

PMV ID			

## Gombe State Malaria Control Booster Project Patent Medicine Vendor (PMV) Survey 2012

Conducted with the Support of the World Bank  
Implementing Firm: Hanovia Medical Limited

NAME OF STATE	CODE	
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NAME OF LGA	CODE	
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NAME OF WARD	CODE	
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NAME OF NEAREST PRIMARY HEALTHCARE FACILITY	CODE	
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SEA NUMBER	<table border="1" style="width: 100%;"> <tr><td></td></tr> </table>		<table border="1" style="width: 100%;"> <tr> <td>RURAL</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>PERI-URBAN</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>URBAN</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	RURAL	1		PERI-URBAN	2		URBAN	3	
RURAL	1											
PERI-URBAN	2											
URBAN	3											

NAME OF VILLAGE	

INTERVIEWER NAME	CODE	DATE OF FIRST INTERVIEW							
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DAY	MONTH	YEAR							

INTERVIEWER NAME	CODE	DATE OF FINAL INTERVIEW							
	<table border="1" style="width: 100%;"> <tr><td></td></tr> </table>		<table border="1" style="width: 100%;"> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR							

<b>RESULT OF INTERVIEW</b>	COMPLETED	01
	PARTIALLY COMPLETED	02
	REFUSAL	03
	PMV NOT PRESENT	04
	OTHER (SPECIFY)	96

<b>LANGUAGES</b>	ENGLISH	01
	BOLEWA	02
	FULFULDU	03
	HAUSA	04
	IGBO	05
	KANURI	06
	TANGALE	07
	TERA	08
	OTHER (SPECIFY)	96

PRIMARY LANGUAGE OF THE INTERVIEW

RESPONDENTS' LOCAL LANGUAGE

TRANSLATOR USED (1 = NEVER; 2 = SOMETIMES; 3 = ALWAYS)

**SUPERVISOR NAME**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA ENTRY OPERATOR**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA ENTRY SUPERVISOR**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

## CONSENT

**Instructions for Enumerator:** Read the standard PMV Interview Consent text.

(0.01) Do you agree to participate in this interview?

YES	1	<input type="text"/>
NO	2	<input type="text"/>

► END INTERVIEW

**LETTER FROM THE STATE BOOSTER PROJECT** Please show the letter to reconfirm the purpose of the interview

YES	1	<input type="text"/>
NO	2	<input type="text"/>

**GENDER OF RESPONDENT**

MALE	1	<input type="text"/>
FEMALE	2	<input type="text"/>

**NAME OF RESPONDENT (PMV)**

**Mobile Phone #:**  **Email:**

**GPS:**

**Way Point ID**

**Latitude (N):**

**Longitude (E):**

**Comments:**

## Section 1: General Information

### 1.1: PMV

(1.01) What is your current age, in years?

RECORD NUMBER OF YEARS:

(1.02) What is your marital status?

MARRIED	01
SINGLE	02
DIVORCED	03
WIDOWED	04

OTHER (SPECIFY) 96



(1.03) What is the highest grade you have completed in school?

JS1	21
JS2	22
JS3	23
SS1	24
SS2	25
SS3	26

VOCATIONAL 32

TECHNICAL 33

UNIVERSITY UNDERGRADUATE 42

UNIVERSITY GRADUATE 43

OTHER (SPECIFY) 96



(1.04) What is your religion?

CHRISTIAN	01
MUSLIM	02
TRADITIONAL	03
NONE	04
OTHER (SPECIFY)	96



(1.05) What is your ethnic group?

TANGALE	01
TERA	02
TULA	03
FULANI	04
IGBO	05
YORUBA	06
OTHER (SPECIFY)	96

OTHER (SPECIFY)



(1.06) For how many years have you been resident in this community?

RECORD NUMBER OF YEARS:

(1.07) For how many years have you worked as a PMV?

RECORD NUMBER OF YEARS:

(1.08) Are you, or have you been, involved with volunteer and / or community work?

YES, VOLUNTEER	01
YES, COMMUNITY	02
YES, VOLUNTEER AND COMMUNITY	03
NO	04

► NEXT SECTION

(1.09) What kind of community and / or volunteer work are / were you involved in?


**RECORD FIRST RESPONSE ONLY**

CAMPAIGNS FOR SPECIAL EVENTS (e.g. NATIONAL IMMUNIZATION DAYS, SAFE MOTHERHOOD DAY, LLIN DISTRIBUTION, WORLD MALARIA DAY, ETC.)	01
COMMUNITY DEVELOPMENT WORK (e.g. BUILDING BOREHOLES, ETC.)	02
PROVIDING COMMUNITY / NEIGHBORHOOD SECURITY	03
COMMUNITY HEALTH PROMOTION (e.g. FAMILY PLANNING, IMMUNIZATION, HIV, ETC.)	04
OTHER (SPECIFY)	96





## 1.2: PMV business

(1.10) **OBSERVE** THE TYPE OF STRUCTURE THE SHOP / OUTLET IS IN

 TRADITIONAL HOUSE	01	MOBILE UNIT	06
DETACHED HOUSE	02	OTHER (SPECIFY)	96
SEMI-DETACHED HOUSE	03		
		▼	
FLAT / APARTMENT / MULTI-UNIT BUILDING	04		
ROADSIDE STALL	05		

(1.11) **OBSERVE** THE MAIN MATERIAL USED FOR:

 BRICKS OR BLOCKS	01	A. WALLS	
ASBESTOS	02	B. ROOFTOP	
CORRUGATED IRON / METAL	03	C. FLOOR	
PLASTIC	04		
POLES / REED	05		
TILES / SLATES	06		
THATCH / GRASS	07		
WOOD / BAMBOO	08	CARDBOARD	12
EARTH / MUD	09	OTHER (SPECIFY)	96
CONCRETE ONLY	10		
COVERED CONCRETE	11	▼	


(1.12) Do you have a source of clean drinking water in this shop / outlet?

