**Supplementary Information: Data Questionnaires for Simulated Client Scenarios**

**PHARMACY TRAINING GUIDE FORM (adapted from Saleem et al., 2020)**

**ANTIBIOTIC SALE WITHOUT PRESCRIPTION**

**Important notes for clients:**

* Visit pharmacy/licensed medical seller
* If outlet cannot be found or is closed at the time of the visit, replaced with another registered outlet of the same type within a 50 m radius using Google Maps or by asking bystanders
* If a suitable replacement is not nearby mark as “pharmacy/OTCMS not found”
* Read the questionnaire thoroughly before visiting the pharmacy/ licensed medical seller and do not show the questionnaire to pharmacy/ licensed medical seller staff.
* Memorize the answers to all potential questions.
* Fill the form properly within 5-10 minutes after you leave the pharmacy/ licensed medical seller together with accompanying investigator.
* Do not visit hospital pharmacies.
* Do not buy any medications

**PART 1**

**Questions related to pharmacy**

**City: Accra Metropolis**

* **Case scenario: 1**

**PART 2**

**CASE SCENARIO 1 (UPPER RESPIRATORY TRACT INFECTION)**

**DEMAND LEVEL 1**

SC (simulated client) will walk into the pharmacy and ask,

“Good day, please can you give me some azithromycin?”

* Medicine received:

1. Yes b. No c. Not available/not stocked

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3**.

If **NO**, then go to **DEMAND LEVEL 2**

If **NOT AVAILABLE/NOT STOCKED** then skip to **DEMAND LEVEL 3**

**DEMAND LEVEL 2**

“My younger (sister/brother) at home who is about 20 years has had a **sore throat** and **cough** for about **2 days now**. S/he has also been **feeling general tiredness and weakness**. I think if you give me some azithromycin it will work, please give me some to reduce the symptoms”.

* Antibiotic received:

1. yes b. no

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then go to the **DEMAND LEVEL 3**

**DEMAND LEVEL3**

“Can you please give me any antibiotic to relieve the symptoms?”

* Medicine received:

1. yes b. no

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then ask about the reason for refusal

**REASON OF REFUSAL (select more than one if multiple reasons given)**

a. condition doesn’t require any drug

b. require prescription

c. refer to some doctor

d. Advice on COVID-19 testing/screening

e. other …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Question 1.** Ask: Are you a pharmacist?

1. Yes b. No

**End of visit:**

* Make some excuse

**PART 3 (IF ANTIBIOTICS WERE OFFERED)**

**Questions related to drug received:**

* Antibiotic Included: a. Yes b. No
* If “No” then finish the survey after writing brands
* if “Yes” then answer the following questions
* Antibiotic brand name:
* Generic:
* Duration:
* Dose:
* Any other medication(s):
* The advice is given by the pharmacist/dispenser on how to take medicine

1. Yes b. No

* Asked any other question

a. Yes b. No

If yes write questions below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 4**

