

CESOP**New Pharmacy Model**

Date ____/09/2015 Start time ____:____ End time ____:____ Interviewer: _____

Street _____

Good morning/afternoon/evening. My name is _____ and I'm working with Centro de Sondagens da Universidade Católica in collaboration with Centro de Estudos e Avaliação em Saúde (CEFAR) from the Associação Nacional das Farmácias (ANF) in carrying out a study that aims to gather some information about the access to medicines and the Portuguese population's preferences for a future pharmacy model. Can you please answer some questions about this subject? YOUR ANSWERS ARE ABSOLUTELY CONFIDENTIAL AND WILL BE USED ONLY FOR THIS STUDY'S PURPOSE.

ASK THE INTERVIEWEE WHICH RESIDENT IN THE HOUSE (18 YEARS OR OLDER) IS CELEBRATING THEIR BIRTHDAY NEXT

Localities (WHITHOUT ASKING)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Alijó | <input type="checkbox"/> Espinho | <input type="checkbox"/> Algueirão-Mem Martins | <input type="checkbox"/> UF Romeira e Várzea |
| <input type="checkbox"/> Carregosa | <input type="checkbox"/> UF Antuzede e Vil de Matos | <input type="checkbox"/> São Domingos de Rana | <input type="checkbox"/> UF Ponte de Sor, Tramaga e Vale de Açor |
| <input type="checkbox"/> Várzea, Aliviada e Folhada | <input type="checkbox"/> Gafanha do Carmo | <input type="checkbox"/> Pinhal Novo | <input type="checkbox"/> Mexilhoeira Grande |
| <input type="checkbox"/> UF Braga (S. José de S. Lázaro e S. João do Souto) | <input type="checkbox"/> UF Marrazes e Barosa | <input type="checkbox"/> Odivelas | <input type="checkbox"/> Quelfes |
| <input type="checkbox"/> Valongo | <input type="checkbox"/> Esmoriz | <input type="checkbox"/> Alcântara | |

I - ACCESS TO PHARMACY

P1. What is the first place you go to for advice when a minor ailment arises (e.g. headaches, dyspepsia, acute cough, influenza)?

- Primary Health Care
 Pharmacy
 Hospital
 Hotline (Linha Saúde 24)
 Other (specify) _____
 I do not usually consult anyone, anywhere
 Don't know

P2. What is the first place you go to when you have any questions about medication, (e.g. doubts about dosage, indication, how is used, adverse effects)?

- Primary Health Care
 Pharmacy
 Hospital
 Other (specify)? _____
 I do not usually consult anyone anywhere
 Don't know

P3. In the past year, have you visited the pharmacy?

- Yes
 No → go to 0
 Don't know → go to 0

P4. And in the last 6 months, how often did you visit the pharmacy? (READ)

- 6 or more times
 Between 3 to 5 times
 Twice
 Once
 Never
 Don't know

P5. How long does it take, on average, and using your usual means of transportation (foot, car or public transport), from your residence to the following places? (READ)

	Minutes	Prefer not to answer	Usual means of transportation		
			On foot	Car	Public transport
Primary Health Care	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II – SATISFACTION WITH PHARMACY

Only for those who visited the Pharmacy at least once in the last year (P3 = Yes)

If have NOT visited the Pharmacy in the last year → Go to section III

P6. Thinking about your pharmacy (the one you visit the most), how satisfied you are with: (READ)

	Very unsatisfied	Unsatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Don't know
Business hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information offered in response to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence of providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access during the night and on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount and quality of services provided by the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P7. In general, how satisfied are you with your pharmacy? (READ)

- Very unsatisfied
 Unsatisfied
 Neither satisfied nor dissatisfied
 Satisfied
 Very satisfied
 Don't know

III – ACCESS TO MEDICINES

P8. Are you a chronic disease patient or do you take medicine(s) continuously?

- Yes No Prefer not to answer

P9. In the last 12 months did you have to go back to the pharmacy, or go to more than one pharmacy, to get all your prescription drugs?

- Yes No Don't know

P10. In the last 12 months, were you, for any reason, unable to buy a medication prescribed by your doctor?

