

Questionnaire Number					
Name of Respondent					
Village					
Community					
District					
Province	Phuket				
Address	Postal Code:				
		Tel.number			
		Mobile			
Date of Interview	__/__/2010	Time begin		Time ended	
Name of Interviewer				Interviewer ID	
RECORD OF VALIDATION					
Witnessed by				Date	
Validated by				Date	
Remarks					
Observed by :	Interview time (in minutes)				
ESOMAR DECLARATION					
I declare that the respondent, whose name and address appear above, was unknown to me until the interview. I confirm that, before returning this questionnaire, I have checked that it meets and was carried out in accordance with the MRS Code of Conduct and instructions supplied to me for this study. I understand that the information given to me during the interview must be kept confidential.					
Signed by Interviewer:			Signed by Supervisor:		

INTRODUCTION

Hello, my name is _____, an interviewer from _____. Today we are conducting a short study on disease prevention and would like to include your opinion. This survey is carried out on behalf of an international development organization and your answers will be kept strictly confidential. Thank you in advance for your cooperation.

QUOTA

Ethnicity	n		Location	n	
Thai local Phuket	300	1	High risk Fishing	67	1
Thai from other provinces	100	2	High risk Construction	66	2
Burmese	Min 100 Max 300	3	High risk Rubber Tapping	67	3
Mon	Min 100 Max 300	4	High risk Thai community	200	4
Sex			Medium risk Fishing	33	5
Male	400	1	Medium risk Construction	34	6
Female	400	2	Medium risk Rubber Tapping	33	7
			Medium risk Thai community	100	8
Risk Zone			Low risk Fishing	33	9
High	400	1	Low risk Construction	34	10
Medium	200	2	Low risk Rubber Tapping	33	11
Low	200	3	Low risk Thai community	100	12
			Total	800	

NOTE: THE ETHNIC AND SEX QUOTAS SHOULD BE FOLLOWED AS FAR AS POSSIBLE IN EACH LOCATION

LOOK AT THE INTERVIEW NUMBER, IF ODD INTERVIEW A MALE IF EVEN INTERVIEW A FEMALE. CIRCLE 'M' OR 'F' IN THE GENDER COLUMN BELOW.

RECORD THE NAME AND AGE FOR ALL MALE/FEMALE HOUSEHOLD MEMBERS FROM THE OLDEST TO THE YOUNGEST IN THE TABLE BELOW. TAKE THE LAST DIGIT OF INTERVIEW NUMBER AND CIRCLE AT THE TOP OF THE GRID. THEN DRAW A LINE DOWN TO WHERE IT INTERSECTS WITH THE ROW OF THE YOUNGEST MEMBER AND CIRCLE THAT NUMBER. IN THE LEFT COLUMN CIRCLE THAT SAME NUMBER AND THAT IS THE RESPONDENT TO BE INTERVIEWED.

REMEMBER THAT IF THE SELECTED RESPONDENT IS NOT AVAILABLE, PLEASE ARRANGE CALL BACK TIME TO CONDUCT THE INTERVIEW.

NO	NAME	AGE	GENDER		Last digit of interview number									
			M	F	1	2	3	4	5	6	7	8	9	10
1			1	2	1	1	1	1	1	1	1	1	1	1
2			1	2	2	1	1	2	1	2	2	1	2	1
3			1	2	3	2	1	2	1	3	1	3	2	3
4			1	2	4	1	2	3	3	4	1	2	4	2
5			1	2	5	4	3	1	2	2	3	4	5	1
6			1	2	6	5	1	2	4	3	1	4	5	6
7			1	2	7	1	4	3	6	2	5	3	1	2
8			1	2	3	4	5	7	2	3	6	1	8	7
9			1	2	5	9	3	1	6	7	2	4	8	9
10			1	2	3	2	6	9	7	8	10	4	5	1

S1 RECORD SEX

Male	1	CHECK QUOTA
Female	2	

S2 RECORD LOCATION (Select one)

Fishing	1	CHECK QUOTA
Construction	2	
Rubber Tapping	3	
Thai community	4	

S3 RECORD RISK ZONE AREA (Select one)

High	1	CHECK QUOTA
Medium	2	
Low	3	

SHOW CARD

S4 Which of the following best represents your ethnicity? (Select one)

Thai local Phuket	1	CHECK QUOTA
Thai from other province	2	
Burmese including 'Tavoy' and 'Dawei'	3	
Mon	4	

SHOW CARDS5 Which of the following age groups do you fall into? **(Select one)**

Below 14 years	1	STOP
14 - 24	2	
25 - 34	3	
35 - 49	4	
50 or older	5	

SHOW CARDS6 What is your main activity at present time? **(Select one)**

Studying	1
Employed	2
Home duties	3
Unemployed looking for work	4
Other	5

KNOWLEDGE**DISEASE SORT CARDS**

K1 Which of the following diseases have you heard of before today?