**Questions related to drug outlet personnel**

1. **Pharmacist availability**

a. Yes b. No c. unknown

If “**YES”** go to (b.) if “**NO”** or “**UNKNOWN”** end here

1. **Gender (pharmacist)**

a. Male b. Female

Answers to the questions which may be asked by pharmacy staff

**SYMPTOMS OF DISEASE**: Sore throat, headache, cough, tiredness, and weakness

**HAS HE/SHE TAKEN SOME MEDICINE OR ANYTHING FOR SYMPTOMS**: No medicine

**DRUG ALLERGY HISTORY**: No

**MEDICAL HISTORY**: No

**HAS HE/SHE VISITED DOCTOR**: No

**WHY**: She doesn’t have too much time/ feeling weak, can’t go to a doctor, or wait for my appointment.

**HAVE PRESCRIPTION**: no

**COVID-19 VACCINATION**: Not yet vaccinated

**FEVER**: Don’t know hasn’t mentioned it

**OTCMS TRAINING GUIDE FORM (adapted from Saleem et al., 2020)**

**ANTIBIOTIC SALE WITHOUT PRESCRIPTION**

**Important notes for clients:**

* Visit pharmacy/licensed medical seller
* If outlet cannot be found or is closed at the time of the visit, replaced with another registered outlet of the same type within a 50 m radius using Google Maps or by asking bystanders
* If a suitable replacement is not nearby mark as “pharmacy/OTCMS not found”
* Read the questionnaire thoroughly before visiting the pharmacy/ licensed medical seller and do not show the questionnaire to pharmacy/ licensed medical seller staff.
* Memorize the answers to all potential questions.
* Fill the form properly within 5-10 minutes after you leave the pharmacy/ licensed medical seller together with accompanying investigator.
* Do not visit hospital pharmacies.
* Do not buy any medications

**PART 1**

**Questions related to OTCMS**

**City: Accra Metropolis**

* **Case scenario: 1**

**PART 2**

**CASE SCENARIO 1 (UPPER RESPIRATORY TRACT INFECTION)**

**DEMAND LEVEL 1**

SC (simulated client) will walk into the OTCMS and ask,

“Good day, please can you give me some azithromycin?”

* Medicine received:

1. Yes b. No c. Not available/not stocked

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3**.

If **NO**, then go to **DEMAND LEVEL 2**

If **NOT AVAILABLE/NOT STOCKED,** then skip to **DEMAND LEVEL 3**

**DEMAND LEVEL 2**

“My younger (sister/brother) at home who is about 20 years has had a **sore throat** and **cough** for about **2 days now**. S/he has also been **feeling general tiredness and weakness**. I think if you give me some azithromycin it will work, please give me some to reduce the symptoms”.

* Antibiotic received:

1. yes b. no

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then go to the **DEMAND LEVEL 3**

**DEMAND LEVEL3**

“Can you please give me any antibiotic to relieve the symptoms?”

* Medicine received:

1. yes b. no

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then ask about the reason for refusal

**REASON OF REFUSAL (select more than one if multiple reasons given)**

a. condition doesn’t require any drug

b. require prescription

c. refer to some doctor

d. Advice on COVID-19 testing/screening

e. other …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Question 1.** Ask: Are you a pharmacist?

1. Yes b. No

**End of visit:**

* Make some excuse

**PART 3 (IF ANTIBIOTICS WERE OFFERED)**

**Questions related to drug received:**

* Antibiotic Included: a. Yes b. No
* If “No” then finish the survey after writing brands
* if “Yes” then answer the following questions
* Antibiotic brand name:
* Generic:
* Duration:
* Dose:
* Any other medication(s):
* The advice is given by the pharmacist/dispenser on how to take medicine

1. Yes b. No

* Asked any other question

a. Yes b. No

If yes write questions below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 4**

**Questions related to drug outlet personnel**

1. **Pharmacist availability**

a. Yes b. No c. unknown

If “**YES”** go to (b.) if “**NO”** or “**UNKNOWN”** end here

1. **Gender (pharmacist)**

a. Male b. Female

Answer to the questions which may be asked by OTCMS staff

**SYMPTOMS OF DISEASE**: Sore throat, headache, cough, tiredness, and weakness

**HE/SHE TAKEN SOME MEDICINE OR ANYTHING FOR CURRENT SYMPTOMS**: No medicine

**DRUG ALLERGY HISTORY**: No

**MEDICAL HISTORY**: No

**HE/SHE VISITED DOCTOR**: No

**WHY**: She doesn’t have too much time/ feeling weak, can’t go to a doctor, or wait for my appointment.

**HAVE PRESCRIPTION**: no

**COVID-19 VACCINATION**: Not yet vaccinated

**FEVER**: Don’t know hasn’t mentioned it

**PHARMACY TRAINING GUIDE FORM (adapted from Saleem et al., 2020)**

**ANTIBIOTIC SALE WITHOUT PRESCRIPTION**

**Important notes for clients:**

* Visit pharmacy/licensed medical seller
* If outlet cannot be found or is closed at the time of the visit, replaced with another registered outlet of the same type within a 50 m radius using Google Maps or by asking bystanders
* If a suitable replacement is not nearby mark as “pharmacy/OTCMS not found”
* Read the questionnaire thoroughly before visiting the pharmacy/ licensed medical seller and do not show the questionnaire to pharmacy/ licensed medical seller staff.
* Memorize the answers to all potential questions.
* Fill the form properly within 5-10 minutes after you leave the pharmacy/ licensed medical seller together with accompanying investigator.
* Do not visit hospital pharmacies.
* Do not buy any medications