YES	01
NO	02

► (1.14)

(1.13) What is the main source of clean drinking water in this shop / outlet in the:

DIRECTLY FROM RIVER / LAKE / STREAM / DAM	01	A. Dry season:	
PUMPED / PIPED FROM RIVER / LAKE / STREAM / DAM	02	B. Rainy season:	
UNPROTECTED WELL	03		
PROTECTED WELL	04	BOUGHT FROM WATER VENDOR	09
BOREHOLE	05	BOTTLED / BAGGED WATER	10
PUBLIC TAP	06	RAIN WATER	11
OWN TAP	07	OTHER (SPECIFY)	96
OTHER TAP (E.G. IN NEARBY BUILDING)	08	▼	

(1.14) How do you dispose of rubbish?

RUBBISH COLLECTED	01
PIT	02
BURY	03
BURN	04

DUMP	05
OTHER (SPECIFY)	96
▼	

(1.15) Does the shop have electricity?

YES	01
NO	02

► (1.17)

(1.16) For how many hours per day does the shop normally have electricity?

RECORD NUMBER OF HOURS:

(1.17) What is the main source of energy for lighting (i.e. which do you use the most?)

ELECTRICITY FROM GRID (NEPA / PHCN)	01
ELECTRICITY FROM GENERATOR	02
KEROSENE / PARAFFIN / GAS / OIL LAMP	03
CANDLES	04
OPEN FIRE	05

TORCH	06
SOLAR PANEL	07
OTHER (SPECIFY)	96
▼	

(1.18) Are you the owner of this business?

YES	01
NO	02

► (1.24)

(1.19) For how many years has this shop / outlet operated?

RECORD NUMBER OF YEARS:

(1.20) Before you, did someone else own this shop / outlet?

YES	01
NO	02

► (1.22)

(1.21) Before you, who was the owner of this shop / outlet?

PARENT (FATHER / MOTHER)	01
BROTHER / SISTER	02
OTHER RELATIVE	04
FRIEND / NEIGHBOR	05

OTHER (SPECIFY)	96
▼	

(1.22) If you sold this business today, how much money would you receive for it?

RECORD AMOUNT IN NAIRA

(1.23) If you rented the right to operate this business, how much rent would you receive per month?

RECORD PAYMENT PERIOD CODE  
AND AMOUNT PER PERIOD

WEEKLY	01
BI-WEEKLY	02
MONTHLY	03
ANNUALLY	04
OTHER (SPECIFY)	96

► (1.26)

► (1.26)

► (1.26)

► (1.26)

► (1.26)

PAYMENT  
PERIOD:

AMOUNT /  
PERIOD:

► (1.26)

(1.24) Do you pay rent for the right to operate this business?

YES	01
NO	02

► (1.26)

(1.25)	How much rent do you pay?	
	WEEKLY	01
	BI-WEEKLY	02
	MONTHLY	03
	ANNUALLY	04
	OTHER (SPECIFY)	96

RECORD PAYMENT PERIOD CODE AND  
AMOUNT PER PERIOD

PAYMENT  
PERIOD:

AMOUNT /  
PERIOD:


(1.26) Are there any apprentices or assistants working in this business?

YES	01
NO	02

► (1.28)

--

(1.27) How many apprentices are working in this business?

RECORD NUMBER OF APPRENTICES:

--

(1.28) In a normal week, how many days is the business closed?

RECORD NUMBER OF DAYS:

--

(1.29) On what days of the week do you typically close the business?

RECORD "YES" / "NO" FOR EACH DAY, BUT DO  
NOT READ RESPONSES TO THE RESPONDENT

YES	01
NO	02

A. MONDAY


E. FRIDAY


B. TUESDAY

F. SATURDAY

C. WEDNESDAY

G. SUNDAY

D. THURSDAY

(1.30) On a normal business day, for how many hours is this  
business typically open?

RECORD NUMBER OF HOURS:

--

(1.31) On a normal business day, for how many hours are you  
typically in this business?

RECORD NUMBER OF HOURS:

--

(1.32) Do you own any other PMV shops?

YES	01
NO	02

► NEXT SECTION

--

(1.33) How many PMV shops do you own?

RECORD NUMBER OF SHOPS:

--

## Section 2: Training and Services

(2.01) Have you received any training for your PMV work?

YES	01
NO	02

► (2.08)

☐

(2.02) Who provided this training?

LOCAL GOVERNMENT	01
STATE GOVERNMENT	02
FEDERAL GOVERNMENT	03
PMV ASSOCIATION	04
SOCIETY FOR FAMILY HEALTH (SFH)	05
OTHER NGO	06

PRIVATE ORGANIZATION	07
RELIGIOUS ORGANIZATION	08
OTHER (SPECIFY)	96


☐

(2.03) Have you received any training specifically for management of malaria or fever?

YES	01
NO	02

► (2.07)

☐

(2.04) Who provided this training?

LOCAL GOVERNMENT	01
STATE GOVERNMENT	02
FEDERAL GOVERNMENT	03
PMV ASSOCIATION	04
SOCIETY FOR FAMILY HEALTH (SFH)	05
OTHER NGO	06

PRIVATE ORGANIZATION	07
RELIGIOUS ORGANIZATION	08
OTHER (SPECIFY)	96


☐

(2.05) Have you received any training specifically for management of malaria with Artemisinin Combination Therapy (ACT)?

YES	01
NO	02

► (2.07)

☐

(2.06) Who provided this training?

LOCAL GOVERNMENT	01
STATE GOVERNMENT	02
FEDERAL GOVERNMENT	03
PMV ASSOCIATION	04
SOCIETY FOR FAMILY HEALTH (SFH)	05
OTHER NGO	06

PRIVATE ORGANIZATION	07
RELIGIOUS ORGANIZATION	08
OTHER (SPECIFY)	96


☐

(2.07) What topics were covered in these trainings?