PLACE THE DISEASE SORT CARDS IN FRONT OF THE RESPONDENT. TAKE AWAY THE DISEASE SORT CARDS THEY ARE NOT AWARE OF.

	Yes	No	
Malaria	1	2	ONLY ASK K2–K4 FOR DISEASES THEY ARE AWARE
Dengue	1	2	
Influenza such as Bird Flu (H5N1) or Swine Flu (H1N1)	1	2	

IF 'NO' TO ALL GO TO B1**SORT CARDS + SHOW CARD PICTURE**K2 Which of the following symptoms are associated with ... ? **(Select all that apply)**

		Malaria	Dengue	Influenza such as Bird Flu (H5N1) or Swine Flu (H1N1)
A	High fever	1	1	1
B	Cold shivers	2	2	2
C	Sweating	3	3	3
D	Red spots or rashes	4	4	4
E	Joint or muscle pain	5	5	5
F	Head aches	6	6	6
G	Prolonged tiredness	7	7	7
H	Swollen hands or feet	8	8	8
I	Red eyes and eye pain	9	9	9
J	Itchy skin	10	10	10
K	Nausea or vomiting	11	11	11
L	Stomach ache	12	12	12
M	Cough and sore throat	13	13	13
N	None selected	99	99	99

SORT CARDS + SHOW CARD PICTURE

K3 Which of the following are potential transmission routes for ... ? (Select all that apply)

		Malaria	Dengue	Influenza such as Bird Flu (H5N1) or Swine Flu (H1N1)
A	Night time mosquitoes	1	1	1
B	Day time mosquitoes	2	2	2
C	Other infected people	3	3	3
D	Chickens	4	4	4
E	Ducks	5	5	5
F	Food	6	6	6
G	Water	7	7	7
H	None selected	9	9	9

SORT CARDS + SHOW CARD PICTURE

K4 Which of the following can be done to block transmission for ... ? (Select all that apply)

		Malaria	Dengue	Influenza such as Bird Flu (H5N1) or Swine Flu (H1N1)
A	Mosquito nets	1	1	1
B	Window screens	2	2	2
C	Mosquito repellent	3	3	3
D	Residual spraying	4	4	4
E	Mosquito coil	5	5	5
F	Make sure empty containers or tires are not lying around outside collecting rain water	6	6	6
G	Wash hands with soap	7	7	7
H	Don't eat uncooked poultry or egg	8	8	8
I	Wear facemask	9	9	9
J	Cough or sneeze in elbow	10	10	10
K	Don't let garbage accumulate around the house	11	11	11
L	Cover water storage containers	12	12	12
M	Full cover clothing	13	13	13
M	Avoid contact with infected person	14	14	14
N	None selected	99	99	99

BEHAVIOR

B1 **OBSEVE TO SEE IF THE HOUSE OR ROOM WHERE THE RESPONDENT IS STAYING IS FITTED WITH WINDOW INSECT SCREENS (SEE PICTURE B1)**

Yes, there are screens on all windows	1
Some windows have screens	2
No screens	3

B2 **OBSEVE TO SEE IF THE SURROUNDINGS TO THE HOUSE IS LITTERED WITH POTS, CANS OR TIRES THAT COULD COLLECT RAIN WATER (SEE PICTURE B2)**

Yes, several such items	1
Yes, but only one or two such items	2
No, it is quite clean	3

SHOW CARD

B3 Which of the following do you have at home?

ASK TO SEE IT

	Yes	No	
Mosquito net	1	2	IF NO, CIRCLE 3 IN B5A
Mosquito repellent	1	2	IF NO, CIRCLE 3 IN B5B
Mosquito coil	1	2	IF NO, CIRCLE 3 IN B5C

B4 **IF THEY HAVE A MOSQUITO NET ASK TO SEE IT AND RECORD ITS CONDITION**

Good condition with no holes or tears	1
Moderate condition with some smaller holes	2
Bad condition with large holes or tears	3

SHOW CARD

B5 To what extent do you practice the following? **(Select one per row)**

		Always	Sometimes	Seldom or never
A	Using a mosquito nets when sleeping at night	1	2	3
B	Use mosquito repellent when working outside	1	2	3
C	Burning mosquito coil at night	1	2	3
D	Wash hands with soap before each meal	1	2	3
E	Don't eat uncooked poultry or egg	1	2	3
F	Cough or sneeze in elbow	1	2	3

