**Case Investigation and Reactive Case Detection Survey Evaluation**

**Introduction:**

Thank you for agreeing to participate in this survey. This questionnaire seeks to evaluate your knowledge and practice of case investigation and reactive case detection activities. Please answer each question honestly and to the best of your ability. This in no way will affect your employment or job standing.

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Attention****: Complete the section(s) below that is relevant to your current job responsibilities:*

1. Case Investigation: Complete **Section 1 only**

2. Reactive Case Detection: Complete **Section 2 only**

3. Both Case Investigation and Reactive Case Detection: Complete **both Sections 1 and 2**

**Section 1. Case Investigation**

1. Are standard operating procedures (SOPs) for case investigation available for use in your workplace [e.g. health facility]?
   1. Yes
   2. No
2. What is the policy for conducting a case investigation?
   1. All indigenous and imported cases
   2. Indigenous cases only
   3. Imported cases only
   4. Other – Please specify:
3. Within how many days should the positive case be investigated? \_\_\_\_\_\_\_\_\_\_\_\_\_

*[cross check individual level data to get mean/range times]*

1. When doing a case investigation, which one of the following best describes how you make an appointment with that case?
   1. Telephone the case
   2. No communication - go to the case residence to see if he or she is home
   3. Inform volunteers to make appointment with the case
   4. Other – Please specify:
2. What do you do the most if the case is not home when you visit?
   1. We do not re-visit the index case
   2. We mark the case as imported
   3. We mark the case as “not found”
   4. Visit a second time: later that day or on a subsequent day
   5. Telephone to schedule an appointment
   6. Inform volunteers to make appointment with the case
   7. Other – Please specify:
3. What time of day do you normally investigate cases?
   1. Right after case detected at malaria clinics
   2. Before 8am
   3. Between 8am - 5pm
   4. After 5pm
   5. Weekends
   6. Whenever the team is available
   7. Other – Please specify:
4. What information do you use to determine if an index patient is a local case?
   1. Case has traveled to another endemic area
   2. Case traveled outside village within the last 2 weeks (but not within the last week)
   3. Presence of malaria vector
   4. The case stays in the village within the last two weeks
   5. Other – Please specify:
5. What are some of the challenges in conducting case investigation?

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**Section 2. Reactive Case Detection**

1. Are standard operating procedures (SOPs) for RACD available for use in your workplace   
   [e.g., health facility]?
   1. Yes
   2. No
2. What triggers RACD screening in the community?
   1. Cases in non-endemic villages
   2. All positive cases
   3. All cases in village with presence of vector
3. Within how many days should RACD occur?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   *[cross check individual level data to get mean/range times]*
4. What is the minimum number of **people** to be screened around a positive case?

Number of people screened:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is a minimum number of **households** to bescreened around a positive case?

Number of households screened:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is a minimum **geographic radius** to be screened around a positive case?

Number of meters radius screened:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When screening household members do you screen:
   1. Febrile cases only
   2. All household members (asymptomatic and febrile cases)
   3. We do not screen household members of a positive case
2. What do you do the most if someone from the **household of the malaria case** is not home and you cannot screen them?
   1. We do not re-visit household members
   2. Visit a second time: later that day or on a subsequent day
   3. Telephone to schedule an appointment
   4. Inform volunteers to make appointment with the household members
   5. Other – Please specify:
3. When screening **neighbors** of the index case household, do you:
   1. Visit each house and screen only those household members.

Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Collect the community members in to one location and screen there.

Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What time of day do you normally conduct RACD screening in the community?
   1. Right after case detected at malaria clinics
   2. Before 8am
   3. Between 8am - 5pm
   4. After 5pm
   5. Weekends
   6. Whenever the team is available
   7. Other – Please specify:
2. If an **individual from the** **community** is missing at the time of RACD screening, what do you do?
   1. We do not re-visit the individual
   2. Visit a second time: later that day or on a subsequent day
   3. Telephone the individual to schedule an appointment
   4. Inform volunteers to make appointment with the individual
   5. Other – Please specify:
3. What other activities do you do during RACD?
   1. Indoor residual spraying
   2. LLIN/ ITN distribution
   3. Mosquito species identification/ entomological survey
   4. Larviciding
   5. Case finding
   6. Health promotion
   7. Other activities; Please specify:
4. If any case is not investigated or followed up with RACD, what are the main reasons?

(list top 3)

* 1. It is an imported case/migrant
  2. It is outside of my district
  3. The person could not be found
  4. Not enough staff/resources
  5. Case was in a remote area and unable to access
  6. Daily cross border case
  7. Case was notified too late
  8. Case was detected in other health facilities
  9. Not applicable – we investigate/follow-up every case
  10. Incomplete patient Information
  11. Other – Please specify:

1. What are some of the challenges in conducting RACD screening in the community?

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