YES	01
NO	02

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

A. Childhood diseases (ARI, diarrhea, fever)

☐

I. Malaria

☐

B. Family Planning

☐

J. Nutrition

☐

C. Antenatal and postnatal care

☐

K. Sanitation and home hygiene

☐

D. Referral to facility for delivery or danger signs

☐

L. Mental health

☐

E. Newborn care

☐

M. Disabilities

☐

F. Tuberculosis

☐

N. Other (specify)

☐


G. Vaccinations

☐

\_\_\_\_\_

H. Record keeping / Inventory management

☐

(2.08) Do you have any job aids hanging in your shop which describe the signs and symptoms of malaria and how to prevent and/or treat this?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

☐

(2.09) Have you provided any health services in the past 3 months, in addition to your normal work as a PMV?

YES	01
NO	02

► NEXT SECTION

☐



(2.10) Which of the following services have you provided within the past 3 months, either as part of your normal work as a PMV or in addition to this?

YES	01
NO	02

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

A. Treat sick children	<input type="checkbox"/>	M. Newborn care	<input type="checkbox"/>
B. Refer very sick children	<input type="checkbox"/>	N. Refer for TB diagnosis	<input type="checkbox"/>
C. Support outreach vaccination campaigns	<input type="checkbox"/>	O. Supervise DOTS treatment for TB	<input type="checkbox"/>
D. Consultations for adults	<input type="checkbox"/>	P. Malaria treatment	<input type="checkbox"/>
E. Provide birth spacing methods	<input type="checkbox"/>	Q. Distribute mosquito nets	<input type="checkbox"/>
F. Give iron tablets and nutrition advice to pregnant women	<input type="checkbox"/>	R. Advise and refer on mental health	<input type="checkbox"/>
G. Refer pregnant women for tetanus toxoid and antenatal care	<input type="checkbox"/>	S. Advise and refer on disabilities	<input type="checkbox"/>
H. Supervise and advise TBA	<input type="checkbox"/>	T. Health education for groups of people	<input type="checkbox"/>
I. Supervise home deliveries	<input type="checkbox"/>	U. Other (specify)	<input type="checkbox"/>
J. Refer pregnant women with danger signs	<input type="checkbox"/>	V. _____	
K. Postnatal care	<input type="checkbox"/>		

## Section 3. PMV Knowledge and Quality of Care

### 3.1: PMV Knowledge

(3.01) What is the main cause of malaria?

MOSQUITOES	01
DIRTY FOODS	02
DIRTY LIQUIDS	03
CLIMATE / WEATHER	04
OILY FOOD	05
SUN	06

WITCHCRAFT	07
OTHER (SPECIFY)	96




(3.02) What are the danger signs or symptoms of malaria?

FEVER	01
HEADACHE	02
NAUSEA	03
VOMITING	04
BODY WEAKNESS	05
SEIZURE / CONVULSION	06
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST

2ND

3RD


(3.03) How can someone protect themselves against malaria?

MOSQUITO NET	01
INSECT REPELLENT	02
INSECT SCREENS	03
PREVENTIVE MEDICATION	04
INSECTICIDE (IRS)	05
MOSQUITO COILS	06
AVOID DIRTY FOODS	07
AVOID DIRTY LIQUIDS	08
FILL IN PUDDLES	09
KEEP HOUSE CLEAN	10
BURN GRASS	11
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST

2ND

3RD


(3.04) Which of the following have members of your household done to protect themselves from malaria? Have they:

Used mosquito net?	01
Used insect repellent?	02
Use insect screens?	03
Used Preventive medication?	04
Used insecticide (IRS)?	05
Use mosquito coils?	06
Avoided dirty foods?	07
Avoided dirty liquids?	08
Filled in puddles / Avoided stagnant water?	09
Kept house clean?	10
Burned grass?	11
Other? (SPECIFY)	96

READ ANSWERS.  
RECORD UP TO 3  
RESPONSES

1ST

2ND

3RD


(3.05) What is the best way to treat malaria?

SP / FANSIDAR	01
CHLOROQUINE	02
AMODIQUINE	03
QUININE	04
ACT (COARTEM)	05
ARTHEMETAN	06
TRADITIONAL MEDICINE	07
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

(3.06) What drug does the government recommend for the treatment of malaria?

SP / FANSIDAR	01
CHLOROQUINE	02
AMODIQUINE	03
QUININE	04
ACT (COARTEM)	05
ARTHEMETAN	06
TRADITIONAL MEDICINE	07
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

(3.07) What is the primary source of knowledge about malaria in your community?

VILLAGE HEALTH WORKER (VHW)	01
COMMUNITY-DIRECTED DISTRIBUTOR (CDD)	02
VILLAGE / WARD DEVELOPMENT COMMITTEE	03
PATENT MEDICINE VENDOR	04
DOCTOR AND / OR NURSE	05
HEALTH FACILITY / HOSPITAL	06
RADIO / TV	07
NEWSPAPER / MAGAZINE	08
FAMILY	09
FRIENDS AND / OR NEIGHBORS IN THE CITY	10

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

PMV ASSOCIATION	11
FRIENDS AND / OR NEIGHBORS IN THE VILLAGE	12
CHURCH	13
MOSQUE	14
OTHER (SPECIFY)	96



### 3.2: Quality of Care - Previous Experiences

(3.08) In the last two weeks, have you seen any patients with fever?

YES	01
NO	02

(3.21)

(3.09) How many patients with fever have you seen in the last two weeks?

RECORD NUMBER OF PATIENTS:

THE FOLLOWING QUESTIONS RELATE TO THE LAST PATIENT YOU SAW WITH FEVER

(3.10) When did you see your last patient with fever?

IN THE LAST 24 HOURS	01
IN THE LAST 7 DAYS (WEEK)	02
IN THE LAST 14 DAYS (2 WEEKS)	03
OTHER	96

(3.30)

(3.11) Was this patient male or female?

