

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: \_\_\_\_\_

TIME STARTED: \_\_\_\_\_ TIME COMPLETED: \_\_\_\_\_

INTERVIEWER NO.:

NAME OF RESPONDENT: \_\_\_\_\_

REGION No.: \_\_\_\_\_

FACILITY NO.: \_\_\_\_\_

I. CHARACTERISTICS OF THE FACILITY

1. 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?

- YES .....1
- NO .....2 (\* 6)

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

- ELECTRIC COMPANY.....1 (\* 6)
- GENERATOR .....2

5. Is there sufficient fuel to supply the generator?

- ALWAYS .....1      SOMETIMES .....3
- USUALLY .....2      NEVER .....4

6. Does this facility have a refrigerator?

- YES .....1
- NO .....2 (\* SECTION II)

7. Does the refrigerator run on electricity or kerosene?

- ELECTRICITY .....1
- KEROSENE.....2
- BOTH.....3
- SOLAR POWER.....4

8. Is the refrigerator working today?

- YES .....1
- NO .....2

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**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?

YES .....1  
NO .....2

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

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

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**IV. VACCINES AND CONTRACEPTIVE SUPPLIES**

1. Do you sell vaccines for immunizations?

YES.....1  
NO.....2 (\* 5)

IF YES,

2. Do you usually sell ...[ ] here ?  YES ...1 No ....2 (*NEXT)	3. Do you have ...[ ] ... in stock today?  YES ...1 No ....2	4. How much must clients pay for the complete vaccine?  All doses (AMOUNT)
BCG		
DPT		
TETANUS (alone)		
YELLOW FEVER		
MENINGITIS		
POLIO		
MEASLES		
CHOLERA		
OTHER (SPECIFY)		

5. Do you sell contraceptives at this facility?

YES .....1  
NO .....2 (\* SECTION V)

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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

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2. How often is your stock of drugs replenished?

Every \_\_\_\_\_  
No. UNIT

UNITS

- 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. : \_\_\_\_\_

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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 CD?			
h. Rehydration salts?			
i. Mercurochrome?			
j. Cough Mixture?			
k. Bandages/dressing?			
l. Ampicillin?			
m. Other antibiotics?			
n. Anti-parasite drugs?			

DRUG SUPPLY CONTINUED

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FACILITY No. : \_\_\_\_\_

1. Are the following drugs in stock today?	12. How is this usually dispensed?	13. How much do clients have to pay for ...?	14. 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 PRICE UNIT	WEEKS
o. Iron - Folic Acid?			
p. Multivite?			
q. Diazepam? (Valium)			

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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  | JULY .....7     |
| FEBRUARY.....2 | AUGUST.....8    |
| MARCH .....3   | SEPTEMBER....9  |
| APRIL.....4    | OCTOBER.....10  |
| MAY.....5      | NOVEMBER.....11 |
| JUNE.....6     | DECEMBER.....12 |

THIRD