Pharmacy Drugs Sales Register

Title of Research Study: Increasing access to SRHR through rights-based user-centred approaches at the community level.

FACILITY IDENTIFICATION		
PHARMACY UNIQUE IDENTIFICATION	[____|____|____|____|____|____|____]	
PHARMACY NAME	_____	
SUB-COUNTY	_____	
PHARMACY LOCATION	01=URBAN CENTRE/TOWN 02=PERI-URBAN/ESTATE 03=RURAL	[____|____]
MONTH/YEAR	_____/_____	

Category	Product	No. of Clients last month	Quantity Sold last month	Current Quantity in Stock (Day of Visit)
SRHR Medication	Misoprostol only			
	Mifepristone only			
	Combi-pack/Medabon			
	Other SRHR medication (specify) _____			
Contraceptives / FP Methods	Pills			
	Male condom			
	Female condom			
	IUCD/Coil			
	Implants/Norplant/Jadelle			
	Injectables			
	Morning after/Emergency pill			
	Other method (specify)_____			
Broad Age categories	**Number of clients by age groups**			
	1) No. of clients aged 19 Years and below	.....		
	2) No. of clients aged 20 – 49 Years	.....		
	Total Number of Clients (1 and 2 above)	.....		
Challenges	Please mention me one or two challenges you encountered regarding the sale/dispensing of SRHR products and contraceptives. _____ _____			
	Please mention how you are addressing the challenges you encountered. _____			