



QUESTIONS FOR PHARMACIES/DISPENSARIES

The information provided will assist the CAPTURA consortium and Ministry of Health understand the antimicrobial use (AMU) data available at each facility, the methods used to collect it, format of the stored data, and additional indicators that will assist the consortium in prioritizing facilities with the most relevant datasets for AMR surveillance. The provided information will also be used to map where AMU data exists in the country to further the Ministry of Health's knowledge for strategic planning.

This questionnaire should take about 15 minutes. Thank you for your time in advance.

**By participating in this Antimicrobial Use questionnaire developed by the CAPTURA consortium (as a part of the Fleming Fund Grants Programme managed by Mott MacDonald), you are agreeing for your responses to be stored and utilized for CAPTURA project activities. The responses may be shared with other Fleming Fund stakeholders and partners for purposes relating to Fleming Fund activities. For details on Mott MacDonald's privacy policy, please see the link to the website: www.mottmac.com/privacy-policy.*

** I agree and understand the above statements*

* Date of completion (dd/mm/yyyy)	
* Name of person completing this form	
* Email of person completing this form	
Phone number of person completing this form	
* Name of pharmacy/dispensary (or hospital where it is based)	
* Country	
* City/ town	
State	
Province	
District	

1.	*What type of facility is this pharmacy/dispensary?	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/> _____
2.	*Is your pharmacy/ dispensary located within a hospital/health centre?	Yes <input type="checkbox"/>		No <input type="checkbox"/> (Proceed to Question 5)
3.	If yes, what is the name of the hospital/health centre?	_____		
4.	If yes, which departments does your pharmacy/dispensary provide pharmaceuticals to? Select all that apply.	In-Patient Department(s) <input type="checkbox"/>	Out-Patient Department(s) <input type="checkbox"/>	Emergency Department(s) <input type="checkbox"/>
				Other <input type="checkbox"/> _____
5.	*What type of certification does the pharmacy hold? Please provide details on the certification (e.g., name of certification, when received, who provided)	_____		
6.	*Approximately how many staff work in your pharmacy/ dispensary?	_____		
7.	*Of those staff working in your pharmacy/ dispensary, approximately how many are certified pharmacists?	_____	Don't know <input type="checkbox"/>	
8.	*Do staff in your pharmacy follow a procedural guideline for dispensing drugs including antimicrobials?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Proceed to Question 10)	Don't know <input type="checkbox"/> (Proceed to Question 10)
9.	If yes, please provide details (e.g., name of guideline, version, etc)	_____		
10.	*Do staff in your pharmacy follow a procedural guideline for storing and stocking drugs including antimicrobials?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Proceed to Question 12)	Don't know <input type="checkbox"/> (Proceed to Question 12)
11.	If yes, please provide details (e.g., name of guideline, version, etc)	_____		
12.	*Do staff receive periodic training to review and follow procedural guidelines mentioned above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
13.	*Where do you source antimicrobials from? Select all that apply.	Ministry of Health / Government Drug authority <input type="checkbox"/>	Private company/ distributors <input type="checkbox"/>	Other <input type="checkbox"/> _____