**PART 1**

**Questions related to pharmacy**

**City: Accra Metropolis**

* **Case scenario: 2**

**PART 2**

**CASE SCENARIO 2 (PAEDIATRIC DIARRHOEA)**

**DEMAND LEVEL 1**

The SC acting as the aunt of 6 years old child comes to the pharmacy asking for medicines for the person who is having diarrhoea. The person enters the pharmacy and goes as:

“Hello, my niece/nephew who is about six years has been having loose stools since last night, can you get me any medicine to relieve the symptoms?”

* Antibiotic received:

1. yes b. no

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3**.

If **NO**, then go to **DEMAND LEVEL 2**

**DEMAND LEVEL 2**

**SYMPTOMS:** The person is feeling weak, has been **having** **diarrhoea** since last night and also **has a slight fever**, but **doesn’t have a headache, vomiting, nausea, mucus, or any blood in her stools**.

It’s just a minor illness. I think if you give me some antibiotics it will work and then there will be no need to see a doctor, kindly give me some to alleviate the symptoms.

* Antibiotic received:

1. yes b. no

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then go to the **DEMAND LEVEL 3**

**DEMAND LEVEL 3**

Please give me “amoxiclav” if you have it available.

* Antibiotic received:

1. yes b. no

If **YES**, ask **Question 1** (are you a pharmacist?) and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then ask about the reason for refusal

**REASON OF REFUSAL**

a. condition doesn’t require any drug

b. require prescription

c. refer to some doctor

d. other (please state here………………………………………………………………………………………………………)

**Question 1.** Ask: Are you a pharmacist?

1. Yes b. No

**End of visit:**

* Make some excuse and leave

**PART 3 (IF ANTIBIOTICS WERE OFFERED)**

**Questions related to drug received:**

* Antibiotic Included: a. Yes b. No
* If “No” then finish the survey after writing brands
* if “Yes” then answer the following questions
* Antibiotic brand name:
* Generic:
* Duration:
* Dose:
* Any other medication(s):
* The advice is given by the pharmacist/dispenser on how to take medicine

1. Yes b. No

* Asked any other question

a. Yes b. No

If yes write questions below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 4**

**Questions related to drug outlet personnel**

1. **Pharmacist availability**

a. Yes b. No c. unknown

If “**YES”** go to (b.) if “**NO”** or “**UNKNOWN”** end here

1. **Gender (pharmacist)**

a. Male b. Female

**POSSIBLE QUESTIONS DURING VISIT**

\*Questions may come at any demand level (1, 2 or 3). These are some expected questions and their answers:

