	1	0	
		С	Pharmacy	1	0	
	Circle 1 if place mentioned; circle 0 if place not mentioned.	D	Chemist / Drug shop	1	0	
		E	Grocery store / Duka / Kiosk	1	0	
		F	Community health worker	1	0	
		Х	Other (specify)	1	0	
		z	Don't know	1	0	
PV3	Did you receive a blood test for malaria at any of these places?		Yes		0 → Q203	
	Refer to response in PV2	Refuses to answer 7 Don't know 8				7 → Q203 8 → Q203
PV4	At which place was the blood test for malaria done?	Letter of source in PV2				
	Record letter corresponding to the source in PV2	Refuses to answer				
PV5	What type of test did [you] / [the patient] receive today?	RDT1 Microscopy				
	Use RDT and slide samples and show prompt card	Both RDT and Microscopy conducted5 Don't know8				
PV6	Did you receive a written copy of [your] / [the patient's] test results?		/es			
PV7	Interviewer: if a copy of the test result is available and legible use this to complete this question; otherwise ask respondent: What is the result of the test?	l F	Positive for malaria Negative for malaria nconclusive / no result Refused		2 3 7	
PV8	Why did you come here for further advice or treatment today?	V T	itill ill / fever got worse	r test	. 2 . 3 . 4 . 5	
		٧	Referred here by previous outlet Wanted a second opinion Other <i>(specify)</i>		. 8	
			•			

Diagnosis at current source **READ TO THE CLIENT:** I would now like to talk about what happened during your visit to this [facility / pharmacy] today. Patient present 1 QX Interviewer: Before continuing, review Q106 and Not present......0 0 → Q214 Q107 with the respondent and confirm whether the patient themselves was present during the visit. Q203 Did you request a test for malaria here Yes 1 today, irrespective of whether or not No 0 0 → Q205 you received one? Which type of test for malaria did you Q204 RDT 1 request today? Microscopy 2 Q205 Did [you] / [the patient] receive a blood Yes 1 test for malaria here today? $0 \rightarrow Q210$ No 0 Don't know 8 8 → Q210 Q206 What type of test did [you] / [the RDT 1 patient] receive today? Microscopy 2 Use RDT and slide samples and show Both RDT and Microscopy conducted 5 prompt card Don't know 8 Q207 What was the cost of the test? Cost of test[___|__|___] LCU Enter 0000 if free Client insured.......9995 Refused.......9997 Don't know 9998 Do you have a copy of [your] / [the **Q208** Yes 1 patient's] test results? No 0 Q209 Interviewer: if a copy of the test result Positive for malaria......1 1 → Q214 is available and legible use this to Negative for malaria 2 2 -> Q214 complete this question; otherwise ask Inconclusive / no result 3 3 → Q214 respondent: 7 → Q214 What is the result of the test? 8 → Q214 Don't know 8 For patients that were tested by RDT and Microscopy, record the final diagnostic result given to the patient. Interviewer: Skip to Q214 Q210 What is the main reason [you] / Test not available 1 [the patient] did not receive a malaria Already tested 2 test here today? Not aware of malaria tests 3 Cost...... 4 Do not read list. Facility did not offer test5 I / provider know(s) it is malaria...... 6 Record one response. I / provider know(s) it is not malaria 7 No time to wait for results 8 Cultural / religious beliefs......9 Hygiene......10 Other (specify)......96 Don't know 98

Treatment at this facility						
Q214	Did you get <u>any medicines or</u> <u>prescriptions</u> from this facility today?	Yes1				
		No0 Refused7	0 → Q230 7 → Q230			
Q214a	How many medicines did you receive or were your prescribed at this facility today?	Number of medicines[]	All responses → Q215			

Q215 INTERVIEWER: Ask to see the medicines purchased and/or prescribed and fill in the table below. Cross-check the cost of medication with receipts where available.