14.	*Are the antimicrobials distributed/sold at this facility recorded?	Yes <input type="checkbox"/>		No <input type="checkbox"/> (Proceed to Question 22)	
15.	*In what format are these recorded?	Paper <input type="checkbox"/> (please answer Question 16 and then proceed to Question 22)	Electronic <input type="checkbox"/> (Proceed to Question 17)	Both <input type="checkbox"/>	
16.	If paper, how many years has your facility recorded antimicrobials distributed?	_____years		Don't know <input type="checkbox"/>	
17.	If electronic, what software is used to record the antimicrobials distributed? Select all that apply.	mSupply <input type="checkbox"/>	AdenBox <input type="checkbox"/>	Excel <input type="checkbox"/>	Other <input type="checkbox"/> _____
18.	*How many years has your facility recorded antimicrobials distributed/sold using the selected software? Answer all that apply.	mSupply ____years	AdenBox ____years	Excel ____years	Other: _____ ____years
19.	*Who procured the software used to record antimicrobials distributed/sold? Select all that apply.	Government/ Ministry of Health <input type="checkbox"/>	Facility/ Hospital <input type="checkbox"/>		Other <input type="checkbox"/> _____
20.	*Using the selected software, have you previously exported your data on antimicrobials distributed/sold?	Yes <input type="checkbox"/>		No <input type="checkbox"/> (Proceed to Question 22)	Don't know <input type="checkbox"/> (Proceed to Question 22)
21.	If yes, in what format can data be exported? Select all that apply.	txt <input type="checkbox"/>	xls/ xlsx <input type="checkbox"/>	csv <input type="checkbox"/>	Other <input type="checkbox"/> _____
22.	*Do patients need a prescription (Rx) to obtain antibiotics from your facility?	Yes <input type="checkbox"/> (Proceed to Question 24)		No <input type="checkbox"/> (Proceed to Question 25)	Sometimes <input type="checkbox"/>
23.	If chosen "sometimes", what drugs are obtained WITHOUT prescription?	_____			
24.	If chosen "yes" or "sometimes", does the pharmacy retain a copy of the prescription?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Don't know <input type="checkbox"/>
25.	*Are there records of patient diagnosis on prescriptions (or in similar patient linked document)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Don't know <input type="checkbox"/>

26.	*Does the pharmacy have access to the laboratory culture results for the patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Proceed to Question 28)	Sometimes <input type="checkbox"/>	Don't know <input type="checkbox"/> (Proceed to Question 28)			
27.	If chosen "yes" or "sometimes", please provide more details (e.g., how often do you have access, how do you access the results)	_____						
28.	*Do you analyse data/information on what antimicrobials are dispensed/sold?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Proceed to Question 31)	Don't know <input type="checkbox"/> (Proceed to Question 31)				
29.	If yes, how is the analysis on antimicrobials dispensed/sold used? (e.g., to check stock)	_____						
30.	*What software do you use to analyse the data/information? Select all that apply.	Manual data analysis <input type="checkbox"/>	Excel <input type="checkbox"/>	Inventory Software <input type="checkbox"/>	Other <input type="checkbox"/>			
31.	*How often do you produce reports using data (raw or analysed)? Select all that apply.	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Every 6 months <input type="checkbox"/>	Yearly <input type="checkbox"/>	Other <input type="checkbox"/>	Don't know <input type="checkbox"/>
32.	*Is the data (raw or analysed) on antimicrobials dispensed/ sold ever sent to another organisation or facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Proceed to Question 35)	Don't know <input type="checkbox"/> (Proceed to Question 35)				
33.	If yes, where is the data sent?	_____						
34.	If yes, how often have you sent data?	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	Other <input type="checkbox"/>		
35.	*Does your facility have reliable internet connectivity?	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
36.	*Does your facility have an IT contact person?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Proceed to next page)	Don't know <input type="checkbox"/> (Proceed to next page)				
37.	If yes, are you able to share contact details?	Able to share <input type="checkbox"/>			Unable to share <input type="checkbox"/>			
		Name: Email/Skype/Phone number:						

****Please make sure you have marked your consent on the first page****

Please select (✓) all data variables that are included in the database/ records at your facility.	
SAMPLE AMU DATA VARIABLES	Variable Collected (✓)
* Routine (Priority CAPTURA Variables)	
Patient Age	
Patient Sex	
Date of Prescription	
Department (OPD, IPD, Emergency)	
Type of Drug (Drug Class)	
Ingredients	
Strength of Drug	
Formulation Type	
Route of Administration	
Product Name	
Manufacturer	
Pack Size Unit/ Number of Doses Distributed	
Daily Defined Doses (DDD)	
* Specialised/Targeted (Optional CAPTURA Variables)	
Indication for Prescription/ Diagnosis	
MDR Risk	
Product Origin	
Brand Name or Generic	
Previous Antimicrobial Prescriptions	
Change to Initial Therapy	

****Please make sure you have marked your consent on the first page****