**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. GenderM/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? |  |  |