**BANGLADESH PHARMACY MODEL INITIATIVE (BPMI)**

**Questionnaire/Mapping Tool for Drug Shops**

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| This questionnaire is designed to capture information which will be used by the MOHFW/DGDA AND PCB to improve regulatory services and access to quality medicine and other services provided by drug shops in Bangladesh | | | | | | | | | | | | | | | | | | | | | | |
| 1. **GENERAL PREMISES INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| 1.1. Drug shop name | | |  | | | | | | | | | | | | | | | | | | | |
| 1.2.Drug shop location | | | Village | | | | | | | | Union/Thana | | | | Upazila | | | | District | | | |
| 1.3.Drug shop address | | | House No. | | | | | | | | Plot No. | | | | Street | | | | Road | | | |
| 1.4.Owner’s name | | |  | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| 1.6.Age | 1.7. Gender  M/F | | 1.8. Education level (completed years of schooling) (tick as appropriate) | | | | | | | | | | | | | | | | | | | |
| 1.9.Telephone numbers  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Primary education  (5 years) | | | | | Secondary education  (10 years) | | | | College education  (12 years) | | | | University education  (>12 years) | | | | | | |
| 1.9. Is the owner also the dispenser? | | | | | | | | Yes | | | | No | | | |  | | | | | | |
| 1.10.Drug shop geo codes | | |  | | | | | | | | | | | | 1.11.Please take one outside and one inside photo of the shop | | | | | | | |
| 1. **PREMISES CONDITION** | | | | | | | | | | | | | | | | | | | | | | |
| 2.1.Number of rooms | | | |  | | | 2.2.Approximate size of the premises (tick as appropriate)  Small ------- Medium -------- Large ---------- | | | | | | | | | | | | | | | |
| 2.3.Premises condition (please tick as appropriate) | | | | | | | | | | | | | | | | | Yes | | | No | | |
| 1. Does the size of the dispensing room allow free movement of staff and clients | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Is there a store room? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Does the size of the store room allow for drug storage and free movement of staff | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Are there windows for ventilation? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Is there functional air conditioning system (AC)? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Is there a functional ceiling fan? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Is there a floor made of cement or tiles? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Is there a functional refrigerator? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Are the walls smoothly painted? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Is there electricity/a source of power in the drug shop | | | | | | | | | | | | | | | | |  | | |  | | |
| 11. Is there a good system in place to display the medicines? | | | | | | | | | | | | | | | | |  | | |  | | |
| 1. Is there a record-keeping system in the shop? (Drug record/invoice/register book) | | | | | | | | | | | | | | | | |  | | |  | | |
| 2.4. Please rank the premises conditions on a scale from 1-3: **3** being the highest (premises require minimal to no improvements), **2** being the middle (premises require some improvements to reach acceptable standard), **1** being the lowest (premises are of such poor condition that they may be impossible to improve | | | | | | | | | | | | | | | | | | | |  | | |
| 1. **DRUG SHOP OPERATIONS** | | | | | | | | | | | | | | | | | | | | | | |
| 3.1. How long has this shop been in operation? (years)\_\_\_\_\_ | | | | | | | | | | | | | 3.2. How many drug shops does this owner have? \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 3.3.How far is this shop from the next nearest drug shop?  (km) \_\_\_\_\_\_\_\_\_\_\_ | | 3.4. How far is this shop from the nearest health facility?  (km)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | 3.5.How far is this shop from a laboratory/diagnostic service  (km)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 3.6.How many operating days in a week?  (days) \_\_\_\_\_\_ | | 3.7.How many operating hours in a day?  (hours) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | 3.8. How many other drug shops in this village/street?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 3.9. On average, how many clients/patients does the drug shop serve per day? | | | | | | | | | | 3.10. What is the approximate amount of your average daily sales (in Taka)? | | | | | | | | | | | | |
| 3.11. Do you provide loans for medicines to your clients? | | Yes | | | | If yes, do they pay back all the money within agreed time? | | | | | | | | | | | | | | | | Yes |
| No | | | | No |
| 1. **REGISTRATION , LICENSURE AND INSPECTION OF DRUG SHOPS** | | | | | | | | | | | | | | | | | | | | | | |
| 4.1.Is this drug shop registered by DGDA? (please cross check availability of certificate) | | | | | Yes | | | | 4.2. Could you please show us the registration certificate? | | | | | | | | | | | | | Yes |
| No | | | | No |
| 4.3. Did this shop receive a trade license from local authority? (please cross check availability of certificate) | | | | | Yes | | | | 4.4. Could you please show us the trade license? | | | | | | | | | | | | | Yes |
| No | | | | No |
| 4.5. Is the drug shop license a renewed one? | | | | | Yes | | | |  | | | | | | | | | | | | | |
| No | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | |
| 4.6.Has this drug shop been inspected in the last one year? | | | | | Yes | | | | 4.7. When was the last time the drug shop was inspected? (provide the date/month/year) | | | | | | | | | | | | | |
| No | | | |
| 4.8.Which authority conducted the inspection? (tick as appropriate) | | | | | DGDA | | | | Civil Surgeon Office | | | | | | | | | Others (specify) | | | | |
| 1. **DISPENSERS’ EDUCATION/QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | |
| 5.1.How many dispensers/employees work in this drug shop? | | | | |  | | | | 5.2.How many of those have a grade C pharmacy certificate? | | | | | | | | | | | |  | |
| 5.3.How many of those have a grade B pharmacy certificate? | | | | | | | | | | | |  | |
| 5.4. How many of those have a grade A pharmacy certificate? | | | | | | | | | | | |  | |
| 5.5. How many hours do qualified dispensers work per day? | | | | |  | | | |  | | | | | | | | | | | | | |