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 be 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: _________________________________
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:

<table>
<thead>
<tr>
<th>Nature of the shop</th>
<th>Nature of the business</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Pesticides only</td>
<td>Retailer   Wholesaler  Wholesaler/Retailer</td>
</tr>
<tr>
<td>9.2 Agricultural inputs (e.g. fertilizer, seeds, etc.) including pesticides</td>
<td></td>
</tr>
<tr>
<td>9.3 Pesticides and stationery items</td>
<td></td>
</tr>
<tr>
<td>9.4 Pesticide and grocery items (Open food items)</td>
<td></td>
</tr>
<tr>
<td>9.5 Others (Please specify) _______________</td>
<td></td>
</tr>
</tbody>
</table>

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? _________ %
II. Pesticide Log & Sales

17. Please provide the following information for each type of pesticide you supply:

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Chemical Name</th>
<th>Content (gm/liter)</th>
<th>Name given by farmers</th>
<th>Quantity</th>
<th>Liquid/solid</th>
<th>Price</th>
<th>Pesticide’s country of origin</th>
<th>Supplier</th>
<th>Does it arrive in a sealed package?</th>
<th>Do you repackage the contents?</th>
<th>If you repackage, are the contents sold in a sealed package?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
18. Please check the label of each pesticide thoroughly and if the information on the following is printed on the label, check the appropriate cell:

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Chemical Name</th>
<th>Color coding</th>
<th>Dosage</th>
<th>Instruction for use</th>
<th>Warning</th>
<th>Symptoms of poisoning</th>
<th>First aid info</th>
<th>Info for the doctors</th>
<th>Antidote for the poisoning</th>
<th>Pictorial presentation of do’s and don’ts</th>
<th>In Bangla</th>
<th>Target crop</th>
<th>Target pest</th>
<th>Expiry date</th>
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</tbody>
</table>
19. Please list your best selling pesticides: (According to the # of customers)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Insecticide</th>
<th>Herbicide</th>
<th>Fungicide</th>
<th>Rodenticide</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
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<td>Second</td>
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<td>Fifth</td>
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</table>

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Insecticide</th>
<th>Herbicide</th>
<th>Fungicide</th>
<th>Rodenticide</th>
<th>Others</th>
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<tbody>
<tr>
<td>First</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name of Crop</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Source</th>
<th>NGO</th>
<th>Ag. Ministry officials</th>
<th>Farmers</th>
<th>Pesticide suppliers or companies</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe handling</td>
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<td></td>
</tr>
<tr>
<td>Use (crop, dose, etc.)</td>
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</tbody>
</table>

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. □ Eye irritation
2. □ Headache
3. □ Dizziness
4. □ Vomiting
5. □ Diarrhea
6. □ Fever
7. □ Convulsion
8. □ Shortness of breath
9. □ Skin irritation
10. □ 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. □ Not sure (0 – 20%)
2. □ Little (20 – 40%)
3. □ Rather (40 – 60%)
4. □ Very (60 – 80%)
5. □ Extremely (80 – 100%)
6. □ I don’t know

35. Which symptom bothered you the most?

1. □ Eye irritation
2. □ Headache
3. □ Dizziness
4. □ Vomiting
5. □ Diarrhea
6. □ Fever
7. □ Convulsion
8. □ Shortness of breath
9. □ Skin irritation
10. □ 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 ________  7. Convulsion __________
3. Dizziness ________  8. Shortness of breath________
4. Vomiting ________  9. Skin irritation __________
5. Diarrhea ________  10. Other (please specify) _____________

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>No effect</td>
<td>Little effect</td>
<td>Some effects</td>
<td>Large effects</td>
<td>Fatal effects</td>
<td>I don't know</td>
</tr>
</tbody>
</table>

Why?

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

<table>
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<th>6</th>
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</thead>
<tbody>
<tr>
<td>No effect</td>
<td>Little effect</td>
<td>Some effects</td>
<td>Large effects</td>
<td>Fatal effects</td>
<td>I don't know</td>
</tr>
</tbody>
</table>

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?

   ![Uncertainty Scale]


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.