IF B5A CODE 2 OR 3 ASK B6

SHOW CARD

B6 What is the main reason you don't always use a mosquito net at night? **(Select one)**

Don't feel I need it	1
It is too hot	2
I only use it if I see mosquitoes around	3

SHOW CARD

B7 **If you had high fever and cold shivers, who would you seek advice from? (Select all that apply)**

Doctor	1
Health worker	2
My family or friends	3
Traditional healer	4
Coworkers	5
Employer, manager, foreman or boss	6
Would rely only on myself	7

SHOW CARD

B8 **If you had high fever and cold shivers, how would you seek treatment? (Select all that apply)**

Go to hospital or clinic	1	GO TO B10 CONTINUE
Just leave it to start with to see if it goes away by itself	2	
Consult with family	3	
Buy medicine	4	
Hold a ceremony	5	
Visit traditional healer	6	
I would not know what to do	7	

B9 Why would you not go to the hospital or clinic? **(Select all that apply)**
DO NOT PROMPT, ASK: Any other reason? UNTIL NO OTHER REASON

I don't speak Thai language well (MIGRANTS ONLY)	1	GO TO B12
Don't have a health care card	2	
Would cost too much money	3	
Don't trust them	4	
Too far away	5	
They cannot do a better job anyway	6	
Waiting time at the hospital or clinic is too long	7	
Other reason mentioned	8	

SHOW CARD

B10 Which of the following would you do if the hospital or clinic gave you medicine? **(Select one)**

I would take all the medicine as prescribed	1
I would take it until my symptoms disappeared	2

SHOW CARD

B11 Would you go back to the hospital for check up? **(Select one)**

Yes	1
Only if the doctor or nurse told me to	2
No, probably not	3
Not sure	4

SHOW CARD

B12 If a healthcare worker came to your home and offered to take a blood test would you agree to this? **(Select one)**

Yes	1
Yes, but only if I thought I was ill	2
No	3
Not sure	4

B13 Have you ever bought medicine because you had high fever and cold shivers?

Yes	1	CONTINUE
No	2	GO TO B16

SHOW CARD

B14 Which of the following kinds of medicine did you buy? **(Select all that apply)**

Fever reducing medicine	1
Antibiotics	2
Herbal medicine	3
Other	4
Don't remember	5

SHOW CARD

B15 From where did you buy the medicine? **(Select one)**

Local drug store	1
Pharmacy	2
Government health center	3
Private clinic or doctor	4
Hospital	5
Traditional healer, unlicensed doctor	6

Fortune teller	7
----------------	---

B16 Are there any children under 5 years living in this household?

Yes	1	CONTINUE
No	2	GO TO M1

SHOW CARD

B17 If your child had high fever and cold shivers, how would you seek treatment? **(Select all that apply)**

Go to hospital or clinic	1	GO TO M1
Just leave it to start with to see if it goes away by itself	2	CONTINUE
Consult with family	3	
Buy medicine	4	
Hold a ceremony	5	
Visit traditional healer	6	
I would not know what to do	7	

B18 Why would you not go to the hospital or clinic? **(Select all that apply)**
DO NOT PROMPT, ASK: Any other reason? UNTIL NO OTHER REASON

I don't speak Thai language well (MIGRANTS ONLY)	1
Don't have a health care card	2
Would cost too much money	3
Don't trust them	4
Too far away	5
They cannot do a better job anyway	6
Waiting time at the hospital or clinic is too long	7
Other reason mentioned	8

SHOW CARD

B19 If a healthcare worker came to your home and offered to take a blood test of your child would you agree to this? **(Select one)**

Yes	1
Yes, but only if I thought my child was ill	2
No	3
Not sure	4

MEDIA

SHOW CARD

M1 Which of the following media do you have in this household? **(Select all that apply)**

SHOW CARD

M2 Which of the following media did you watch, read or listen to in the last week?
(Select all that apply)

SHOW CARD

M3 What time of day do you normally watch, read or listen to those media you just mentioned?
(Select one per row)

	M1	M2	M3					
			Morning 5.00-8.00	Morning 8.00- 11.00	Lunch 11.00- 14.00	Afternoon 14.00- 18.00	Night 18.00- 21.00	Night after 21.00
Television	1	1	1	2	3	4	5	6
Radio	2	2	1	2	3	4	5	6
Newspaper / magazines	3	3	1	2	3	4	5	6
Internet	4	4	1	2	3	4	5	6
None of the above	5	5	➔ GO TO M4					

M4 Do you currently have a working mobile phone?
ASK TO SEE IT

Yes	1	CONTINUE
No	2	GO TO M8

M5 Which of the following service providers do you currently use? **(Select one)**

