Questionnaire: English Version

First of all, how are you today, our respected research participant?

We would like to ask you a few questions regarding your experience with Auditable Pharmaceutical Transaction and Services (APTS) provided by the pharmacy of this hospital. The interview would take approximately 15-20 minutes of your time. The purpose of this study is to assess the satisfaction of patients with APTS provided in this hospital. This information will be helpful in improving the quality of the health services in general and the pharmaceutical services in particular. Your participation is completely voluntary. You can refuse to answer any questions and/or withdraw from the study at any time without a problem to you or the services you receive in the hospital. All your responses will remain strictly confidential: All your responses will be kept strictly confidential. Hospital staff will not have access to your responses, your name will not be recorded, and your answers will never be linked to your identity at any time.

Would you be willing to participate?

Yes □No □

If the respondent agrees to be interviewed, continue, if not, and proceed to the next interviewee.

If Yes, Continue to the next page

If No, thank for his/her time and skip to the next respondent

Section I: Background characteristics of respondents

No.	Question/item	Response
1.	Age	years
2.	Sex	Male □ Female □
3.	Marital Status	Single □ Married □ Divorced □ Widowed□
4.	Religion	Orthodox □ Islam□ Catholicism □ Protestant □ Other (specify) _____
5.	Place of residence	Urban □Rural □

6.	Education status	Unable to read and write □ Able to read and write □ Primary school □ Secondary school □ Diploma □ Degree/above □
7.	Employment status	Government employee□ Private Business□ Farmer □ Merchant□ Housewife □ Student □ Unemployed□ Retired □ Other (specify)_____
8.	Status/type of visit	New visit □ Repeat Visit □
9.	What is your reason for your visit to the hospital pharmacy?	To get medicines for yourself □ To get medicines for friend/family □
10.	Is your visit because of chronic disease? (hint: diabetes, hypertension, asthma)	Yes □No □
11.	Did you get the medicine with?	Cash□ Credit □ Free □

Section II: Questions on respondent's satisfaction with pharmaceutical services
Mark ratings by encircling scores provided by patients corresponding to the items
Excellent (E) = 5; Very Good (VG) = 4; Good (G) = 3; Fair (F) = 2; Poor (P) =1

No.	Items	E	VG	G	F	P
Dispensing area						
1.	The location of the pharmacy is easily accessible.	5	4	3	2	1
2.	The overall cleanliness and comfort of the pharmacy waiting area	5	4	3	2	1
3.	Convenience of the dispensing area and counter for service provision	5	4	3	2	1
Dispensing process						
4.	The clarity of the pharmacy professional's instructions about how to take your medication	5	4	3	2	1
5.	The information the pharmacist gives you about the proper storage of your medication	5	4	3	2	1
6.	The promptness of processing prescription medicines	5	4	3	2	1

7.	The availability of medicines that are prescribed to you in the pharmacy	5	4	3	2	1
Personnel skill						
8.	How well the pharmacist explains possible side effects	5	4	3	2	1
9.	How well the pharmacy professional answers your questions	5	4	3	2	1
Privacy						
10.	The privacy of your conversations with the pharmacist	5	4	3	2	1
Assistance to patients						
11.	The amount of time the pharmacy professional spends with you	5	4	3	2	1
12.	The courtesy and respect shown to you by the pharmacy staff	5	4	3	2	1
Others						
13.	The fairness of cost of medicines in the pharmacy	5	4	3	2	1
14.	The amount of time you spend waiting for your prescription to be filled	5	4	3	2	1
15	Overall satisfaction with pharmacy services after implementing APTS compared to before?					

Thank you for your time and support!