

**Mystery client study to assess quality of care among
patients seeking treatment for febrile illness**

Informed consent from participant			
My participation in this study has been voluntary and I agreed to take part.			
Participant's signature / mark : _____			
Participant's name : _____			
Location			
QX1	Date	___/___/2018	
QX2	Outlet/facility name	[_____]	
QX3	Outlet/facility code	[_ _]	
QX4	Outlet/facility type?	Type 1 ----- 1 Type 2 ----- 2 Type 3 ----- 3	
QX5	Geographic level 1 code	[_ _]	
QX6	Geographic level 2 code	[_ _]	
QX7	Mystery client name	[_____]	
QX8	Mystery client sex	Male ----- 1 Female ----- 2	
QX9	Mystery client age	[_ _]	
QX10	Interviewer name	[_____]	
Signage			
Q1	Were there any signs about malaria diagnostic testing outside the outlet?	Yes ----- 1 No ----- 0	
Q2	Was the PROJECT logo visible outside the outlet? <i>Show image of PROJECT logo</i>	Yes ----- 1 No ----- 0	
Q3	Was the PROJECT logo visible inside the outlet? <i>Show image of PROJECT logo</i>	Yes ----- 1 No ----- 0	



Interaction with provider																					
Q4	How long did you have to wait before being seen?	Seen immediately ----- 1 Less than 5 minutes ----- 2 5 to 15 minutes ----- 3 More than 15 minutes ----- 4																			
Q5	Did the provider ask about your other symptoms ?	Yes ----- 1 No ----- 0	0 → Q7																		
Q6	What did you say were your symptoms?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A) Body aches</td> <td>1</td> <td>0</td> </tr> <tr> <td>B) Headache</td> <td>1</td> <td>0</td> </tr> <tr> <td>C) Cough</td> <td>1</td> <td>0</td> </tr> <tr> <td>D) Diarrhea</td> <td>1</td> <td>0</td> </tr> <tr> <td>E) Vomiting</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	A) Body aches	1	0	B) Headache	1	0	C) Cough	1	0	D) Diarrhea	1	0	E) Vomiting	1	0	
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D) Diarrhea	1	0																			
E) Vomiting	1	0																			
Did the provider ask ...																					
Q7	your age ?	Yes ----- 1 No ----- 0																			
Q8	if you had taken a malaria test for this illness?	Yes ----- 1 No ----- 0																			
Q9	if you had seen anyone else about this illness before coming to this outlet?	Yes ----- 1 No ----- 0																			
Q10	if you are taking any medicines now?	Yes ----- 1 No ----- 0																			
Q11	when the symptoms started ?	Yes ----- 1 No ----- 0																			
Q12	your weight ?	Yes ----- 1 No ----- 0																			
Q13	Did the provider ask you any other questions?	Yes ----- 1 No ----- 0	0 → Q15																		
Q14	Briefly, what other questions did the provider ask?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																			

Malaria diagnostic testing			
Q15	Did the provider offer to test you for malaria?	Yes ----- 1 No ----- 0	1 → Q17
Q16	Did you request an RDT for malaria?	Yes ----- 1 No ----- 0	
Q17	Was a test for malaria conducted?	Yes ----- 1 No ----- 0	0 → Last Q35
Q18	What type of test was conducted?	RDT ----- 1 Microscope ----- 2 Both RDT and microscopy ----- 3	
Q19	Did the provider explain how he/she would do the test? <i>If client was tested by both RDT and microscopy, ask Q19 to Q24 for the RDT.</i>	Yes ----- 1 No ----- 0	
Q20	Was the test performed in a separate area of the outlet, away from other activities?	Yes ----- 1 No ----- 0	
Q21	Was the testing area clean?	Yes ----- 1 No ----- 0	
Q22	Did the provider wear gloves while performing the test?	Yes ----- 1 No ----- 0	
Q23	Did the provider clean your finger with swab before pricking your finger?	Yes ----- 1 No ----- 0	
Q24	Did the provider dispose of lancet in sharps box immediately after pricking finger with it?	Yes ----- 1 No ----- 0	
If the malaria test was by microscope only, Skip to Q28			
Q25	Which hole was the blood placed in? <i>Show mystery client where the blood should be placed and circle response</i>	Right hole ----- 1 Wrong hole ----- 2 Did not see ----- 3	
Q26	Which hole was the buffer (clear fluid) placed in? <i>Show mystery client where the buffer should be placed and circle response</i>	Right hole ----- 1 Wrong hole ----- 2 Did not see ----- 3	
Q27	Did the provider use a watch, phone or other clock to count the wait time?	Yes ----- 1 No ----- 0	
Q28	How long did the provider wait before giving you the results of the test?	[__ __] minutes	

Q29	Did the provider tell you the result of the test?	Yes ----- 1 No ----- 0	0 → Q33
Q30	Did the provider give you a written copy of the test results?	Yes ----- 1 No ----- 0	
Q31	What was the result of the test?	Positive ----- 1 Negative ----- 2 Invalid ----- 3	1 → Q33
Q33	Did you pay for the test?	Yes ----- 1 No ----- 0	0 → Q36
Q34	How much did you pay for the test?	[__ __ __ __] Currency Unit	

