

QUESTIONNAIRE FOR PESTICIDE TRADERS

Time started: _____

Interviewer: _____

Survey ID: _____

The purpose of this questionnaire is to investigate the availability of pesticides on the market, and the health & environmental effects of pesticide handling. It is for research purposes only. Please answer the questions to the best of your knowledge. Answers will be kept completely confidential and will only be presented in a summary format.

I. Background Information

1. Name of the enterprise/shop: _____
 - 1.1 Address of the shop: _____
 - 1.2 Phone No. (if available): _____
2. Village/Town/City: _____
3. Thana: _____
4. District: _____
5. Division: _____
6. Name of the respondent: _____
7. Age: _____ years
8. Gender: ☐ Male ☐ Female
9. Please check the appropriate cell:

Nature of the shop	Nature of the business		
	Retailer	Wholesaler	Wholesaler/ Retailer
9.1 Pesticides only			
9.2 Agricultural inputs (e.g. fertilizer, seeds, etc.) including pesticides			
9.3 Pesticides and stationery items			
9.4 Pesticide and grocery items (Open food items)			
9.5 Others (Please specify) _____			

10. How long have you been in the business of selling pesticides? _____ years
11. Ownership: ☐ Owner ☐ Employee
12. How much time do you spend in this shop: Hours in a day on average

___ hours/day

13. Who are the suppliers of the pesticides you sell?

Wholesaler	_____%	Distributor	_____%
Pesticide Company	_____%	Smugglers	_____%
Others	_____%		

14. What is the percentage delivered to your shop? _____%

15. What is the primary mode of transport in delivering the product to your premises? _____

16. Approximately what percentage of product delivered to your premises arrives damaged/unsealed or broken? _____ %

19. Please list your best selling pesticides: (According to the # of customers)

	Insecticide	Herbicide	Fungicide	Rodenticide	Others
First					
Second					
Third					
Fourth					
Fifth					

20. Please list your best selling pesticides: (According to the quantity of product)

	Insecticide	Herbicide	Fungicide	Rodenticide	Others
First					
Second					
Third					
Fourth					
Fifth					

21. Please list the crops farmers use the most pesticides on?

Rank	Name of Crop
1	
2	
3	
4	
5	

III. Information & Training

22. What is the percentage of customers buying pesticides solely based on your suggestions? _____ %

23. What is the percentage of customers buying pesticides solely based on their own understanding? _____ %

24. Who are your main sources of information on pesticides:

	NGO	Ag. Ministry officials	Farmers	Pesticide suppliers or companies	Others
Safe handling					
Use (crop, dose, etc.)					

25. Have you ever received training on safe handling or the use of pesticides?

Use: 1. ☐ Yes 2. ☐ No

Safe handling: 1. ☐ Yes 2. ☐ No

25.1 If **YES**, who was your source? _____

26. Do you need any further instruction and/or training on pesticides:
- Use: 1. ☐ Yes 2. ☐ No
- Safe handling: 1. ☐ Yes 2. ☐ No
27. Do you take any protective measures during the loading/unloading/repackaging of pesticides: 1. ☐ Yes 2. ☐ No

IV. Health

The next section is related to health. For information about the past, please recall the best that you can about any problems which you may have experienced.

28. Height cm _____
29. Weight kg _____
30. Do you smoke?
1. ☐ Yes **(Please go to question 30.1)**
2. ☐ No **(Please go to question 31)**
3. ☐ No, but ex-smoker **(Please continue with question 30.1)**
- 30.1 What kind?
1. ☐ Pipe 3. ☐ Cigarettes without filter
2. ☐ Cigarettes with filter 4. ☐ Other _____
- 30.2 How many cigarettes do you smoke per day? _____
1. ☐ 1 – 5 4. ☐ 2 – 4 boxes
2. ☐ 6- 10 5. ☐ 4 – 6 boxes
3. ☐ 1 – 2 boxes
- 30.3 How old were you when you started smoking regularly? ____ (years old)
1. ☐ 11 – 15 4. ☐ 26 - 30
2. ☐ 16 – 20 5. ☐ More than 30
3. ☐ 21 - 25
- 30.4 If you are an ex-cigarette smoker, for how many years have you stopped smoking regularly?
1. ☐ Less than 1 year 4. ☐ 5 – 10 years
2. ☐ 1 – 3 years 5. ☐ More than 10 years
3. ☐ 3 – 5 years
31. If you do not smoke, does anyone else in your household smoke?
1. ☐ Yes 2. ☐ No

32. Have you ever had any of the following symptoms after handling pesticides during the last year? **(Please check all that may apply)**

- | | |
|--|---|
| 1. <input type="checkbox"/> Eye irritation | 6. <input type="checkbox"/> Fever |
| 2. <input type="checkbox"/> Headache | 7. <input type="checkbox"/> Convulsion |
| 3. <input type="checkbox"/> Dizziness | 8. <input type="checkbox"/> Shortness of breath |
| 4. <input type="checkbox"/> Vomiting | 9. <input type="checkbox"/> Skin irritation |
| 5. <input type="checkbox"/> Diarrhea | 10. <input type="checkbox"/> Other (Please specify) _____ |