AIS	1
DTAC	2
True Move	3
ToT	4
"3" (Hutchinson)	5

SHOW CARD

M6 Which of the following features do you use on your mobile phone? **(Select all that apply)**

Receiving or sending text messages (SMS)	1	CONTINUE GO TO M7
Receiving or making voice calls	2	
Access internet	3	
Listen to radio	4	
Bluetooth	5	
Other mentioned	6	

M6b What language do you normally use for SMS? **(Select one)**

Thai	1
Burmese	2
Mon	3
Other	4

M7 Does your phone have a 'memory card slot'? **(Select one)**
ASK TO SEE IT

Yes	1
No	2
Don't know	3

SHOW CARD

M8 Which of the following sources do you rely on for health related information in Thailand?
(Select all that apply)

Television	1
Radio	2
Newspaper and print media	3
Talking with friends or relatives	4
Posters or billboards	5
Brochure provided by health workers	6
Employer, manager, foreman or boss	7
None	8

DISEASE SORT CARDS + SHOW CARD

M9 In which of the following media, if any, have you seen or heard information about ...
(Select all that apply)

SHOW ONLY DISEASES AWARE OF FROM K1

	Malaria	Dengue	Influenza such as Bird Flu (H5N1) or Swine Flu (H1N1)
Television	1	1	1
Radio	2	2	2
Newspaper and print media	3	3	3
Talking with friends or relatives	4	4	4
Posters or billboards	5	5	5
Brochure provided by health workers	6	6	6
Employer, manager, foreman or boss	7	7	7
None	8	8	8

DEMOGRAPHICS

SHOW CARD

D1 Which of the following best describes your current level of education? **(Select one)**

Have not completed elementary school	1
Completed elementary school	2
Completed Junior high school	3
Completed Senior high school	4
Completed Diploma, University or higher education	5

D2 Are you currently married?

Yes	1
No	2

D3 Including yourself, how many people live in this household? **WRITE IN A NUMBER**

SHOW CARD

D4 Which of the following languages can you ... **(Select all that apply)**

	A Speak	B Read	C Write
Thai	1	1	1
Burmese	2	2	2
Mon	3	3	3
None		4	4

SHOW CARD

D5 Which of the following best describes your total monthly gross household income before paying any expenses? **(Select one)**

SEC Class	Income group	
E	0 - 7,500 Baht	1
D	7,501 - 18,000	2
C-	18,001 - 24,000	3
C	24,001 - 35,000	4
C+	35,001 - 50,000	5
B	50,001 - 85,000	6
A	85,001 or more	7

D6 Do you have a current hospital or health care card?
ASK TO SEE IT

Yes	1
No	2

THANK YOU FOR YOUR TIME AND COOPERATION

SUPERVISOR OBSERVATION

SUPERVISOR TO WALK AROUND THE TARGET AREA FOR INTERVIEWS AND MAKE OBSERVATIONS IN RELATION TO THE QUESTIONS BELOW. MAY NEED TO ASK LOCAL COMMUNITY LEADER.

P1 Community population? **WRITE IN A NUMBER**

P2 Ethnic groups present (**Select all that apply**)

Thai local Phuket	1
Thai from other province	2
Burmese	3
Mon	4

P3 Which of the following facilities do most people have access to? (**Select all that apply**)

Electricity	1
Running water	2
Mobile phone signal	3
Television	4
Radio	5

P4 What are the main industries in the area? (**Select all that apply**)

Fishing	1
Construction	2
Rubber Tapping	3
Tourism	4
Farming	5
Other	6

P5 Type and condition of community access road? (**Select one**)

Sealed road in good condition	1
Sealed road in poor condition	2
Dirt road with 2WD truck access	3
Dirt road with access only for 4WD	4
Dirt road with access for MC only	5

P6 Approximate number of kilometers to the nearest health clinic or hospital?
WRITE IN A NUMBER

Kilometers

P7 Can chicken and/or ducks be seen running around freely? (**Select one**)

Yes, chickens and ducks	1
Yes, but chickens only	2
Yes, but ducks only	3
No	4

P8 Is the surroundings in the community littered with pots, cans or tires that could collect rain water? **(Select one)**

Yes, in large numbers	1
Yes, but only here and there	2
No, it is quite clean	3

P9 **WRITE IN GPS COORDINATES**

Latitude:	Longitude:
-----------	------------

P10 **TAKE A PHOTO OF COMMUNITY AND SURROUNDINGS**

Community photo	1
Surroundings	2
Interesting observation such as good or bad examples of disease prevention	3