We invite all pharmacy professionals and pharmacy professional bodies in the commonwealth to complete this survey which is opened initially until 14 April 2020 (NOW EXTENDED to 21 April 2020).

The purpose of this survey is to understand:

- * what issues are affecting pharmacy professionals' ability to respond to the COVID-19 pandemic,
- * how pharmacy professionals and professional bodies are responding to the pandemic and
- * what support you believe would be helpful from the Commonwealth Pharmacists Association or other pharmacy bodies

The survey should take approximately 10 minutes to complete.

All pharmacy professionals (pharmacists, pharmacy technicians, dispensers) as well as pharmacy professional bodies are encouraged to complete the survey. Kindly share the survey link with other pharmacy colleagues

Please try to answer all questions so we can understand need and how to support or advocate for support. We will aim to publish the findings to share knowledge and support advocating for the profession.

Thank you in advance for your important contribution

Dr Diane Ashiru-Oredope

On behalf of the Commonwealth Pharmacists Association Team

* 1. The survey is completely voluntary and part of CPA's service provision. You have the right to refuse †
answer questions or withdraw at any time.
By proceeding to the next page:

- I consent to CPA collecting and using the information about me that I voluntarily provide for the purposes of the survey
- I have read, understand and agree to the information provided above

\bigcirc	YES, I am happy to proceed with the survey
	NO, I am not happy to proceed with the survey and I do not wish to continue $$

2.	In what country do you work?
3 '	What is your profession?
	Pharmacist Pharmacist
	Pharmacy technician
	Pharmacy student
	Other (please specify)
4.	Gender
	Female
	Male
	Other
\bigcirc	Prefer not to say
	In which sector do you predominantly work in? E.g. If you work in a community pharmacy and hosp oose the one you spend most of your time in
	Community
0	Community Hospital
0	
0	Hospital
	Hospital Public health institute
	Hospital Public health institute Academia
	Hospital Public health institute Academia Professional body
	Hospital Public health institute Academia Professional body Government - local, regional or national
	Hospital Public health institute Academia Professional body Government - local, regional or national
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6. Are you responding as an individual, on behalf of a pharmacy professional body/organisation or both (please select one only)
Myself
Pharmacy professional body/organisation only
Both
Other (please specify)
Curier (piecase specify)
7. Which pharmacy professional group(s)/organisations do you belong to? E.g. Pharmaceutical Society of xxxxx
8. If you are including responses on behalf of a pharmacy professional body/organisation - please state ful name (including country)
Name of professional
body
Country
Your role in the professional body (e.g. secretary, president, professional body's office team)
9. How worried are you about the impact of COVID-19 on you personally?
Extremely worried
Very worried
Somewhat worried
Not so worried
Not at all worried
* 10. How worried are you about the impact of COVID-19 on pharmacy profession in your country?
Extremely worried
Very worried
Somewhat worried
Not so worried
Not at all worried
Other (please specify)

ь.	How easy or difficult is it for you to work effectively these days?
\bigcirc	Very easy
\bigcirc	Somewhat easy
\bigcirc	Neither easy nor difficult
\bigcirc	Somewhat difficult
\bigcirc	Very difficult
L2.	Have you had to work more remotely as a result of COVID-19?
\bigcirc	Yes
\bigcirc	No
\bigcirc	Partly
Othe	er (please specify)
	If you are having to work more remotely, what are the TOP THREE biggest challenges you are rently facing while working?
	My physical workspace
	Too many distractions at home
	I don't have access to the tools or information I need to do my job at home
	Internet connectivity
	Childcare
	Social isolation
	Communication with coworkers is harder
	I'm sick or helping others who are sick
	Keeping a regular schedule
	General anxiety about the impact of coronavirus on my life
	Getting enough food
	Other (please specify)
Wh act	nat is your single greatest work-related concern right now/for the future as a result of COVID-19?

	Directly	Peripherally (indirectly)	No involvement	Oth	ner	Don't know
Pharmacy		(,				
Organisation	O)	
Pharmacist (yourself)						
Pharmacist (another colleague)						\circ
ease provide further detai	ils					
16. Has there been	any COVID-19 res	ponse in you	r country which w	as spearh	neaded/prop	osed by the
pharmacy organisa	tion in your country	?				
Yes						
No						
Unsure						
Sort of						
Solt of						
Please provide further d	letaile					
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7. Please share your		9 implication	for pharmacy in y	our count	ry and/or ho	w you belie
	views on COVID-19	•		our count	ry and/or ho	w you belie
7. Please share your	views on COVID-19	•		our count	ry and/or ho	w you belie
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19. What support would you find helpful from CPA at this time? (select all that apply)
Webinars on Covid 19
Access to a community of support to share questions and concerns
Signposting to information
others (please specify)
20. What other concerns do you have - nothing is too insignificant to share
20. What other concerns do you have morning is too maighineant to share

	What sources of information have you used so far to learn about COVID-19? (select all that appears who
_	
_	Africa CDC
_	National Ministry of health / Local health authority
_	Professional associations
	US CDC / European CDC
	University / Hospital
_	Internet search (Google, YouTube)
	Radio
	Television
	Professional network
	I did not look for guidance
	Other (please specify)
	Have you undertaken any training courses or joined any training webinars from providers?
	Have you undertaken any training courses or joined any training webinars from providers? WHO Africa CDC
	WHO
	WHO Africa CDC
	WHO Africa CDC Ministry of health / Local health authority
	WHO Africa CDC Ministry of health / Local health authority Professional associations
	WHO Africa CDC Ministry of health / Local health authority Professional associations CDC / ECDC
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23.	Which of the following areas on COVID-19 would you want to increase your knowledge of?
	Clinical management of cases
	Pharmaceutical management of COVID-19
	Infection prevention control
	Use of personal protective equipment
	Epidemiology
	Risk communication
	Operational support and Logistics
	Research & development
	Water, hygiene and sanitation
	I don't need to improve my skills
	I am unsure
	Other (please specify)

OVID-19 e.g. limiting number of customers in the pharmacy, screens, use of PPE? 7. Please share examples of international support which have benefited health teams in your country. Eg	your country? (please select one that best describes current situation) Yes - broadly mandated Sort of - encouraged No Not sure 25. If social distancing has been introduced, how is this affecting the pharmacy profession in your count Significantly increased workload and visits to the pharmacy A slight increase in workload and visits to the pharmacy Reduced workload and visits to the pharmacy Not much impact on workload or visits to the pharmacy Don't know		
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About you
* 28. Years of experience in current profession
Less than 1 year
1- 3 years
4 - 10 years
11 - 15 years
> 15 years
29. Age?
18 to 24
25 to 34
35 to 44
45 to 54
55 to 64
65 to 74
75 or older
Prefer not to say
30. Please provide website URL for the professional body/organisation (if you included responses on their behalf)
31. If you would like to be informed of any relevant information on COVID-19 (e.g. summary of this survey, notification of webinars), provide your email address below
32. Please use this section to share any relevant comments

