

# Injection Shopper

Please select today's date

yyyy-mm-dd

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What time did you enter the chemist?

hh:mm

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What time did you exit the chemist?

hh:mm

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What is the name of this chemist shop?

- |   |   |   |
|---|---|---|
| <input type="radio"/> A. Medisink chemist                     | <input type="radio"/> A. Destina (Kona ya Msa)              | <input type="radio"/> A. Kona ya Msa chemist        |
| <input type="radio"/> B. Kona Chief chemist                   | <input type="radio"/> B. Jefry chemist                      | <input type="radio"/> B. Peace chemist              |
| <input type="radio"/> B. Hope chemist                         | <input type="radio"/> B. Lam chemist                        | <input type="radio"/> B. Sellrom chemist            |
| <input type="radio"/> C. Kaya Chief chemist                   | <input type="radio"/> C. Destina chemist 2                  | <input type="radio"/> C. Mounristan chemist         |
| <input type="radio"/> C. Atlas chemist and agrovet            | <input type="radio"/> C. Bien chemist and cosmetic          | <input type="radio"/> C. Mwijo pharmacy             |
| <input type="radio"/> C. Ochieng 'O' chemist (Ibiza)          | <input type="radio"/> C. Destina chemist (Ibiza)            | <input type="radio"/> C. Umoja chemist              |
| <input type="radio"/> C. Ibiza chemist                        | <input type="radio"/> C. Ultrachem                          | <input type="radio"/> C. Sea Eagles chemist (Ibiza) |
| <input type="radio"/> D. Sea Side chemist                     | <input type="radio"/> D. Southcoast chemist                 | <input type="radio"/> D. Sairose chemist            |
| <input type="radio"/> D. Lola chemist                         | <input type="radio"/> D. Sharl chemist                      | <input type="radio"/> D. Diani chemist              |
| <input type="radio"/> E. Sea Eagle chemist (Diani Beach Road) | <input type="radio"/> E. Ochieng chemist (Diani Beach Road) |   |
| <input type="radio"/> E. Citadel chemist                      | <input type="radio"/> E. Salmin chemist                     | <input type="radio"/> E. Rachael chemist            |
| <input type="radio"/> E. Kawawa chemist                       | <input type="radio"/> E. Blessis chemist                    | <input type="radio"/> E. Alpha chemist              |
| <input type="radio"/> F. Blessed chemist                      | <input type="radio"/> F. Edwardian chemist                  | <input type="radio"/> F. Yuspharma                  |
| <input type="radio"/> F. Ukunda chemist                       | <input type="radio"/> F. Mwerose chemist                    | <input type="radio"/> F. Dawa Point chemist         |
| <input type="radio"/> G. Point chemist                        | <input type="radio"/> G. Harmony chemist                    | <input type="radio"/> G. Dawalink chemist           |
| <input type="radio"/> H. Dyno chemist                         | <input type="radio"/> H. Matuta chemist                     | <input type="radio"/> I. Konashop 1 chemist         |
| <input type="radio"/> I. Golini chemist                       | <input type="radio"/> I. Konashop 2 chemist                 | <input type="radio"/> I. Sea Eagles chemist (Kwale) |

Were you offered the chance to buy the injection?

- Yes
- No

**If no, why were you refused?**

- Didn't have FP card/prescription
- Didn't have injection in stock
- Other

**If other, describe:****Were you told by the person who helped you that it was possible that HE/SHE could inject you in the shop?**

- Yes
- No

**If you were told injection in the chemist shop was impossible, what were you told?**

- Person said they were not allowed to give injection themselves
- Referred to another individual qualified to give injections
- Referred to a clinic/office qualified to give injections
- Other

**If other, describe:****Describe the person who helped you and the environment of the chemist****1a. What was their gender?**

- Female
- Male

**1b. What was their approximate age?**

- Aged 20 or younger
- 21-30
- 31-40
- 41-50
- Aged 50+

**2. Where in the chemist shop were you helped?**

**3. Did that location provide privacy for your interaction?**

- Yes
- No

**4. Were there other people working in the chemist when you visited?**

- Yes
- No

**5. Were there other customers in the chemist when you visited?**

- Yes
- No

**5b. Do you feel like you had privacy from the other chemists or customers during your interaction?**

- Yes
- No

**Describe the interaction****6. Were you asked any questions about your use of injection?**

- Yes
- No

**7. Did they ask these questions before or after you were offered the injection?**

- before
- after

**» 8. Did they ask:****a. to see your TCA?**

- Yes
- No

**b. whether you had used injection before?**

- Yes
- No

**c. the date of your last injection?**

- Yes
- No

**d. where you received your previous injection**

- Yes
- No

**e. whether you had experienced (or were experiencing) any side effects?**

- Yes
- No

**9. Were you asked any questions about YOURSELF or YOUR HUSBAND?**

- Yes
- No

**9b. Did they ask these questions before or after you were offered the injection?**

- before
- after

**» 10. Did they ask:****a. Your age?**

- Yes
- No

**b. Your marital/relationship status?**

- Yes
- No

**c. Whether you had discussed use with your husband?**

- Yes
- No

**d. Whether you had any children?**

- Yes
- No

**11. Did the person react (do or say something) to any of the information you told him/her?**

*Did he/she make you feel that something you said affected the way s/he treated you?*

- Yes
- No

**If yes, describe the reaction:**

*How did he/she react? What did he/she do or say? Were you lectured?*

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**12. Did the chemist give you any information about the injection?**

Yes

No

**12b. Did they give you this information before or after you were offered the injection?**

before

after

**» 13. Did they tell you:****a. instructions on when you needed to return for another injection?**

Yes

No

**b. side effects you might expect?**

Yes

No

**c. that this did not protect you against HIV/STIs?**

Yes

No

**d. Any differences between injection brands?**

*For example, differences in costs, how long injection lasts, etc*

Yes

No

**Briefly describe any key differences**

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**14. Did they recommend another FP method, or that you go to a health centre?**

Yes

No

If yes, what method/where were you referred?

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## Describe the QUALITY of the interaction

15. Approximately how many minutes did you speak with the person who helped you?

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16. Did the person who helped you seem like they were in a hurry to finish with you?

*Did they seem rushed or give you their undivided attention?*

Yes

No

17. How friendly or approachable was the person who helped you?



Briefly describe

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18. How knowledgeable did the person who helped you appear to be about family planning?



Briefly describe

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19. How private was the interaction?



Briefly describe

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20. How comfortable did the person who helped you seem?



**Briefly describe**

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**21. Did the person who helped you do or say anything that was particularly helpful or nice?**

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**22. Did the person who helped you say or do anything that was particularly NOT helpful or NOT nice?**

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**23. How satisfied are you with the overall service?**



**Briefly describe**

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