

PHARMACY QUESTIONNAIRE

Provider ID |_|_|_|

Initials of interviewer |_|_|

Date form filled (dd/mm/yy) ___/___/___

Starting time |_|_|_|_| hours

Thank you for finding time for this interview. I would like to ask you some questions regarding general operations in your pharmacy and how you manage STDs...

SECTION I: RESPONDENT'S CHARACTERISTICS

I will start with general questions about you...

1. Gender: **Male = 1** **Female = 2**
2. Age: |_|_| Years
3. (a) What is the highest level of formal education you have attained?
(Interviewer to fill table as appropriate)

Level of education	Number of years completed
Primary	
Secondary	
Tertiary	

- (b) What type of healthcare training have you gone through? ***(Interviewer to fill table as appropriate)***

Type of training	Level reached (<i>certificate, diploma, higher diploma, bachelors, masters</i>)	Years completed
Pharmacy		
Clinical/ medical		
Laboratory		
Nursing		
Others (Specify)		

(c) What type of institution did you acquire the training from?

Public = 1

Private = 2

Faith based organization = 3

Others (specify) = 4

Name of institution *(if given)*

4. For how long have you worked in a retail/community pharmacy setting?

|_|_|_| **Months**

5. (a) Are you a member of any professional association/ society?

No = 0

Yes = 1

(b) If yes for (a) above, what is the name of the association/ society?

6. (a) Have you attended any course on management of STDs since you started working in the retail/community pharmacy sector?

No = 0

Yes = 1

(b) If yes, what was the specific course? *(Interviewer to fill the table as appropriate)*

Course name	Duration (days)	Date (mm/yy)	Place (city,town)	Training institution/organization

7. (a) Which training method for STDs management would you most prefer?

Off-site training workshop/seminar = 1

On-job mentoring = 2

Online self-learning course = 3

Others = 4, specify:

(b) Briefly explain why:

SECTION II: PHARMACY OPERATIONS

Now I will go to questions regarding general operations in your pharmacy...

8. (a) How many other people work in this pharmacy? |_|_|

(b) What type of healthcare training have the other staff members completed?

(Interviewer to fill table as appropriate)

No. of staff	Type of training completed (Pharmacy, medical/clinical, nursing, laboratory others)	Level reached (<i>certificate, diploma, higher diploma, bachelors, masters</i>)	Years completed

9. What are the opening hours of your pharmacy?

Days/ Time	From	To
Monday to Friday		
Saturday		
Sunday		
Public holidays		

10. (a) What reference materials do you have in your pharmacy? (*Interviewer to indicate whether materials seen or not*)

Reference material (indicate whether hard copy or electronic)	Year of issue/ publication	Not seen = 0, Seen = 1

(b) How can you access internet in your pharmacy?

11. (a) Approximately, how many customers are served in your pharmacy per day? |__|__|__| **Customers**

(b) Approximately how many of these come with prescriptions?

|__|__|__| **Customers**

12. Suppose a customer asks to speak to a staff member in private, how do you go about it?

13. Apart from the money charged for medicines, do you charge the following fees?

Dispensing fee: **No = 0** **Yes = 1** |__|__|__|__| **Kshs.**

Consultation fee: **No = 0** **Yes = 1** |__|__|__|__| **Kshs.**

14. How does your pharmacy ensure the quality of medicines stocked?

SECTION III: STANDARDS AND PRACTICES FOR STDs

Next, we will look at the questions concerning STDs...

15. Consider this case;

A man presents to your pharmacy with a thick yellow green discharge from his penis. He also reports that he feels pain and a burning sensation when urinating.

(a) What questions would you ask the client?

(b) How would you treat the client?

Drug	Dose	Frequ- ency	Durati- on (days)	Total Cost (Kshs)

(c) What advice would you give to the client?

(d): In a week, how many adult male clients are treated for urethral discharge in your pharmacy?

|_|_|_| Adult patients

16. (a) Do you have guidelines for the management of STDs in your pharmacy?

No = 0

Yes = 1

(b) If yes, may I see the guidelines? (***Interviewer to fill table as appropriate***)

Author/ Issuer	Year of publication	Not seen = 0 Seen = 1

17. (a) Do you have a flow chart for the management of STDs in your pharmacy?

No = 0

Yes = 1

(b) If yes, may I see the flow chart? (*Interviewer to fill table as appropriate*)

Author/ Issuer	Year of publication	Not seen = 0 Seen = 1

18. (a) Do you currently stock cefixime in your pharmacy?

No = 0

Yes = 1

(b) What conditions do you treat with cefixime?

(c) If yes for (a) above, how much does a single oral dose of cefixime 400mg cost in your pharmacy?

|_|_|_|_| **Kshs**

19. Consider this case;

An adult client presents to your pharmacy with fever, body aches and diarrhoea. The client also reports feeling tired and loss of appetite. The symptoms have lasted for about one week now.

(a) What are the likely diseases the client could be suffering from?

(b) What would you do to establish the diagnosis?

(c) The client also reports having had unprotected sexual intercourse in the last one month;

(i) What would you now think about the likely diagnosis?

(ii) What would you do now to establish the diagnosis?

(d) How would you manage the client?

(e) What other advice would you give the client?

(f) What percentage (%) of people, who become HIV infected, do you think will have some of the symptoms mentioned above, 2-3 weeks after infection?

|_|_|_|%

20. (a) Do you stock antiretroviral drugs (ARVS) in your pharmacy?

No = 0

Yes = 1

(b) If yes, which of these services do you provide? (*Tick all that apply*)

Highly active antiretroviral therapy (HAART)

Prevention of mother to child transmission (PMTCT)

Post exposure prophylaxis (PEP)

Others (specify)

21. (a) Do you get customers who ask for medicines they can take before sexual intercourse, to prevent HIV infection?

No = 0

Yes = 1

(b) If yes, what medicines do they ask for?

(c) How do you help them?

FSW AND MSM ASPECTS

Now I would like to ask you a few questions regarding some groups of clients who have a high risk for STDs...

22. (a) Do you think some of your customers do sex work?

No = 0

Maybe = 1

Yes = 2

(b) If yes or maybe, what makes you think they do sex work?

(c) If yes or maybe, what services, medicines or products do they ask for?

23. (a) Do you think some of your male customers have sex with other men?

No = 0

Maybe = 1

Yes = 2

(b) If yes or maybe, what makes you think they have sex with other men?

(c) If yes or maybe, what services, medicines or products do they ask for?

24. Apart from the symptoms that appear on the penis and vagina, where else may STD symptoms present?

25. Consider this case;

A client presents with rectal discharge, anal itching, rectal bleeding and painful bowel movements.

(a) What are the likely conditions the client would be suffering from?

(b) How would you manage the client? (**Management includes treatment, advice given, referrals e.t.c.**)

Now, I would like to ask you a few questions about barriers in STD management in your pharmacy...

26. (a) Do you experience any barriers or difficulties translating your knowledge of managing STDs into practice?

No = 0

Yes = 1

(b) If yes, describe:

(c) How do you think these barriers or difficulties can be overcome?

27. Finally, do you have any information you would like to add regarding the issues we have discussed during the entire interview?

28. In a week, how many adult treatments for malaria are sold in your pharmacy?

|_|_|_| **Adult malaria treatments**

Finishing time |_|_|_|_| hours

Thank you once again for finding time for this interview and for your patience through the whole process!