**IS THE CHILD STILL HAVING DIARRHOEA:** Yes

**HAS CHILD TAKEN SOME MEDICINE OR ANYTHING FOR THE ILLNESS**: Nothing at all

**DRUG ALLERGY HISTORY**: No

**MEDICAL HISTORY**: No

**VISITED ANY DOCTOR**: No

**HAS CHILD BEEN DEWORMED:** I don’t know/Can't get through to mother at home on the phone

**DOES THE CHILD HAVE AN APPETITE:** Not sure, left the house early this morning before child could have breakfast

**IS THE CHILD ACTIVE:** not as active as previously was

**DOES THE CHILD HAVE ABDOMINAL PAINS:** has not mentioned it

**WHAT DID THE CHILD EAT LAST NIGHT:** rice, nothing different from what he/she usually eats.

**WHY**: Didn’t have too much time/ feeling weak, can’t go to a doctor, or wait for my appointment.

**HAVE PRESCRIPTION**: No

**OTCMS TRAINING GUIDE FORM (adapted from Saleem et al., 2020)**

**ANTIBIOTIC SALE WITHOUT PRESCRIPTION**

**Important notes for clients:**

* Visit pharmacy/licensed medical seller
* If outlet cannot be found or is closed at the time of the visit, replaced with another registered outlet of the same type within a 50 m radius using Google Maps or by asking bystanders
* If a suitable replacement is not nearby mark as “pharmacy/OTCMS not found”
* Read the questionnaire thoroughly before visiting the pharmacy/ licensed medical seller and do not show the questionnaire to pharmacy/ licensed medical seller staff.
* Memorize the answers to all potential questions.
* Fill the form properly within 5-10 minutes after you leave the pharmacy/ licensed medical seller together with accompanying investigator.
* Do not visit hospital pharmacies.
* Do not buy any medications

**PART 1**

**Questions related to OTCMS**

**City: Accra Metropolis**

* **Case scenario: 2**

**PART 2**

**CASE SCENARIO 2 (PAEDIATRIC DIARRHOEA)**

**DEMAND LEVEL 1**

The SC acting as the aunt of 6 years old child comes to the OTCMS asking for medicines for the person who is having diarrhoea. The person enters the OTCMS and goes as:

“Hello, my niece/nephew who is about six years has been having loose stools since last night, can you get me any medicine to relieve the symptoms?”

* Antibiotic received:

1. yes b. no

If **YES**, end visit after any instructions. Proceed to fill **PART 3**.

If **NO**, then go to **DEMAND LEVEL 2**

**DEMAND LEVEL 2**

**SYMPTOMS:** The person is feeling weak, has been **having** **diarrhoea** since last night and also **has a slight fever**, but **doesn’t have a headache, vomiting, nausea, mucus, or any blood in her stools**.

It’s just a minor illness. I think if you give me some antibiotics it will work and then there will be no need to see a doctor, kindly give me some to alleviate the symptoms.

* Antibiotic received:

1. yes b. no

If **YES**, ask **Question 1** and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then go to the **DEMAND LEVEL 3**

**DEMAND LEVEL 3**

Please give me “amoxiclav” if you have it available.

* Antibiotic received:

1. yes b. no

If **YES**, If **YES**, ask **Question 1** and end visit after any instructions. Proceed to fill **PART 3.**

If **NO**, then ask about the reason for refusal

**REASON OF REFUSAL**

a. condition doesn’t require any drug

b. require prescription

c. refer to some doctor

d. other (please state here………………………………………………………………………………………………………)

**End of visit:**

* Make some excuse and leave

**PART 3 (IF ANTIBIOTICS WERE OFFERED)**

**Questions related to drug received:**

* Antibiotic Included: a. Yes b. No
* If “No” then finish the survey after writing brands
* if “Yes” then answer the following questions
* Antibiotic brand name:
* Generic:
* Duration:
* Dose:
* Any other medication(s):
* The advice is given by the pharmacist/dispenser on how to take medicine

1. Yes b. No

* Asked any other question

a. Yes b. No

If yes write questions below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 4**

**Questions related to drug outlet personnel**

**POSSIBLE QUESTIONS DURING VISIT**

\*Questions may come at any demand level (1, 2 or 3). These are some expected questions and their answers:

**IS THE CHILD STILL HAVING DIARRHOEA:** Yes.

**HAS CHILD TAKEN SOME MEDICINE OR ANYTHING FOR THE ILLNESS**: No medicine at all

**DRUG ALLERGY HISTORY**: No

**MEDICAL HISTORY**: No

**VISITED ANY DOCTOR**: No

**HAS CHILD BEEN DEWORMED:** I don’t know

**DOES THE CHILD HAVE AN APPETITE:** Not sure, left the house early this morning before child could have breakfast.

**IS THE CHILD ACTIVE:** not as active as previously was.

**DOES THE CHILD HAVE ABDOMINAL PAINS:** has not mentioned it

**WHAT DID THE CHILD EAT LAST NIGHT:** rice, nothing different from what he/she usually eats.

**WHY**: Didn’t have too much time/ feeling weak, can’t go to a doctor, or wait for my appointment.

**HAVE PRESCRIPTION**: No