MALE	01
FEMALE	02

(3.12)	How old was this patient?			
	12 MONTHS OR LESS	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	BETWEEN 1 AND 5 YEARS	02		
	OLDER THAN FIVE YEARS	03		
	DON'T KNOW / DON'T REMEMBER	04		

(3.13)	What symptoms did the patient have?		DO NOT READ ANSWERS. RECORD UP TO 3 RESPONSES	1ST	<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	FEVER	01		2ND	<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	HEADACHE	02		3RD	<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	NAUSEA	03			
	VOMITING	04			
	BODY WEAKNESS	05			
	SEIZURE / CONVULSION	06			
	OTHER (SPECIFY)	96	▶		

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(3.14)	How did you diagnose the patient?		NOTE FIRST REPLY ONLY	
	CLINICAL DIAGNOSIS (BY OBSERVATION)	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	WITH RAPID DIAGNOSTIC TEST	02		
	SEND TO LAB / HEALTH FACILITY FOR MICROSCOPY	03		
	OTHER (SPECIFY)	96	▶	

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(3.15)	What was your initial diagnosis?		NOTE FIRST REPLY ONLY	
	UNCOMPLICATED MALARIA	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	COMPLICATED MALARIA	02		
	FEVER (NOT MALARIA-RELATED)	03		
	DEHYDRATION	04		
	OTHER (SPECIFY)	96	▶	

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(3.16)	What action did you take?		NOTE FIRST REPLY ONLY	
	TEPID SPONGE CHILD AND PROVIDE TREATMENT WITH ARTEMISININ COMBINATION THERAPY	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	PROVIDE TREATMENT WITH ACT	02		
	PROVIDE TREATMENT WITH OTHER ANTI- MALARIAL	03		
	PROVIDE TREATMENT WITH OTHER MEDICINE	04		
			REFER TO HEALTH FACILITY	05
			REFER TO HOSPITAL	06
			NO ACTION	07
			OTHER (SPECIFY)	96
			▼	

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(3.17)	Did you record details about this patient?			
	YES	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	NO	02	▶ (3.30)	

(3.18)	Can I see this entry?			
	YES	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	NO	02	▶ (3.30)	

(3.19)	CHECK THE RESPONSES (3.10) TO (3.16) DO THESE MATCH THE ENTRY IN THE PATIENT REGISTER?			
	YES	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	NO (SPECIFY)	02	▶	

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(3.20)	What was the outcome for the patient?			
	FULL RECOVERY	01		<div style="border: 1px solid black; width: 50px; height: 30px;"></div>
	PARTIAL RECOVERY	02		
	STILL SICK	03		
	DEATH	04		
	ADVERSE REACTION TO MEDICINE	05		
			DON'T KNOW	06
			OTHER (SPECIFY)	96
			▼	

---

(3.21)	Do you use RDTs for diagnosis?		
	YES	01	
	NO	02	
(3.22)	Are there any community outlets or mini-labs that support malaria diagnosis in your area?		
	YES	01	
	NO	02	▶ (3.24)
(3.23)	Do you ever refer patients to such community outlets or mini-labs for diagnosis of malaria?		
	YES	01	
	NO	02	
(3.24)	Do you ever refer patients to health facilities for diagnosis of malaria?		
	YES	01	
	NO	02	
(3.25)	Do you keep records on patient diagnoses?		
	YES	01	
	NO	02	▶ (3.28)
(3.26)	Can I see your records?		
	YES	01	
	NO	02	▶ (3.28)

(3.27) ASK AND RECORD THE NUMBER OF FEVER CASES, NUMBER OF RDT POSITIVE CASES (IF APPLICABLE), NUMBER OF MINI-LAB POSITIVE CASES (IF APPLICABLE), NUMBER OF HEALTH FACILITY POSITIVE CASES (IF APPLICABLE), AND DOSES OF ACT DISPENSED IN LAST 2 WEEKS. USE RECORDS IF AVAILABLE.

A. FEVER CASES	
B. RDT POSITIVE CASES	
C. MINI-LAB POSITIVE CASES	
D. HEALTH FACILITY POSITIVE CASES	
E. DOSES OF ACT DISPENSED	

(3.28)	What types of activities have you engaged in for the prevention of malaria in the last two weeks?		
	ITN/LLIN NET HANGING ASSISTANCE	01	
	BCC FOR ITN/LLIN USE	02	
	REFERRALS FOR IPT	03	
	BCC FOR IPT	04	
	BCC FOR PROMPT TREATMENT WITH ACT	05	
	NONE	06	▶ (3.30)
	OTHER (SPECIFY)	96	▶

DO NOT READ ANSWERS. RECORD ALL THAT APPLY.

1ST	2ND
3RD	4TH
5TH	6TH

- (3.29) How many times have you engaged in each of these activities in the last two weeks?

RECORD NUMBER  
OF TIMES FOR EACH  
ACTIVITY

1ST	2ND
<input type="text"/>	<input type="text"/>
3RD	4TH
<input type="text"/>	<input type="text"/>
5TH	6TH
<input type="text"/>	<input type="text"/>

### 3.3: Quality of Care - Scenarios

#### SCENARIO 1

I am now going to read a scenario to you, and ask you some questions about this scenario:

A little girl aged 25 months is brought to you by her mother. She has had a fever and diarrhea for some days, and has not been taking food or drink. When the girl and her mother are with you, she starts convulsing.

- (3.30) What would be your initial diagnosis?

UNCOMPLICATED MALARIA	01
COMPLICATED MALARIA	02
FEVER (NOT MALARIA-RELATED)	03
DEHYDRATION	04
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

- (3.31) What action would you take?

CONDUCT DIAGNOSIS	01
TEPID SPONGE CHILD AND PROVIDE TREATMENT WITH ARTEMISININ COMBINATION THERAPY	02
PROVIDE TREATMENT WITH ACT	03
PROVIDE TREATMENT WITH OTHER ANTI- MALARIAL	04
PROVIDE TREATMENT WITH OTHER MEDICINE	05

NOTE FIRST REPLY ONLY

REFER TO HEALTH FACILITY	06
REFER TO HOSPITAL	07
NO ACTION	08
OTHER (SPECIFY)	96



- (3.32) How would you advise the mother / parents to act in the future if they notice their daughter falling ill in a similar manner?