	Band name	Dosage form Tablet 1	Medicine type (code)	Bought or prescribed	FOR EACH MEDICINE BOUGHT, ASK	FOR EACH ANTIMALARIAL BOUGHT, ASK	
		Suppository 2 Granule / Powder 3 Syrup 4 Injection 5 Cream 6 Don't know 8 Prescription 9	Refer to code list below	Bought 1 Prescribe 2	Price Free 0000 Don't know 9998	Project logo on packaging? Yes 1 No 0	
1		[]		[]	[] LCU	[]	
2			[]		[] LCU		
3		[]			[] LCU	[]	
4		[]			[] LCU	[]	
5		[]	[]		[] LCU	[]	
6		[]	[]		[] LCU	[]	
7		[]	[]		[] LCU	[]	
	Medicine type codes 1: Antimalarial	2: Antibiotic	3: Pain / reducer		4: Cold medicine	5: Cough medicine	
	6: Vitamins / Minerals	7: Diarrhea treatmen (incl. ORS)	8: Dewo	orming	9: Other		
	Q215b Total medicine cost Complete this line only if the client is not able to separate costs for individual medicines Total cost						

Provider advice for medicines received **READ TO THE CLIENT:** I would now like to ask you what information the provider gave you about the medicines you received today. Q219 Were you given any advice by the Yes......1 provider on how to take this medicine? No0 0 → Q230 8 → Q230 Don't know 8 Q220 What advice did the provider give you Yes about how to take this medicine? Importance of finishing the 1 0 whole course of medicine Do not read list What to do if patient vomits 0 1 Circle 1 if item mentioned; after taking medicine Circle 0 if not mentioned. What to do if no improvement 1 0 after taking medicine What foods to eat or avoid 0 1 when taking the medicine The dosing scheme for the medicine / how to take the 1 0 medicine Other (specify) 1 0

Q230	Were you advised or told to visit [another/a] health facility or health provider by this provider?	Yes No			0 → Q233
Q231	Where were you advised or told to go?				
	Record the name of the facility				
		Don't recall		8	
Q232	What type of facility is this?	PUBLIC FACILITY:			
	Record the type of facility	Health centre / clinic			
		PRIVATE FACILITY: Health centre / clinic Hospital			
		DON'T KNOW TYPE: Health centre / clinic			
		Hospital		32	
		Other (specify)		96	
		Don't know		 98	
Q233	Were you given any other advice or information by the provider about your illness?	Yes No		0	0 → Q301
	ilinessr	Don't know		8	8 → Q301
Q234	What other advice or information did the		Yes	No	
	Do not read list Circle 1 if item mentioned; Circle 0 if not mentioned.	A What foods to eat or avoid (e.g. drink water; avoid alcohol)	1	0	
		B Come back immediately if condition gets worse	1	0	
		C Come back in 2 days if no improvement	1	0	
		improvement			

SECTION 3: CLIENT SATISFACTION MODULE

READ TO THE CLIENT:

I would now like to ask about different aspects of your visit today. For each thing I will read a list of responses and ask you to choose the one that most closely reflects your experiences today.

choose the	one that most closely reflects your experiences	today.
Q301	How was the waiting time for service at this outlet/facility? Read responses. Record only one response.	Much too long 1 Long 2 Acceptable 3 Was seen immediately 4
Q302	How was the total length of time you spent in the outlet/facility? Read responses. Record only one response.	Much too long 1 Long 2 Acceptable 3 Was quicker than expected 4
Q303	How was the cost of your services or treatments? Read responses. Record only one response.	Client insured 8 Very expensive 1 Expensive 2 About right 3 Very cheap 4
Q304	How was the cleanliness of the outlet/facility? Read responses. Record only one response.	Very dirty
Q305	How was the privacy you were provided during your visit? Read responses. Record only one response.	There was no privacy at all
Q306	How polite were the staff you saw here today? Read responses. Record only one response.	All staff were polite
Q307	How much information did the staff provide about [your] / [the patient's] illness? Read responses. Record only one response.	No information was provided
READ TO TH Next, I am g	HE CLIENT: oing to ask you a few more questions about yo	ur feelings after today's visit.
Q308	Sometimes clients find the cost of services or treatments a problem. Was the cost of services and treatments you received today a problem for you? If Yes, probe: Was the cost a big problem for you or a small problem for	Client insured 8 Big problem 1 Small problem 2 No problem 3

Q309	How satisfied were you with the service you received today?	I am very satisfied with the services I received today
	Read responses. Record only one response.	I am more or less satisfied with the services I received
		I am not satisfied with the services I received
Q312	How likely are you to visit this outlet/facility next time you are sick? Read list. Record only one response.	Not likely
	,,	Refused / no response 7
Q313	Would you recommend this outlet/facility to a friend?	Yes

