

“Medicines utilization” questionnaire

Dear Madam or Sir,

This study is about the access to and use of antimicrobials/antibiotics among resettled populations. The main objectives of this study are to find out which barriers you are facing in accessing medicines in Colombia/ Uganda/ Yemen and how you use medicines. Your participation supports us very much. Please read the following text carefully.

What should I do?

Please answer the following questionnaire. The questions relate mainly to the access to and use of antibiotics. Please answer all questions as accurately as possible. The survey takes about 15 minutes.

Do my answers affect my legal status?

No. The study is independent of your asylum procedure. No one will know what answers you have given. The survey is anonymous. That means we do not know who has answered the questionnaire.

Do I have to participate in the study?

Participation in this survey is voluntary, and you are free to refuse to answer any question should you feel uncomfortable. You are free to decide. Please remember, the survey is anonymous.

If you have questions or concerns about the study, please contact

Name

Institute

Institutes Address

E-mail address

Phone number

Start of Block A: Utilization and quality of medicine

In this part of the questionnaire, we will ask you about your access to and use of antimicrobials. Please answer the following questions only for one antimicrobial. If you have taken more than one medicine, you will be directed to answer the following questions for each medicine

1. Have you TAKEN any antimicrobial agent (a medicine that is an antibiotic used for example for cough or infection, or for malaria or worms) within the last 30 days?

Yes

No

2. Have you GIVEN any antimicrobial agent (antibiotics for example cough or infection, or for malaria or worms) to your CHILD within the last 30 days?

Yes

No

3. What is the name of the antimicrobial agent that you took or gave your child?

4. What is the name of the company that produces the antimicrobial?

5. Where was it produced?

6. What is the expiration date? Does it come in original packaging?

7. How often did you take or give the medicine?

- Once a day
 - Twice a day
 - Three times a day
 - More than three times a day. Please state: _____
 - Every second day
 - Once a week
 - Once a month
 - Other. Please state: _____
-

8. Dosage Form of the medicine:

- Tablet
 - Capsule
 - Powder
 - Suppository
 - Ointment/cream/gel/lotion/spray
 - Syrup
 - Drops
 - Injection
 - Other (Please specify): _____
-

9. How did you obtain this medicine?

- A doctor prescribed it.
 - Bought without a prescription from a pharmacy/ medicine store/ chemist.
 - Given to me by a relative/friend
 - Other (Please specify) _____
-

10. You take this antimicrobial:

- Regularly
 - When needed
-

11. How was the medicine paid for?

- Out-of-pocket (by myself)
 - insurance
 - given at a health care facility (for free)
 - Other _____
-

12. When you don't get a prescription for antibiotics from a doctor, do you obtain them somewhere else?

- Yes, from family members
 - Yes, from a pharmacy
 - No, I will use old ones I have left
 - No, I won't use antibiotics then
-

13. Are you satisfied with the quality of the medicine that you used or gave your child?

- Satisfied
 - Dissatisfied
 - No knowledge
-

14. Do you have a way of testing the quality of the medicine, for example by scratch card?

- Yes
 - No
-

15. What is your decision about where to get the medicines influenced by? (Choose all that apply)

- Quality
 - Distance
 - Price
 - Other (Please specify): _____
-

16. Do you think the quality of the medicine where you now live is a problem? or Are you or have ever been concerned about the quality of medicines, especially antimicrobials?

- No
- Yes

End of Block A: Utilization and quality of medicine

Start of Block B: Treatment adherence and AMR awareness

17. Did you take the medicine for the complete period as prescribed by the doctor/ information provided within the packaging?