- Yes
 No → go to P12
 Don't know → go to P12

P11. (If yes) What was the most common reason not to buy the medicine(s)? (SELECT 1 ANSWER) (READ)

- Still had the medicine / package home
 I could not find it in any pharmacy
 Had less money
 The reimbursement of the drug has decreased / ended
 I do not get along with the medicine(s)
 Other. (specify) _____
 Don't know

IV – PHARMACY MODEL

P12. Currently, pharmacies provide a set of services such as vaccinations, medicines counselling, point of care testing for diabetes, among others. To improve public health, in relation to the services provided by pharmacies, you consider that: (READ; choose 1 answer)

- Pharmacies could provide more services that are currently only provided by other health care units
 The services provided currently by the pharmacies are enough to cover the population's needs
 Pharmacies could reduce the number of services provided
 Don't know

P13. I will now show you a list of services that are available at the pharmacy, or could be available in the future. Regarding each one, can you please tell me if: 1) You know or have heard about it; 2) How important you rate each service (in a scale from 1 - not important to 5 - very important). (SHOW CARD 1) (READ)

	Know / have heard of	Do not know / have not heard of	1 - Not important	2 - Slightly important	3 - Neither important or unimportant	4 - Important	5 - Very important	As/Nr
1. Automatic renewal of prescriptions for chronic patients (Prescription renewal for chronic patients at the Pharmacy, with no need to go to the Primary Health Care / Family Health Practice to get a prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Support in maintaining chronic disease under control (Follow-up of chronic patients (e.g. diabetics, hypertensives, chronic respiratory disease, etc.) at the Pharmacy with information shared with the General Practitioner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integration of health data and mobile devices (Use of an integrative App where the user can download their health information (e.g. blood pressure) from various mobile devices (e.g. phones). The collected data could be evaluated together with the pharmacist and, in case of need, referred to the doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Monitoring of therapy (e.g. control of therapeutic effects, adverse events, adherence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Support in the choice of non-prescription medicines (Minor ailments advice allowing a quick and effective access to treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Support the patients in keeping an up-to-date list of medicines (For the patient / doctor to compare with the prescribed medicines at hospital stay, in transition or discharge situations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Scheduling a medical appointment (Possibility of scheduling a medical appointment in the NHS through the pharmacy according to the manifested need)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Home delivery of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Home care services (Differentiated assistance to the elderly, isolated or having difficulties in their health and medication management, in partnership with the Health Center unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Point of care testing and screening (identification of signs and symptoms of some health conditions and appropriate referral to a doctor (e.g. point-of-care HIV testing, urinary tract infection, diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Disease prevention, healthy lifestyles and health promotion (e.g. structured programs delivered at the pharmacy integrated into the health system, such as weight loss, and smoking cessation programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Extended health care in pharmacies (e.g. first aid, handling of minor wounds or burns, nutrition consultation, diabetic foot care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Provision of certain medicines exclusively dispensed at the hospital pharmacy and follow-up of treatment Access to medicines currently only available at hospital level (e.g. cancer drugs, rheumatoid arthritis, Hepatitis C), at a community pharmacy of your choice without having to go to the hospital to pick them up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P14. From the previous list, chose the 5 most important services and order them from 1 to 5 1 being the most important and 5 being the least (SHOW CARD 1)

	Service		Service
1.	<input type="text"/>	4.	<input type="text"/>
2.	<input type="text"/>	5.	<input type="text"/>
3.	<input type="text"/>		

P15. Is there any other service not mentioned in the list that you would like to see available in your pharmacy?

- Yes. Which?

- No
- Don't know

P16. Do you think you will probably use the pharmacy more if some of the services we have been talking about become available? (READ)

- Not at all likely
- Unlikely
- Rather likely
- Very Likely
- Don't know

V – SOCIODEMOGRAPHIC CHARACTERISTICS

P17. Gender (WITHOUT ASKING):

- Male Female

P18. Birthday date

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Day)	(Month)	(Year)

P19. Occupation (READ)

- Self-employed
- Employee
- Pensioner/Retired
- Permanent incapacity to work
- Unemployed
- Student
- Homemaker
- Other. Which? _____
- Prefer not to answer

P20. Marital Status (READ)

- Married/ or *de facto*
- Single
- widowed
- Divorced/ separated
- Prefer not to answer

P21. Highest education level completed

- No education
- Primary education (4th year)
- Primary education (6th year)
- Primary education (9th year)
- Secondary education (12th year)
- Bachelor / Graduate degree
- Master's degree
- Doctoral degree
- Prefer not to answer

P22. How many people live here, in your house, including yourself?

P23. On this Card 2, the following letters correspond to income brackets. Could you say which letter most closely matches your household average monthly income (after the discounts have been made):

C	F	H	N	O	P	V	<i>Prefer not to answer</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AT THE END:

1. CHECK IF ALL QUESTIONS WERE ASKED AND ANSWERED
2. REQUEST PHONE NUMBER FOR EVENTUAL QUALITY CONTROL

THANK YOU