

## ADS Self-Assessment Checklist

Self-assessment is the exercise where the ADS sellers check their work and work environment with a view towards identifying areas that require improvement. For the exercise to be useful, the ADS seller should be relaxed and honest when carrying out the self-assessment.

Self-assessment should be carried out at least once a month.

Facility details
Name of person(s) completing self-assessment form.....
Drug shop name: .....Date: .....District: .....
Subcounty:..... Parish ..... In-charge: .....
Physical address: .....Telephone: .....

### Self-assessment responses

*Please tick (✓) the appropriate answer to the questions below and provide additional information where applicable.*

1. During the past week, did you sell an antibiotic for non-bloody diarrhea or did you have any questions or concerns when a case of non-bloody diarrhea was presented?

Yes, I did sell an antibiotic for non-bloody diarrhea. \_\_\_\_\_

Yes, I had some questions or concerns. (What were they?)

\_\_\_\_\_

\_\_\_\_\_

No \_\_\_\_\_

2. During the past week, did you sell an antimalarial medicine without the patient having a rapid diagnostic test (RDT) or did you have any questions or concerns when a case of malaria was presented?

Yes, I did sell an antimalarial without the patient having an RDT. \_\_\_\_\_

Yes, I had some questions or concerns. (What were they?)

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No \_\_\_\_\_

3. During the past week did you treat cough in a child under five years without assessing the breathing rate of that child or do you have any difficulty in assessing breathing rate in a child?

Yes, I did treat cough in a child under five years without assessing breathing rate. \_\_\_\_\_

Yes, I have some difficulty in assessing breathing rate in a child. Mention any specific issues. \_\_\_\_\_

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No \_\_\_\_\_

4. Are you able to identify danger signs in children or do you have any concerns regarding danger signs in children?

Yes, I can identify all danger signs in children.

No, some danger signs are not very clear to me. (Please specify.)

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5. During the past week, did you make any referrals or did you have any questions or concerns when a potential referral was presented?

Yes, I did make a referral. \_\_\_\_\_

Yes, I had some questions or concerns. (What were they?)

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No \_\_\_\_\_

6. Do you feel comfortable when you counsel patients on the appropriate use of the medicines you sell them?

Yes, I always feel comfortable. \_\_\_\_\_

Sometimes I feel comfortable, but there are times that I don't feel comfortable. (If so, what types of counseling do you have questions about or which make you uncomfortable?)

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7. Did any of your customers/patients complain during the past week?

Yes (What was the complaint?)

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No \_\_\_\_\_

8. In the space below, please identify any questions, problems, or challenges that have come up during the past week that you would like to address with your supportive supervisor.

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Date of previous self-assessment.....

Date for next self-assessment.....