|  |  |  |
| --- | --- | --- |
| **A: Introduction** | | |
| *S. No* | *Question* | *Response* |
|  | Age | |\_\_\_|\_\_\_| |
|  | Sex | 1. Male 2. Female |
|  | What is your role in the Malaria Programme | Role: …………………………………………………………………………………………  …………………………………………………………………………………………  ………………………………………………………………………………………… |
| **B: Describing location** | | |
| *S. No* | *Question* | *Response* |
|  | I am confident in describing household location of my malaria cases for planning programme activities | *Circle one that applies*   1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree |
|  | I understand the meaning of longitude and latitude for describing location | *Circle one that applies*   1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree |
| **C: Device usage and location capture** | | |
| *S. No* | *Question* | *Response* |
|  | What devices do you use for capturing coordinates (circle all the devices you have used)? | *Circle all that apply*  a. GPS device/s  b. Tablet/s  c. Mobile phone  d. Other device, specify: ……………………………………….. |
|  | When you capture coordinates, do you check any of the below readings? (circle Y for yes and N for No) | 1. Number of satellites ( Y / N )   **If yes,** for acceptable accuracy, what is the minimum number of satellites you would use?  Minimum satellites.………………./ Don’t know |
| 1. Precision ( Y / N )   **If yes,** for acceptable accuracy, what is the minimum distance you would use?  Minimum distance…………………/ Don’t know |
|  | How do you rate your knowledge in **the process of capturing the accurate coordinates** in the **field**? | *Circle one that applies*   1. Excellent 2. Very good 3. Good 4. Fair 5. Poor |
|  | How confident are you in checking / correcting the settings of each of the devices below in order to obtain accurate coordinate readings?   |  |  |  |  | | --- | --- | --- | --- | | GPS Device | Tablet | Mobile Phone | Other devices ……………… | | 1. Very confident 2. Confident 3. Slightly confident 4. Not confident at all 5. I have never set it | 1. Very confident 2. Confident 3. Slightly confident 4. Not confident at all 5. I have never set it | 1. Very confident 2. Confident 3. Slightly confident 4. Not confident at all 5. I have never set it | 1. Very confident 2. Confident 3. Slightly confident 4. Not confident at all 5. I have never set it | | |

|  |  |  |
| --- | --- | --- |
|  | How useful did you find the training you had today for your work? | *Circle one that applies*   1. Very useful 2. Useful 3. Not useful 4. Don’t know |
|  | Is there anything else would you like to be trained on in future? | *Write your answer below*  *………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………* |