

REPUBLIC OF GHANA
STATISTICAL SERVICE

GHANA LIVING STANDARDS SURVEY

QUESTIONNAIRE FOR DRUGSTORES, PHARMACIES & DRUG VENDORS

NOVEMBER 1989

REGION No.: _____ TEAM No.: _____ FACILITY No.: _____

NAME OF DRUGSTORE: _____

LOCATION: _____

TO COMPLETE IN THE OFFICE: CLUSTERS FOR WHICH THIS SOURCE OF
DRUGS IS NEAREST:

NAME: _____ CLUSTER: _____

NAME: _____ CLUSTER: _____

NAME: _____ CLUSTER: _____

NAME: _____ CLUSTER: _____

NAME: _____ CLUSTER: _____

TIME STARTED: _____ TIME COMPLETED: _____

INTERVIEWER NO.:

NAME OF RESPONDENT: _____

REGION No.: _____

FACILITY NO.: _____

I. CHARACTERISTICS OF THE FACILITY1. Is this facility public or private? ☐

PUBLIC.....1
 PRIVATE.....2
 QUASI-PUBLIC.....3
 OTHER (SPECIFY)4

2. In what year did services begin? ☐

19

(IF A VENDOR, WITH NO BUILDING, THEN
 SKIP TO SECTION II)

3. Does this building have electricity? ☐

YES1
 NO2 (* 6)

4. Is the current from an Electric
Company or from a generator? ☐

ELECTRIC COMPANY.....1 (* 6)
 GENERATOR2

5. Is there sufficient fuel to supply
the generator? ☐

ALWAYS1 SOMETIMES3
 USUALLY2 NEVER4

6. Does this facility have a refrigerator? ☐

YES1
 NO2 (* SECTION II)

7. Does the refrigerator run on
electricity or kerosene? ☐

ELECTRICITY1
 KEROSENE.....2
 BOTH.....3
 SOLAR POWER.....4

8. Is the refrigerator working today? ☐

YES1
 NO2

REGION No.: _____

FACILITY NO.: _____

II. HOURS OF OPERATION

1. On which days of the week, and for how many hours each day do you offer services?

WRITE THE NUMBER OF HOURS FOR EACH DAY OF THE WEEK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

III. PERSONNEL

INTERVIEWER: IF INTERVIEWING A VENDOR IN THE MARKET, SKIP TO SECTION IV.

1. Is the person who sells or dispenses drugs at this facility a qualified pharmacist?

☐

YES1

NO2

2. How many qualified pharmacists work work at this facility?

☐

3. How many others usually dispense or sell drugs at this facility?

☐

REGION No.: _____

FACILITY NO.: _____

IV. VACCINES AND CONTRACEPTIVE SUPPLIES1. Do you sell vaccines for immunizations? ☐

YES.....1

NO.....2 (* 5)

IF YES,

2. Do you usually sell ...[] here ?	3. Do you have ...[] ... in stock today?	4. How much must clients pay for the complete vaccine?
YES ...1 No2 (*NEXT)	YES ...1 No2	All doses (AMOUNT)
BCG		
DPT		
TETANUS (alone)		
YELLOW FEVER		
MENINGITIS		
POLIO		
MEASLES		
CHOLERA		
OTHER (SPECIFY)		

5. Do you sell contraceptives at this facility? ☐

YES1

NO2 (* SECTION V)

REGION No.: _____

FACILITY NO.: _____

6. Do you usually sell ...[]... here? YES....1 ----- NO.....2 (* NEXT)		7. Do you have ...[]... in stock today YES.....1 NO.....2		8. How much must clients pay for ...[]... FOR ONE UNIT AMOUNT
CONDOMS?				
SPERMICIDE? (Specify)				oz
CONTRACEPTIVE PILLS? (Specify)				
IUD?				
DIAPHRAGM?				
CONTRACEPTIVE INJECTION? (DEPO-PROVERA)				ml
OTHER? (Specify)				

V. DRUG SUPPLIES

1. When did you last replenish your
general stock of drugs?

DAY

MONTH

YEAR

REGION No.: _____

FACILTY NO.: _____

2. How often is your stock of drugs replenished?

Every _____
No. UNITUNITS

DAY.....1

WEEK.....2

MONTH.....3

3. When do you expect to get your next
stock of drugs?

DAY

MONTH

YEAR

V. DRUG SUPPLY

REGION No.: _____

FACILITY No.: _____

4. Are the following drugs in stock today?	15. How is this usually dispensed?	16. How much do clients have to pay for ...?	17. How much time did your last stock of ... last before it was depleted?
YES....1 -----> NO.....2 ----->	BY COURSE...1 PACKET...4 BY TABLETS...2 OTHER...5 BOTTLE.....3	COURSE...1 BOTTLE...3 TABLETS...2 PACKET...4 OTHER (SPECIFY).....5 PRICE UNIT WEEKS	
a. Chloroquine tablets? 150 mg			
b. Chloroquine syrup? 80 mg/5 ml			
c. Chloroquine injection? 40 gm/ml			
d. Any other kind of Anti-Malarial drug?			
e. Paracetamol tablets? 500 mg			
f. Aspirin tablets 300mg (Acetylsalicylic Acid)			
g. Vitamin B CO?			
h. Rehydration salts?			
i. Mercurochrome?			
j. Cough Mixture?			
k. Bandages/dressing?			
l. Ampicillin?			
m. Other antibiotics?			
n. Anti-parasite drugs?			

DRUG SUPPLY CONTINUED

REGION No.: _____

FACILITY No.: _____

1. Are the following drugs
in stock today?

YES....1 _____)

NO.....2 _____)

12. How is this

1 usually

1 dispensed?

1BY COURSE...1

1BY TABLETS..2

1BOTTLE.....3

PACKET..4

OTHER...5

OTHER (SPECIFY).....5

13. How much do clients

have to pay for ...?

COURSE...1

TABLETS..2

PRICE

BOTTLE..3

PACKET..4

UNIT

14. How much time did

your last stock

of ... last

before it was

depleted?

WEEKS

o. Iron - Folic Acid?

p. Multivite?

q. Diazepam?

(Valium)

REGION No.: _____

FACILTY NO.: _____

8. During what time of day do you receive the most clients?

ONE ANSWER

MORNING.....1
 NOON.....2
 AFTERNOON.....3
 EVENING.....4
 NIGHT.....5

☐

9. During what days of the week do you have the most clients?

☐

ONE ANSWER

WEEK DAYS.....1	THURSDAY....6
WEEKENDS.....2	FRIDAY.....7
MONDAY.....3	SATURDAY....8
TUESDAY.....4	SUNDAY.....9
WEDNESDAY.....5	MARKET DAY..10
	PAY DAY.....11

10. During which months do you have the most clients?

FIRST

☐

UP TO THREE ANSWERS.

LEAVE BLANK IF LESS THAN 3

SECOND

☐

JANUARY.....1
 FEBRUARY.....2
 MARCH3
 APRIL.....4
 MAY.....5
 JUNE.....6

JULY7
 AUGUST.....8
 SEPTEMBER....9
 OCTOBER.....10
 NOVEMBER....11
 DECEMBER....12

THIRD

☐