TAKE SIMILAR ACTION	01
COME TO SHOP IMMEDIATELY UPON NOTICING SYMPTOMS	02
GO TO HEALTH FACILITY / HOSPITAL IMMEDIATELY IF DAUGHTER'S CONDITION DETERIORATES	03

NOTE FIRST REPLY ONLY

NO ADVICE TO GIVE	04
OTHER (SPECIFY)	96



#### SCENARIO 2

I am now going to read another scenario to you, and ask you some questions about this scenario:

A young man comes into your shop, complaining that he has been unwell with fever for 4 days now. The fever shows no sign of getting better. He asks for chloroquine, as that is what his family usually takes to cure fever.

(3.33) What would you do?

GIVE HIM CHLOROQUINE	01
GIVE HIM ACT	02
GIVE HIM OTHER ANTI-MALARIAL	03

▶ (3.36)

NOTE FIRST REPLY ONLY

▶ (3.36)

OTHER (SPECIFY)

96

GIVE HIM ASPIRIN / FEVER-RELIEF  
MEDICINE 04

▶ (3.36)

REFER TO HEALTH FACILITY / HOSPITAL 05

▶ (3.36)

(3.34) You would like to give ACT to the man, but found that you don't have any. What would you do?

GIVE HIM OTHER ANTI-MALARIAL	01
GIVE ASPIRIN / FEVER-RELIEF MEDICINE	02
REFER TO OTHER PMV	03
REFER TO CDD	04
REFER TO HEALTH FACILITY / HOSPITAL	05
NOTHING	06

NOTE FIRST REPLY ONLY

OTHER (SPECIFY)

96

- (3.35) Immediately after taking the action just mentioned, you remember that you had a partial dose of ACT left. What would you do?

GIVE PARTIAL DOSE OF ACT	01
GIVE HIM OTHER ANTI-MALARIAL	02
GIVE ASPIRIN / FEVER-RELIEF MEDICINE	03
REFER TO OTHER PMV	04
REFER TO CDD	05
REFER TO HEALTH FACILITY / HOSPITAL	06
NOTHING	07

NOTE FIRST REPLY ONLY

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OTHER (SPECIFY) 96

▼

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### SCENARIO 3

I am now going to read another scenario to you, and ask you some questions about this scenario:

A woman comes to your shop claiming that her daughter at home is sick. Based on a previous incident, during which she took the child to a health clinic, she says it must be malaria. She has an old prescription note from the clinic for ACT, and asks that you give her the drug so that she may treat her daughter at home.

- (3.36) What would you do?

GIVE ACT	01	
GIVE OTHER ANTI-MALARIAL	02	► NEXT SECTION
ASK ABOUT THE SYMPTOMS THE DAUGHTER IS EXHIBITING	03	► NEXT SECTION
TELL THE WOMAN TO COME BACK WITH HER DAUGHTER	04	► NEXT SECTION
REFER TO HEALTH FACILITY / HOSPITAL	05	► NEXT SECTION
REFER TO CDD	06	
SEND HER AWAY	07	► NEXT SECTION
DO NOTHING	08	► NEXT SECTION
OTHER (SPECIFY)	96	► NEXT SECTION

▼

---



- (3.37) You want to give ACT, but find you have none available. What would you do?

GIVE OTHER ANTI-MALARIAL	01
COLLECT ACT FROM OTHER PMV	02
COLLECT ACT FROM CDD	03
REFER TO OTHER PMV	04
REFER TO CDD	05
REFER TO HEALTH FACILITY / HOSPITAL	06

DO NOTHING	07
OTHER (SPECIFY)	96

▼

---



## Section 4: Economic Activities

### 4.1: Incentives and Fees

(4.01) Do you receive any incentives for your PMV work, other than payment for medicines?

YES	01
NO	02

► (4.05)

(4.02) What is (was) the primary source of these incentives?

LOCAL GOVERNMENT	01
STATE GOVERNMENT	02
FEDERAL GOVERNMENT	03
PMV ASSOCIATION	04
NGO	05
COMMUNITY/VILLAGE	06

PRIVATE ORGANIZATION	06
RELIGIOUS ORGANIZATION	07
OTHER (SPECIFY)	96




(4.03) What type of incentives do you receive?

YES	01
NO	02

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

A. Regular salary or stipend

I. Festival bonus

B. Ad-hoc / Irregular salary or stipend

J. Shoes

C. Loan

K. Food (nuts, fruit, flour, etc.)

D. Bicycle

L. Transport money

E. Literacy training

M. Food for training

F. Computer training

N. Money for referral

G. Cloth

O. Other (Specify)

H. Food for work



(4.04) In a typical week, how much do you earn from your PMV job?

YES	01
NO	02

RECORD AMOUNT IN NAIRA:

(4.05) Do you charge your patients other fees beyond what is required to pay for medicines?

YES	01
NO	02

► (4.07)

(4.06) On average, how much?

RECORD AMOUNT IN NAIRA:

(4.07) Do you receive payment other than money from patients?

YES	01
NO	02

► (4.09)

(4.08) What type of payment do you / did you receive?

YES	01
NO	02

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

A. Food (fruits, vegetables, nuts, eggs, flour)

☐

C. Other (Specify)

☐

B. Livestock (chicken, etc.)

☐

\_\_\_\_\_

## 4.2: Other Economic Activities

(4.09) During the last 12 months, what has been your primary job (other than PMV work)?

PROFESSIONAL	01
TECHNICAL	02
SMALL BUSINESS OWNER	03
FARMER	04
LIVESTOCK KEEPER	05
FISHERMAN	06
LABORER	07
NO OTHER WORK / NOT APPLICABLE	08

OTHER (SPECIFY) 96


☐

► 4.3 (NEXT SECTION))

(4.10) What sector is this job connected with?

AGRICULTURE	01
FISHING	02
FORESTRY, HUNTING, LIVESTOCK	03
MINING AND QUARRYING	04
MANUFACTURING	05
ELECTRICITY / GAS / WATER	06
CONSTRUCTION	07
TOURISM / HOTEL	08
TRADE AND COMMERCE	09

TRANSPORT AND COMMUNICATION 10

FINANCE AND INSURANCE 11

PUBLIC ADMINISTRATION 12

EDUCATION 13

HEALTH 14

OTHER (SPECIFY) 96


☐

(4.11) Who paid your wages?

