

**Data recording form for the sales of antibiotics without prescription**

<b>Section A: Background Information</b>		
<b>No.</b>	<b>Indicators</b>	<b>Coding categories</b>
101	Code of the pharmacy outlet	<input type="text"/> <input type="text"/>
102	Type of the pharmacy outlet	Governmental chain pharmacy..... 1 Private community pharmacy..... 2 Private drug shop..... 3
103	Zonal location	Maekel ..... 1 Northern Red Sea ..... 2 Debub ..... 3 Anseba ..... 4 Gash Barka ..... 5 Southern Red sea ..... 6
104	Subzone name	_____
105	Sex of the professional	Male..... 1 Female ..... 2
106	Estimated age group (in years)	Below 30 years ..... 1 30 – 50 years ..... 2 Above 50 years..... 3
107	Does the professional license photo matched with the pharmacy attendant?	Yes..... 1 No ..... 2 Not sure ..... 3 Not found..... 4
108	Actual age (in years)	<input type="text"/> <input type="text"/>
109	Title of the professional	Pharmacist ..... 1 Pharmacy technician ..... 2 Nursing Degree ..... 3 Nursing Diploma ..... 4 Health assistant..... 5 Other ( <i>please specify</i> ) _____ 6
110	Year of experience	<input type="text"/> <input type="text"/>

Section B: Information related to Antibiotic dispensing			
No.	Indicators	Coding categories	Skip
201	Type of the clinical scenario	Acute watery diarrhea ..... 1 Uncomplicated UTI..... 2	
202	Was an antibiotic dispensed?	Yes..... 1 No ..... 2	→ 205
203	At which level of demand was the antibiotic dispensed?	Demand 1 ..... 1 Demand 2 ..... 2 Demand 3 ..... 3	
204	Name of the antibiotic(s) dispensed <i>(Multiple answers are possible)</i>	Ciprofloxacin..... A Co-trimoxazole..... B Metronidazole ..... C Amoxicillin ..... D Doxycycline ..... E Other <i>(please specify)</i> _____ X	End of entry
205	Reason for not selling an antibiotic <i>(Multiple answers are possible)</i>	Administrative issues ..... A Referral to health facility..... B Illness doesn't require an antibiotic C Fear of complications ..... D Unavailability of an antibiotic..... E Other <i>(please specify)</i> _____ X	
206	Name of the alternative medication dispensed in place of an antibiotic, if any	_____	

Data Collector Code

Date \_\_\_\_\_

**Comment Section**