READ TO T	THE CLIENT:					
I would no	w like to ask you some questions about your aw	aren	ess of blood testing for malaria	Э.		
Q401	Before coming here today, did you know that blood testing for malaria was available in [private health facilities / pharmacies]?	N	Yes			2→Q501 8→Q501
Q402	How did you find out that you could be			Yes	No	
	tested for malaria in private health facilities? Multiple responses allowed Do not read list Circle 1 if item mentioned; Circle 0 if not mentioned.	Α	A health worker told me	1	0	
		В	Friends told me	1	0	
		С	Family told me	1	0	
		D	Posters / signs	1	0	
		E	Radio	1	0	
		F	Road show	1	0	
		G	Someone from PSI told me (IPC agent)	1	0	
		Н	Previous visit / my own experience	1	0	
		Х	Other (specify)	1	0	
		z	Don't know	1	0	_

OTHER QUESTIONS RELATED TO SBC CAMPAIGNS ADDED AS REQUIRED

SECTION 5: SOCIOECONOMIC STATUS READ TO THE CLIENT: I would now like to ask you some questions about your home and living conditions.

RELEVANT HOUSEHOLD ASSET QUESTIONS AS REQUIRED

END OF SURVEY

THANK THE RESPONDENT VERY MUCH FOR THEIR TIME

RECORD THE <u>INTERVIEW END TIME</u> BELOW

QX2	Interview end time	
	Use 24-hour clock (hh:mm)	

NOW RETURN TO PAGE 2 AND COMPLETE THE INTERVIEW RESULT

INTERVIEW INFO	RMATION	
C1. Today's date (dd	l/mm/yyyy)	 [_]-[_ _]-[_2_ _0_ _1_ _8_]
C2. Interviewer's na	me	C2a. Interviewer's code
	1	
C3. Geographic leve	el 1 name	C3a. Level 1 code
C4. Geographic leve	el 2 name	C4a. Level 2 code
		[]
C5. Outlet/facility na	ame	C5a. Outlet/facility code
[[]
INFORMED CONS	FNT	
	the in-charge, or the most senior member of staff resp	ansible for client services present at the
_	form them that you have completed the client exit interviev	
	e member of staff who was responsible for conducting diag ratory, interview the main provider in the dispensary. If I	
-	rovider in the dispensary.	io diagnostic tests were conducted today,
•	, ,	
	<u>different</u> to the one from the outlet screening:	and the college continue with the Minister.
	is I am an interviewer from PSI Madaga ria Control Unit, we are conducting an anonymous survey a	
	his morning I was granted permission by [
	ving your facility. I have now finished this work and would	
diagnosing and	treating malaria. The interview will last no more than 10 min	utes.
It is important t	o know that I am not evaluating you, this facility or its client	s, and no individual information will be
given to anyone	e outside the study team. You may refuse to answer any que	stion or chose to stop the interview at
=	ver, we hope you will collaborate with the study as your part vices in this community.	cipation may help to improve child and
addit fleatiff Ser	vices in this community.	
	the same as the one from the outlet screening:	
	hed this work and would like to ask you some questions abo	= = =
	st no more than 10 minutes. It is important to remember the domination will be given to anyone outside the	_
· · · · · · · · · · · · · · · · · · ·	choose to stop the interview at any time. However, we hop	
	on may help to improve child and adult health services in this	
At this point do you	have any questions about the study?	
•	to respond fully to all questions from the respondent.	
	e questions asked here	
	- 4	
	ment to proceed with the study?	
1 = Yes	Proceed to screening section on next page.	
0 = No	Probe for Refusal Reason and complete R1. Thank the	respondent for their time. End interview.

Complete the	following questions by interviewing the pro	ovider who was responsible for conducting diagnost	ic tests for
malaria today			
· ·	as a separate laboratory, interview the ma c tests were conducted today, interview th	· · · · · · · · · · · · · · · · · · ·	
P1	I would like to ask you some questions about your educational background and experience in this facility. What is your current occupational category or qualification? For example, are you a pharmacist, medical doctor, or registered nurse? Mark professional degree of the respondent	Pharmacist 1 Pharmacy technician 2 Medical doctor 3 Nurse 4 Midwife 5 Health assistant 6 Lab technician 7 No medical or technical qualification 95 Other (specify) 96	
P2	How long have you worked at this outlet / facility? If less than one year, enter '00'.	Number of years [] Refused	
P3	Including yourself and the owner, how many people work at this outlet / facility?	Number of staff [] Refused	
P4	Thinking about your work today, how many clients do you estimate you saw? Ask the respondent to estimate if required.	Number of clients [] Refused	97 → P5 98 → P5
P4a	Of the [NUMBER] clients you saw today, how many reported coming because of fever? Ask the respondent to estimate if required.	Number of clients [] Refused	

READ TO RESPONDENT

I would now like to ask you about whether this outlet/facility has received visits from regulatory bodies. If I mention a body that has no regulatory oversight of this facility/outlet, please tell me.