11. ☐ No (**Please go to question 45.**)

33. How long did that (these) symptoms last? (in days). (**Write down the number of days the symptom lasted**)

- | | |
|--------------------------------|----------------------------------|
| 1. Eye irritation _____ (days) | 6. Fever _____ |
| 2. Headache _____ | 7. Convulsion _____ |
| 3. Dizziness _____ | 8. Shortness of breath _____ |
| 4. Vomiting _____ | 9. Skin irritation _____ |
| 5. Diarrhea _____ | 10. Other (please specify) _____ |

34. How sure or confident are you that the symptoms you experienced were caused by exposure to pesticides?

- | | % confidence of the respondent |
|--|--------------------------------|
| 1. <input type="checkbox"/> Not sure | (0 – 20%) |
| 2. <input type="checkbox"/> Little | (20 – 40%) |
| 3. <input type="checkbox"/> Rather | (40 – 60%) |
| 4. <input type="checkbox"/> Very | (60 – 80%) |
| 5. <input type="checkbox"/> Extremely | (80 – 100%) |
| 6. <input type="checkbox"/> I don't know | |

35. Which symptom bothered you the most?

- | | |
|--|---|
| 1. <input type="checkbox"/> Eye irritation | 6. <input type="checkbox"/> Fever |
| 2. <input type="checkbox"/> Headache | 7. <input type="checkbox"/> Convulsion |
| 3. <input type="checkbox"/> Dizziness | 8. <input type="checkbox"/> Shortness of breath |
| 4. <input type="checkbox"/> Vomiting | 9. <input type="checkbox"/> Skin irritation |
| 5. <input type="checkbox"/> Diarrhea | 10. <input type="checkbox"/> Other (Please specify) _____ |

36. Did the symptom (illness) cause you to spend the day in bed?

1. ☐ Yes → 36.1 How many days? _____
2. ☐ No

37. Did the symptom (illness) prevent you from going out to work?
1. ☐ Yes → 37.1 How many days did this illness prevent you from going to work? _____
2. ☐ No → 37.2 Did you feel tired or less productive as usual?
1. ☐ Yes 2. ☐ No
38. Did you lose any income because of not working?
1. ☐ Yes 2. ☐ No
- 38.1 If **YES**, how much income did you lose?
- Income for _____ days
 _____ weeks
 _____ months
39. Did this symptom (illness) prevent you from daily activities except working?
1. ☐ Yes → 39.1 If YES, How many days? _____ (days)
2. ☐ No
40. Did you eat differently (more vegetables, take vitamins, etc.), or take anything else to relieve the symptoms?
1. ☐ Yes → 40.1 If YES, How much money did you spend in total? _____ (Taka)
2. ☐ No
41. Did you take any medicine to relieve the symptoms or cure the disease?
1. ☐ Yes → 41.1 How much did it cost you _____ (Taka)
2. ☐ No → 41.2 Please explain why? _____
42. Did you go to the doctor (or health care persons)
1. ☐ Yes → 42.1 What was doctor's diagnosis? _____
- 42.2 How much did this visit cost you in total (doctor, prescriptions, etc)? _____ (Taka)
2. ☐ No → 42.3 Please explain why? _____
43. Did you go to a hospital or a health care station?
1. ☐ Yes → 43.1 How many nights did you stay in? _____
- 43.2 How much did you pay in total? _____ (Taka)
2. ☐ No → 43.3 Please explain why? _____
44. How many times have you had any of these symptoms in the last five years?
1. Eye irritation _____ (times) 6. Fever _____

2. Headache _____
3. Dizziness _____
4. Vomiting _____
5. Diarrhea _____
7. Convulsion _____
8. Shortness of breath _____
9. Skin irritation _____
10. Other (please specify) _____

45. Do you think that pesticide handling and/or exposure, overall, has any negative short-term impacts on your health?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
No effect	Little effect	Some effects	Large effects	Fatal effects	I don't know
Why?					

46. Do you think that pesticide handling and/or exposure, overall, has any negative long-term impacts on your health (i.e. cancer)?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
No effect	Little effect	Some effects	Large effects	Fatal effects	I don't know
Why?					

47. Do you recall if there were any pesticide-related accidents in your store in the last one year? 1. ☐ Yes 2. ☐ No

47.1 If YES, please describe

V. Surveyor observations:

48. Location of pesticide(s) being sold in the shop:

49. Understanding of languages written on pesticide labels:

50. Number of pesticide shops in the market (not exclusively in the market):

VI. Interviewer debriefing questions: (To be filled out by the interviewer only)

51. Do you think that it was easy for the respondent to answer the questions concerning his/her pesticide use?

1. ☐ Yes 2. ☐ No

52. Do you think that it was easy for the respondent to answer the questions concerning their health?

1. ☐ Yes 2. ☐ No

53. Are you certain that the interviewee was answering to the questions honestly and truly?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very	Moderately	Neutral	Moderately	Very
Uncertain	Uncertain		Certain	Certain

54. Time finished: _____

55. Data entry operator _____

End of Survey. Thank you.

Note:

Columns in the data sheet containing questions, which did not receive any response, have been filled with the color grey.