SELF-EMPLOYED	01
EMPLOYER	02
FAMILY (PAID)	03
FAMILY (UNPAID)	04
OTHER (SPECIFY)	05

OTHER (SPECIFY) 96


☐

(4.12) During the past 12 months, how many months did you work at your primary job?

RECORD NUMBER OF MONTHS:

☐

(4.13) On average, how many hours per week did you work at your primary job?

RECORD NUMBER OF HOURS:

☐

(4.14) What was your total cash income from your primary job during the past 12 months?

RECORD INCOME IN NAIRA:

☐

(4.15) What was your total value of in-kind payments you received for your primary job during the past 12 months?

RECORD VALUE IN NAIRA:

☐

### 4.3: Assets

(4.16) How many of each of the following functioning assets does your household own?

READ OPTIONS ALOUD AND RECORD NUMBER OF ITEMS EARNED FOR EACH ASSET. IF NONE, RECORD "0"

A. Radio / CD / Cassette player

N. Land line telephone

B. Television

O. Mobile telephone

C. Pressing iron (electric / non-electric)

P. Motorcycle

D. Electric stove

Q. Bicycle

E. Gas stove

R. Motor vehicle (truck or car)

F. Lamp

S. Wheelbarrow

G. Bed

T. Boat

H. Mattress / sleeping mat

U. Tractor

I. Refrigerator / freezer

V. Crop sprayer / spraying machine

J. Paraffin stove

W. Irrigation equipment (water pumps, etc.)

K. Sewing machine

X. Ploughs / harrows

L. Table

Y. Hoes / axes

M. Sofa (Cushion Chair)

Z. Fishing net / fishing equipment

(4.17) Does your household own any land?

YES	01
NO	02

▶ (4.20)

(4.18) What is the size of this land?

SQUARE METER	01
HECTARE	02
PLOT	03
OTHER (SPECIFY)	96

▶

RECORD BOTH UNIT CODE AND NUMBER

UNIT CODE:

NUMBER:

(4.19) If you were to sell all of the land you own, how much do you think you would receive for it?

RECORD AMOUNT IN NAIRA:

(4.20) How much land did you cultivate during the past agricultural season?

SQUARE METER	01
HECTARE	02
PLOT	03
OTHER (SPECIFY)	96

RECORD BOTH UNIT CODE AND AMOUNT

UNIT CODE:

AMOUNT:


(4.21) How many of each of the following animals does your household own?

READ OPTIONS ALOUD AND RECORD NUMBER OF ITEMS EARNED FOR EACH ASSET. IF NONE, RECORD "0"

A. Goats

H. Donkey / Horse

B. Sheep

I. Cow

C. Pigs

J. Bull

D. Chicken

K. Oxon

E. Guinea Fowl

L. Calves

F. Ducks / Geese

M. Rabbits

G. Turkey

## Section 5: Working Conditions

(5.01) In your work as a PMV, about how many people do you provide drugs to in a day?

RECORD NUMBER OF PEOPLE:

(5.02) How much time in hours do you spend each week on PMV work?

RECORD NUMBER OF HOURS:

## Section 6. Monitoring, Supervision, and Record Keeping

(6.01) Does anybody monitor or supervise your work as a PMV?

YES	01
NO	02

▶ (6.05)

☐

(6.02) Who monitors or supervises your PMV work

YES	01
NO	02

RECORD "YES" / "NO" FOR EACH OPTION, BUT DO NOT READ OPTIONS ALOUD.

A. LOCAL GOVERNMENT

☐

F. COMMUNITY / VILLAGE

☐

B. STATE GOVERNMENT

☐

G. PRIVATE ORGANIZATION

☐

C. FEDERAL GOVERNMENT

☐

H. RELIGIOUS ORGANIZATION

☐

D. PMV ASSOCIATION

☐

I. PHARMACEUTICAL COUNCIL OF NIGERIA

☐

E. NGO

☐

J. OTHER (SPECIFY)

☐


(6.03) How often does this monitoring or supervision take place?

WEEKLY	01
MONTHLY	02
EVERY TWO MONTHS	03
EVERY THREE MONTHS	04

OTHER (SPECIFY) 96


☐

(6.04) What does this monitoring and supervision include?

YES	01
NO	02

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

A. CHECKING SUPPLIES

☐

F. MEETING WITH PMV ASSOCIATION

☐

B. CHECKING RECORDS

☐

G. MEETING WITH THE VILLAGE / WARD DEVELOPMENT COMMITTEE

☐

C. DIRECT OBSERVATION OF CLIENT CONSULTATIONS

☐

H. OTHER (SPECIFY)

☐


D. ASKING KNOWLEDGE QUESTIONS

☐

E. PROVIDED MEDICAL INFORMATION / INSTRUCTION

☐

(6.05) Do you keep regular records of your PMV work?

YES	01
NO	02

▶ NEXT SECTION

☐

(6.06) Can I see your records?

YES	01
NO	02

☐

(6.07) How often do you keep such records?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

A. DAILY

☐

B. WEEKLY

☐

C. MONTHLY

☐

RECORD "YES" / "NO" FOR ALL ITEMS  
BELOW, BUT DO NOT READ RESPONSES  
TO THE RESPONDENT

D. OTHER (SPECIFY)

☐

---

(6.08) What do these records contain?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

A. PATIENT DETAILS

☐

B. DIAGNOSIS

☐

C. DRUGS RECEIVED

☐

D. DRUGS DISPENSED

☐

E. PATIENT REFERRALS

☐

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

F. ACCOUNTING RECORDS

☐

G. ANYTHING ELSE?

☐

H. OTHER (SPECIFY)

☐

---

(6.09) Do you submit your records to anyone?

YES	01
NO	02

▶ NEXT SECTION

☐

(6.10) Who do you submit your records to?