			F	25	P6			
i		it ever been v	visited by someone from DRGANISATION]? When was the last time this of facility received a visit from [ORGANISATION]?					
Re	gulatory bodies	Yes 1 6-11 months at 6-11 months at 6-11 months at 12-24 months at 6-11 months at 12-24 months at 6-11 months				ago ago ago ble	2 3 4 5	
	ORGANISATION 1		[_]		[_]	
	ORGANISATION 2		[[_]	
	ORGANISATION 3		[_]		[_]	
ORGANISATION 4			[]		[_]	
P7	Have you received any training diagnosis or treatment during months? Training includes in-service to training by external groups, of by managers or colleagues in	the past 12 raining, and training	N	es oo on't know			0	0 → P12 8 → P12
P8	Have you received any trainin perform a malaria rapid diagn the past 12 months?	g on how to	N	es oon't know			0	0 → P10 8 → P10
Р9	Who conducted this training?					Yes	No	
			Α	Training by manager colleague	ror	1	0	
			В	In-service training		1	0	
			С	Government		1	0	
			D	PSI Madagascar		1	0	
			E	Other NGO (not PS Madagascar)		1	0	
			F	Private drug distribu	itor	1	0	
			G	Professional associa	tion	1	0	
			X	Other (specify)]	1	0	
			Z	Don't know		1	0	
P10	Have you received any trainin management or treatment of			es 0				0 →P12

	the past 12 months?	Don't know		8	8 → P12
P11	Who conducted this training?		Yes	No	
		A Training by manager or colleague	1	0	
		B In-service training	1	0	
		C Government	1	0	
		D PSI Madagascar	1	0	
		E Other NGO (not PS Madagascar)	1	0	
		F Private drug distributor	1	0	
		G Professional association	1	0	
		X Other (specify)	<u> </u>	0	
		Z Don't know	1	0	

P12	Rapid diagnostic tests, also known as RDTs, are small individual tests that diagnose malaria.	Yes	0 → P17
	Have you ever heard of RDTs?		
P12a	Have you ever tested a patient or client for malaria using an RDT?	Yes	
P13	When an RDT is <u>positive</u> for malaria, how likely is it that the person tested actually has malaria?	Certain they have malaria	
	Read responses Record only one response	Somewhat likely they have malaria	
P14	When an RDT is <u>negative</u> for malaria, how likely is it that the person tested actually has malaria?	Certain they have malaria	
	Read responses Record only one response	Not very likely they have malaria4 Not at all likely they have malaria5	
P14a	When a malaria microscopic test is negative for malaria, how likely is it that the person tested actually has malaria?	Certain they have malaria	
	Read responses Record only one response	Not very likely they have malaria4 Not at all likely they have malaria5	
P15	Would you ever recommend a client take an antimalarial if they tested negative for malaria with an RDT?	Yes, always 1 Yes, sometimes 2	
	Read responses Record only one response	No, never	3 → P17 8 → P17

P16	Under what circumstances would you		Yes	No	
	recommend a patient/customer take an antimalarial following a negative test for malaria?	A When they have signs of malaria	1	0	
	Do not read list Circle 1 if symptom mentioned;	B When they ask for malaria treatment	1	0	
	Circle 0 if not mentioned.	C Children	1	0	
		D Adults	1	0	
		E Pregnant women	1	0	
		F When I do not trust / believe the test	1	0	
		G When I know the patient / customer	1	0	
		H If patient didn't complete previous course	1	0	
		I If malaria is incubating	1	0	
		J Taken antimalarials before being tested	1	0	
		X Other (specify)	1	0	
P17	Among all the antimalarial medicines on the market today, which is the most effective for children under 5 years old?	Artemether lumefantrine (AL) [Coartem, Lonart, Artefan, Luma Artesunate amodiaquine (ASAQ		01	
		[Coarsucam, Winthrop]			
		ACT			
		ACTm Dihydroartemisinin piperaquine			
		SPQuinine			
		Amodiaquine Other (specify)			
P18	Why do you think that [PRODUCT] is the	Don't know			98 → P19
L 10	most effective antimalarial for children	A It always works / heals	Yes 1	No 0	-
	under 5 years old?	B Habit / Always used	1	0	-
	Do not read list	C Few side effects	1	0]
		D Cheap	1	0	
	Prompt once: "Anything else"	E Recommended by doctors and nurses	1	0	
	Circle 1 if symptom mentioned; Circle 0 if not mentioned.	F Recommended by the government	1	0	
		G Recommended by medical detailers	1	0	
		H Used in clinics and hospitals	1	0	
		X Other (specify)	1	0	
		Z Don't know	1	0	