If a malaria test was done, Skip to Q36

Q35	Why wasn't a test conducted? <i>If a test wasn't conducted, indicate whether this was because of a problem at the outlet, or because you declined to be tested for hygiene reasons.</i>	<i>Outlet reasons</i> No RDTs in stock ----- 1 Lab not open ----- 2 No materials in stock ----- 3 <i>Client reasons</i> Hygiene ----- 4 Other (<i>specify</i>) ----- 6 [_____]	All responses → Skip to Q36
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Consultation and medicines

Q36	During your visit did the provider say or do any of these things? <i>Read list and circle responses</i>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A) Asked more questions about symptoms</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>B) Suggested more tests</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>C) Referred you to another facility</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>D) Told to come back if symptoms get worse</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>E) Told to come back in 2 days if still ill</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>F) Talk about danger signs for serious illness</td> <td align="center">1</td> <td align="center">0</td> </tr> </tbody> </table>		Yes	No	A) Asked more questions about symptoms	1	0	B) Suggested more tests	1	0	C) Referred you to another facility	1	0	D) Told to come back if symptoms get worse	1	0	E) Told to come back in 2 days if still ill	1	0	F) Talk about danger signs for serious illness	1	0	
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F) Talk about danger signs for serious illness	1	0																						
Q37	Were you given any medicines or prescriptions by the provider?	Yes ----- 1 No ----- 0	1 → Q38a																					
Q37a	Why did the provider not sell or prescribe you any medicines?	Referred to other facility ----- 1 Not enough money ----- 2 Medicine stock out ----- 3 Negative test result ----- 4 Other (<i>specify</i>) ----- 6 [_____]	All responses → Q42																					

Advice and information from the provider															
Q38b	In total, how many medicines did you receive and/or were prescribed?		[]												
Q38b	Did the provider give you instructions on how to take all the medicines you received?	Yes ----- 1 No ----- 0 Only got prescription ----- 7 Don't recall ----- 8													
Q39	Did the provider talk to you about... <i>Read list and circle responses</i>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A) possible side effects of the medicine</td> <td>1</td> <td>0</td> </tr> <tr> <td>B) the need to finish the full course</td> <td>1</td> <td>0</td> </tr> <tr> <td>C) what to do if you vomit when taking the medicine</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	A) possible side effects of the medicine	1	0	B) the need to finish the full course	1	0	C) what to do if you vomit when taking the medicine	1	0	
	Yes	No													
A) possible side effects of the medicine	1	0													
B) the need to finish the full course	1	0													
C) what to do if you vomit when taking the medicine	1	0													
Q40	Did the provider ask if you understood the advice?	Yes ----- 1 No ----- 0													
Q41	Was the advice easy to understand?	Yes ----- 1 No ----- 0													
Q42	Did the provider ask if you had any questions?	Yes ----- 1 No ----- 0													
Q43	In general, how would you rate the services provided?	Very good ----- 1 Good ----- 2 Fair ----- 3 Bad ----- 4 Very bad ----- 5													
Q44	Would you return to this outlet in the future for a malaria test?	Yes ----- 1 No ----- 0													
Q45	Would you return to this outlet in the future if you needed to buy medicines?	Yes ----- 1 No ----- 0													
Q46	Would you recommend this outlet to a friend?	Yes ----- 1 No ----- 0													

Q47 Complete the table below for all the medicines you received or were prescribed by the provider.

	Band name	Dosage form Tablet 1 Suppository 2 Granule / Powder 3 Syrup 4 Injection 5 Cream 6 Don't know 8 Prescription 9	Medicine type (code) Refer to code list below	Bought or prescribed Bought 1 Prescribe 2	FOR EACH MEDICINE BOUGHT, ASK...	FOR EACH ANTIMALARIAL BOUGHT, ASK...
					Price Free 0000 Don't know 9998	Project logo on packaging? Yes 1 No 0
1		[]	[]	[]	[][][][] LCU	[]
2		[]	[]	[]	[][][][] LCU	[]
3		[]	[]	[]	[][][][] LCU	[]
4		[]	[]	[]	[][][][] LCU	[]
5		[]	[]	[]	[][][][] LCU	[]
6		[]	[]	[]	[][][][] LCU	[]
7		[]	[]	[]	[][][][] LCU	[]

Medicine type codes				
1: Antimalarial	2: Antibiotic	3: Pain / Fever reducer	4: Cold medicine	5: Cough medicine
6: Vitamins / Minerals	7: Diarrhea treatment (incl. ORS)	8: Deworming	9: Other	

Q47b	Total medicine cost <i>Complete this line only if the client is not able to separate costs for individual medicines</i>	Total cost [][][][] LCU	
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Additional comments

QX20. Is there any other information or comments you would like to make about your visit to this outlet?

Thank the mystery client for their participation in this study

- **Check everything on this form is complete and correctly reflects the client's experiences in the outlet**
- **Code and collect any receipts, medicines and prescriptions from the mystery client**