YES	01
NO	02

A. PMV ASSOCIATION

☐

B. OTHER (SPECIFY)

☐

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

---

(6.11) Do you have any documentation of the records you have submitted?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

☐

(6.12) Do you receive any feedback on your records?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

▶ NEXT SECTION

☐

(6.13) What kind of feedback do you receive?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

A. WAYS TO IMPROVE RECORD-KEEPING

☐

C. CRITICISM FOR WORK NOT DONE WELL

☐

B. WAYS TO IMPROVE WORK

☐

D. OTHER (SPECIFY)

☐

C. FEEDBACK ON YOUR PERFORMANCE (RELATIVE  
TO OTHER PMVs)

☐

---

D. SPECIAL RECOGNITION FOR WORK WELL DONE

☐



## Section 7. PMV Association and Community Support

(7.01) Are you registered as a PMV? (PCN/PMV Association)

YES	01	► (7.04)
NO	02	

(7.02) Why are you not registered as a PMV

NO BENEFITS	01
NOT INTERESTED	02
TOO MUCH SUPERVISION	03
NOT QUALIFIED	04

OTHER (SPECIFY) 96




(7.03) If you were given the opportunity to register, would you do so?

YES	01
NO	02

(7.04) Is there a PMV association in your area?

YES	01
NO	02

► (7.16)

(7.05) How far away is the main meeting place for this PMV association?

KILOMETERS	01
OTHER, SPECIFY	02

RECORD UNIT CODE  
AND NUMBER  
OF UNITS

UNIT CODE:

NUMBER OF  
UNITS:



(7.06) How long does it take for you to reach the meeting place, in hours and minutes?

HOURS:

MINUTES:



(7.07) Are you a member of this association?

YES	01
NO	02

► (7.15)

(7.08) In general, how often do you attend PMV association meetings?

WEEKLY	01
MONTHLY	02
EVERY TWO MONTHS	03
EVERY THREE MONTHS	04

OTHER (SPECIFY) 96




(7.09) What is your role in the PMV association

CHAIRMAN	01
VICE-CHAIRMAN	02
TREASURER	03
SECRETARY	04

MEMBER 05

OTHER (SPECIFY) 96




(7.10) In the past 3 months, did you receive any support from this association?

YES	01
NO	02

► (7.12)

(7.11) What types of support did you receive?

YES	01
NO	02

RECORD "YES" / "NO" FOR ALL ITEMS  
BELOW, BUT DO NOT READ RESPONSES  
TO THE RESPONDENT

A. CASH PAYMENTS

E. APPRECIATION / RECOGNITION

B. OTHER (IN-KIND) PAYMENTS

F. OTHER (SPECIFY)

C. DONATIONS OF SUPPLIES / EQUIPMENT

D. COMMUNITY MOBILIZATION TO USE PMV  
SERVICES

(7.12) Have you ever been sanctioned by the PMV association?

YES	01
NO	02

► (7.17)

(7.13) What was the reason for these sanctions?

SELLING UNCERTIFIED / SUBSTANDARD DRUGS	01
DID NOT PAY DUES	02

OTHER (SPECIFY) 96



0.00

(7.14) Did you feel that the sanctions imposed on you were fair or unfair?

FAIR	01
UNFAIR	02

► (7.17)

► (7.17)

(7.15) Why are you not a member of the PMV association?

NO BENEFITS	01
NOT INTERESTED	02
TOO MUCH SUPERVISION	03
NOT QUALIFIED	04

OTHER (SPECIFY) 96



(7.16) If you were given the opportunity to join this association, would you do so?

YES	01
NO	02

(7.17) Is there a village or ward development committee in your area?

YES	01
NO	02

► (7.20)

(7.18) In the past 3 months, did you receive any support from this committee?

YES	01
NO	02

► (7.20)

(7.19) What types of support did you receive?

YES	01
NO	02

RECORD "YES" / "NO" FOR ALL ITEMS  
BELOW, BUT DO NOT READ RESPONSES  
TO THE RESPONDENT

A. CASH PAYMENTS

☐

E. APPRECIATION / RECOGNITION

☐

B. OTHER (IN-KIND) PAYMENTS

☐

F. OTHER (SPECIFY)

☐

C. DONATIONS OF SUPPLIES / EQUIPMENT

☐

\_\_\_\_\_

D. COMMUNITY MOBILIZATION TO USE PMV  
SERVICES

☐

(7.20) In what ways have other PMVs in the community supported you in  
the past 3 months?

YES	01
NO	02

RECORD "YES" / "NO" FOR ALL ITEMS  
BELOW, BUT DO NOT READ RESPONSES  
TO THE RESPONDENT

A. SHARED DRUGS

☐

F. APPRECIATION / RECOGNITION

☐

B. REFERRED PATIENTS TO YOU

☐

G. NO SUPPORT FROM OTHER PMVs

☐

C. SHARED KNOWLEDGE ABOUT DISEASE  
PREVENTION / TREATMENT

☐

H. OTHER (SPECIFY)

☐

D. COMMUNITY MOBILIZATION TO USE HEALTH  
SERVICES

☐

\_\_\_\_\_

E. HELP WITH RECORD KEEPING

☐

(7.21) In what ways has the health facility supported you in the past 3 months?

YES	01
NO	02

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

A. MONEY PAYMENT OR STIPEND

☐

F. HELP WITH RECORD KEEPING

☐

B. OTHER IN-KIND PAYMENT

☐

G. APPRECIATION / RECOGNITION

☐

C. SHARING KNOWLEDGE ABOUT DISEASE PREVENTION / TREATMENT

☐

H. NO SUPPORT FROM HEALTH FACILITY

☐

D. REFERRAL TO YOUR SHOP FOR PURCHASE OF MEDICINES

☐

I. OTHER (SPECIFY)

☐

E. TRAINING

☐


(7.22) How are you addressed in your community?

PMV	01
HEALTH WORKER	02
DOCTOR	03
OTHER (SPECIFY)	96


☐

## Section 8.1: Drug Procurement and Storage

(8.01) From where do you procure your drugs and supplies?

HEALTH FACILITY	01
MARKET	02
PMV ASSOCIATION	03
OTHER (SPECIFY)	96

RECORD ALL THAT APPLY:

1ST	2ND	3RD	4TH

(8.02) How frequently do you procure/order drugs and supplies?