P19	Among all the antimalarial medicines on	Artemether lumefantrine (AL)				
	the market today, which is the most	[Coartem, Lonart, Artefan, Lumartem]01 Artesunate amodiaquine (ASAQ)			01	
	effective for <u>adults</u> ?					
			[Coarsucam, Winthrop]		02	
			ACT		03	
			ACTm		04	
		Dihydroartemisinin piperaquine05				
			SP			
			Quinine			
			Amodiaquine		08	
			Other <i>(specify)</i>		96	
			[]	
			Don't know		98	98 → P19
P20	Why do you think that [PRODUCT] is the			Yes	No	
	most effective antimalarial for adults? Do not read list		It always works / heals	1	0	_
			Habit / Always used	1	0	
	Do not read not	С	Few side effects	1	0	
	Prompt once: "Anything else"	D	Cheap	1	0	
	Circle 1 if symptom mentioned;	Ε	Recommended by doctors and nurses	1	0	
	Circle 0 if not mentioned.	F	Recommended by the	1	0	-
			government			
		G	Recommended by medical detailers	1	0	
		Н	Used in clinics and hospitals	1	0	
		Х	Other (specify)	1	0	
		Z	Don't know	1	0	
	T	ı				
P21	What is the government recommended		Artemether lumefantrine (AL)			
	first-line treatment for uncomplicated malaria?	[Coartem, Lonart, Artefan, Lumartem] 01				
			Artesunate amodiaquine (ASAQ	•		
	Don't read responses.		[Coarsucam, Winthrop]			
			ACT			
	Record only one response.		ACTm			
			Dihydroartemisinin piperaquine		05	
	Ask the provider to show you the medicine if it is in stock and verify response.		SP		06	
			Quinine			
			Amodiaquine			
			Other <i>(specify)</i>		96	
			[
			Don't know	······	98	

P22	Does the outlet/facility have the following items available for use by staff today? Ask the respondent to show you the item if it is available.								
		Ask the respondent to snow you the ite	Observed Available	Reported available Not seen	Not available today				
	A	Guidelines for IMCI	1	2	3				
	В	Guidelines for diagnosis and treatment of malaria	1	2	3				
	С	Malaria RDT job aid or algorithm (poster)	1	2	3				
	D	Disposable latex gloves	1	2	3				
l	E	Sharps container	1	2	3				
P23	Does the	e outlet/facility have the following medic Ask the respondent to show you the me			Not available				
			Available	Not seen	today				
	A	Artemether-lumefantrine 20/120 6 tablet pack	1	2	3				
	В	Artemether-lumefantrine 20/120 12 tablet pack	1	2	3				
	С	Artemether-lumefantrine 20/120 18 tablet pack	1	2	3				
	D	Artemether-lumefantrine 20/120 24 tablet pack	1	2	3				
	E	Artesunate amodiaquine tablets for infants aged 2-11 months	1	2	3				
	F	Artesunate amodiaquine tablets for young children 1-5 years	1	2	3				
	G	Artesunate amodiaquine tablets for children 6-13 years	1	2	3				
	Н	Artesunate amodiaquine tablets for adults	1	2	3				
	I	ORS and zinc tablets co-packaged together	1	2	3				
	J	Any ACT with the Green Leaf logo	1	2	3				

END OF SURVEY THANK THE RESPONDENT VERY MUCH FOR THEIR TIME

FINAL INTERVIEW STATUS					
QX1	Interview result	Completed			
INTERVIEW	ER COMMENTS				
QX2	Please write any comments about this interview that may be relevant to the project team here. NOTE: Comments are not obligatory.				