Yes

No

18. Do you stop taking the antibiotic when you feel better?

Yes

No

19. Do you stop taking the antibiotic when you feel worse?

Yes

No

20. Do you take antibiotics when you have a cold or a flu?

Yes

No

21. Do you take antibiotics to prevent a cold a flu?

Yes

No

22. Have you ever shared antibiotics with members of your family/friends?

Yes

No

23. Do you know what antimicrobial resistance is?

Yes

No

24. Please specify what you think antimicrobial resistance is:

End of Block B: Treatment adherence and AMR awareness

Start of Block C: Trust in Health Care System

a. Do you think there is a hostile behavior of healthcare workers towards refugees/IDPs? If so, please explain

No

Yes, _____

b. Do you feel you receive second class treatment because of your status as refugee/IDPs? If so, please explain

No

Yes, _____

c. Do you feel that you have no saying regarding the treatment of your health? If so, please explain

No

Yes, _____

d. Are you afraid that going to the doctor will affect your legal status? If so, please explain.

No

Yes, _____

End of Block C: Trust in the Health Care System

Start of Block D: Factors limiting access

25. Based on your experience, how much do these factors limit your access to antimicrobials in Colombia/ Uganda/ Yemen? [Please, fill one circle for each and every row]

	No effect at all: 1	Mainly no effect	Some effect	Mainly large effect	Very large effect
Language barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-availability of certain medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medicine I need is a prescription-only medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to reach the nearest health care center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to reach the nearest pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No trust in the staff at the healthcare center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block D: Factors limiting access

Start of Block E: General Info

This section will address some general questions about you.

26. Are you:

- Male (1)
 - Female (2)
 - Prefer not to answer (3)
-

27. How old are you?

- 18-19 years
 - 20-29 years
 - 30-39 years
 - 40-49 years
 - 50-59 years
 - 60-69 years
 - 70 years or above
-

28. What is your nationality?

- Venezuelan/ South Sudanese/ Yemeni
 - Other nationality (please specify):
-
-

29. What languages do you speak?

30. Since when have you stayed in Colombia/Uganda/Yemen?

Year _____

Month _____

31. What is the highest educational level have achieved?

I did not receive any school education

Primary school certificate

Intermediate school certificate

Secondary school certificate (General)

Polytechnic secondary school education

Technical college

University degree (Bachelor)

Higher University degree (Diploma, Master or PhD)

Other (Please specify): _____

32. Which of the following describes your professional status?

- No, Not employed
 - Yes, full – time employed
 - Yes, part-time employed
 - Yes, occasionally or irregularly employed
 - Yes, vocational training/ apprenticeship/ student
 - Retired
 - Yes, temporarily released/ on leave (e.g. parental leave)
-

33. Which of the following applies to your residency status?

- I have a residence permit for 3 years
 - I have a residence permit for one year
 - I have a permanent residency permission
 - I have applied for asylum and I am still waiting for an answer
 - Your deportation has been suspended
 - I have no residence title
 - My residence title is not listed here. Please state:

-

34. Do you have health insurance?

- No
- Yes

End of Block E: General Information

Start of Block F: Social Information

This is the last part of the questionnaire. The questions in this part include questions about your accommodation situation, your education and your employment in Colombia/ Uganda/Yemen

35. Where you live is:

- Rural area
- Small town (5,000 to 20,000 inhabitants)
- Medium-sized town (20,000 to 70,000 inhabitants)
- City (>100,000 inhabitants)

36. Where do you mainly live?

- In a temporary accommodation
 - In a communal accommodation
 - In an apartment/a house
 - In a shared apartment
 - Other (Please specify): _____
-

37. Since when do you live in your current apartment or accommodation? Please mention the year and month when you moved to the place where you live now.

- Year (1) _____
 - Month (2) _____
-

(Adapted from the WHO household survey)

38. How many rooms (bedrooms, dining room, kitchen) are in your home?

39. In the last week, how much did your household spend on food?

_____ (in local currency)

40. In the last 4 weeks, how much did your household spend on antimicrobials (if any)?

_____ (in local currency)

If there is something you want to tell us about your experience with accessing medicines here in Columbia/ Uganda/ Yemen, you can do it here:

End of Block F: Social Information

Thank you very much for taking part in this survey