WEEKLY	01
BI-WEEKLY	02
MONTHLY	03
OTHER (SPECIFY)	96

(8.03) How long does it normally take between the time of your order and time you receive your drugs and supplies?

DAYS	01
WEEKS	02
MONTHS	03
OTHER (SPECIFY)	96

RECORD UNIT CODE AND NUMBER OF UNITS

UNIT CODE:	
NUMBER OF UNITS:	

(8.04) How do you store your drugs and supplies, which are not displayed in your shop?

DRY & COOL PLACE AT HOME	01
DRY & COOL PLACE OUTSIDE HOME	02
IN DEDICATED DRAWER / CLOSET	03
IN BAG	04
AT HOME (IN OPEN SPACE)	05

ANYWHERE / NO PLACE IN PARTICULAR	06
NO STORAGE	07
OTHER (SPECIFY)	96

(8.06)

(8.05) Is the storage space secured?

YES, WITH A LOCK	01
NO	02
YES, WITH OTHER (SPECIFY)	96

(8.06) Do you keep a stock register?

YES	01
NO	02

(8.08)

(8.07) Can I see this register?

YES (SEEN)	01
NO (NOT SEEN)	02

(8.08) Do you currently have ACTs available?

YES	01
NO	02

(8.10)

CHECK REGISTER IF AVAILABLE

(8.09) How many doses of ACT do you have available right now?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF DOSES:

(8.10) How many ACT stockouts have you experienced in the last 3 months?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF STOCKOUTS:

IF ZERO (8.12)

(8.11) What was the number one reason for these stockouts?

LACK OF AVAILABILITY IN HEALTH FACILITY	01
UNEXPECTED HIGH DEMAND	02
LACK OF PLANNING	03

NOT APPLICABLE	04
OTHER (SPECIFY)	96



(8.12) Do you currently have SP available?

YES	01
NO	02

▶ (8.14)

CHECK REGISTER IF AVAILABLE

(8.13) How many doses of SP do you have available right now?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF DOSES:

(8.14) How many SP stockouts have you experienced in the last 6 months?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF STOCKOUTS:

IF ZERO ▶ (8.16)

(8.15) What was the number one reason for these stockouts?

LACK OF AVAILABILITY IN HEALTH FACILITY	01
UNEXPECTED HIGH DEMAND	02
LACK OF PLANNING	03

NOT APPLICABLE	04
OTHER (SPECIFY)	96



(8.16) Do you currently have RDT kits available?

YES	01
NO	02

▶ (8.18)

CHECK REGISTER IF AVAILABLE

(8.17) How many RDT kits do you have available right now?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF DOSES:

(8.18) How many RDT kit stockouts have you experienced in the last 6 months?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF STOCKOUTS:

IF ZERO ▶ NEXT SECTION

(8.19) What was the number one reason for these stockouts?

LACK OF AVAILABILITY IN HEALTH FACILITY	01
UNEXPECTED HIGH DEMAND	02
LACK OF PLANNING	03

NOT APPLICABLE	04
OTHER (SPECIFY)	96



## Section 8.2: Drug Availability (Observation)

READ THE FOLLOWING TEXT TO THE RESPONDENT:

I would now like to see the anti-malarial drugs you have available in your shop, and to ask you some basic questions about these.

	(8.20)	(8.21)	(8.22)	(8.23)	(8.24)	(8.25)	(8.26)	(8.27)
DRUG ID	BRAND NAME, INCLUDING DRUG SPECIFICATIONS	UNIT FORM	DOSE	From where do you usually buy this drug?	What is the cost per unit at which you usually buy this drug?	What is the cost per unit at which you usually sell this drug?	NAFDAC No.	EXPIRATION DATE
	RECORD BRAND NAME, INCLUDING DRUG SPECIFICATIONS	COUNTING 01	ADULT 01	HEALTH FACILITY 01 MARKET 02 PMV ASSOCIATION 03 OTHER (SPECIFY) 96	RECORD COST IN NAIRA	RECORD COST IN NAIRA	RECORD NAFDAC NUMBER	DD   MM   YYYY
		PACKET / SACHET 02	CHILD 02					
		SYRUP 03	COUNTING (ANYBODY) 03					
		MIXTURE 04						
		SUSPENSION 05						
		POWDER 06						
		DROPS 07						
		INJECTIONS 08						
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

	(8.28)	(8.29)	(8.30)
DRUG ID	How popular is this drug?	How often do you recommend this drug?	How many doses of this drug do you normally sell in a day?
	CUSTOMERS REQUEST VERY OFTEN 01	VERY OFTEN 01	RECORD NUMBER OF DOSES
	REQUESTED SOMETIMES 02	OFTEN 02	
		OFTEN 03	
	RARELY REQUESTED 03	RARELY 04	
	NEVER 05		
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			



## Section 9. Comparison with Other / Past Jobs

(9.01) In the past year, have you had any other job, in addition to your PMV work?

YES	01
NO	02

► (9.03)

(9.02) How does [...] in you PMV work compare to your other work? Is it:

Worse	01
Same	02
Better	03

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Salary

H. Adequate time available to perform tasks

B. Other benefits

I. Supervision and feedback from supervisor

C. Job security

J. Teamwork / relationships with other PMVs / coworkers

D. Opportunities for training

K. Motivation and satisfaction with work

E. Your level of respect in the community

L. Recognition of your good work

F. Availability of necessary equipment / commodities

(9.03) At any time in the past, have you had any other job (other than this PMV work)?

YES	01
NO	02

► END INTERVIEW

(9.04) How does [...] in your PMV work compare to your previous work? Is it:

Worse	01
Same	02
Better	03

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Allowances

H. Adequate time available to perform tasks

B. Other benefits

I. Supervision and feedback from supervisor

C. Job security

J. Teamwork / relationships with other PMVs / coworkers

D. Opportunities for training

K. Motivation and satisfaction with work

E. Your level of respect in the community

L. Recognition of your good work

F. Availability of necessary equipment / commodities