

QUESTIONNAIRE FOR SURROGATE CLIENTS

URETHRAL DISCHARGE

Pharmacy code |_|_|_|_|

Date of visit (dd/mm/yy) _ _ / _ _ / _ _

Initials of surrogate client |_|_|_|

Initials of Interviewer |_|_|_|

1. What is the gender of the pharmacy staff consulted?

Male = 1

Female = 2

2. After you complained to the pharmacy staff about the discharge from the penis, did he/she ask you whether you had other problems?

No = 0

Yes = 1

3. Did he/she ask you whether you have had such a problem before (urethral discharge)?

No = 0

Yes = 1

4. Did he/she ask when you first noticed the urethral discharge OR when the discharge started?

No = 0

Yes = 1

5. Did he/she ask to physically examine you?

No = 0

Yes = 1

6. Did he/she recommend a laboratory test?

No = 0

Yes = 1

7. Did he/she ask whether you had seen a doctor before going to the pharmacy?

No = 0

Yes = 1

8. Did he/she ask whether you had sexual intercourse before the symptoms appeared?

No = 0

Yes = 1

9. (a) Did he/she ask you whether you used condoms when you had sexual intercourse?

No = 0

Yes = 1

(b) If yes for [a] above, did he/she ask why you did not use condoms?

No = 0

Yes = 1

10. Did he/she recommend treatment by injection?

No = 0

Yes = 1

11. (a) Did he/she (**out of his/her initiative**) recommend any medicines for you to take?

No = 0

Yes = 1 (Go to 11c.)

(b) If no, did he/she (**after your request**) recommend any medicines for you to take?

No = 0 (Go to question 16)

Yes = 1

(c) What medicines were recommended? (*Interviewer to fill table as appropriate*)

Medicine name	Dose	Frequency	Duration (days)	Cost (kshs)

12. What did he/she advise when you said you did not have enough money?

13.(a) Did he/she agree to write down for you the cost or quantities of the various medicines remaining?

No = 0

Yes = 1

(b) If yes, interviewer to fill table below as appropriate. *(Refer to the paper issued by the pharmacy staff/ what the client was told is the remainder)*

Medicine name	Dose	Frequency	Duration (days)	Cost (kshs)

14. What was his/her response to the question "Will this medicine cure me?"

15. What was his/her response to the question "What should I do if I do not get better?"

16. Were you given instructions/advice regarding the following:

a. Completion of dose of recommended medicines?

No = 0

Yes = 1

b. Abstinence from sexual intercourse until cured?

No = 0

Yes = 1

c. Use of condoms during future sexual intercourse?

No = 0

Yes = 1

d. Treatment of sexual partner?

No = 0

Yes = 1

e. HIV testing?

No = 0

Yes = 1

17. What other instructions/advice were you given?

18. What other comments can you make about the visit? e.g. your general impression of the pharmacy, any interesting/funny incidences or questions, etc.

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