Question Type	Variable	Survey Text (English)	Calculation	Code	Choice Text (English)	Skip Pattern
select_one	this_country	D. Select your Country		Burkina-Faso	Burkina Faso	
				India	India	
				Mozambique	Mozambique	
				Nepal	Nepal	
				Niger	Niger	
				Nigeria	Nigeria	
				Uganda	Uganda	
calculate	system_date		now()			
calculate	today_formatted		time(${system_date}, "%Y-%m-%d %H:%M")			
calculate	today		e_check} = '1',${system_date},${manual_date})			
select_multiple	q007	MANAGING AUTHORITY Supporting PDS service		1	Ministry of Health/Government	
				2	International non-governmental organization	
				3	Local non-governmental organization	
				4	Private for profit	
		Section A. Eligibility				
integer	e1	E1. How old were you on your last birthday?				
select_one	e3	E3. Have you undergone training to provide family planning services and FP methods?		0	No	${e1}>=18 and ${e2}='1'
				1	Yes	
select_one	e5	E5. Did the participant consent to participate in this survey?		0	No	${e1}>=18 and ${e2}='1' and ${e3}='1'
				1	Yes	
calculate	consent_obtained		${e2}='1' and ${e3}='1' and ${e5}='1'			
		Section 1. Background Questions				${consent_obtained}
select_one	q102	Q102. Record Gender		1	Male	${consent_obtained}
				2	Female	
select_one	q103	Q103. Are you the drug shop/pharmacy owner?		0	No	${consent_obtained}
				1	Yes	
		Q104. How long has the drug shop/pharmacy been open?				
integer	q102_years	Years:				
integer	q102_months	Months:				
		Q105. How long have you been working at the drug shop/ pharmacy?				
integer	q105_years	Years:				
integer	q105_months	Months:				
select_one	q106	Q106. Since being trained to provide FP services, have you ever provided any FP counseling or FP methods to a client?		0	No	${consent_obtained}
				1	Yes	
				99	Refused	
text	q107	Q107. What is the main reason why you did not provide FP services to clients after being trained to do so?				${consent_obtained} and ${q106} !='1'
select_one	q108	Q108. Have you provided FP counseling and/or an FP method to any client in the past three months ?		0	No	${consent_obtained} and ${q106}='1'
				1	Yes	
				99	Refused	
select_one	q109	Q109. How long has it been since you last provided FP counseling or methods to a client?		1	3 to 6 months	${consent_obtained} and ${q108} !='1'

				2	>6 months to 1 year	
				3	More than one year	
				88	Don’t know	
text	q110	Q110. What is the main reason why you have not provided FP counseling or methods to a client in the last 3 months?				${consent_obtained} and ${q106}='1' and ${q108} !='1'
select_one	q111	Q111. Do you anticipate providing FP counseling or methods to any clients in the next 3 months?		0	No	${consent_obtained} and ${q106}='1' and ${q108} !='1'
				1	Yes	
				88	Don’t know	
integer	q112	Q112. What is the average number of FP clients, including counseling and methods, seen at this pharmacy/drug shop per week?				${consent_obtained} and ${q106}='1'
select_one	q113	Q113. Does this pharmacy/drug shop report FP data to a health facility? This might be in the form of a summary or activity report.		0	No	${consent_obtained} and ${q106}='1' and ${q111}='1'
				1	Yes	
				88	Don’t know	
		Section 2. Availability of Supplies and Commodities				${elig}
		Q201. Are the following contraceptive commodities available in the shop today?				
select_one	q201_a	a) Combined oral contraceptive pills		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	
				5	Not provided	
select_one	q201_b	b) Progestin-only contraceptive pills		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	
				5	Not provided	
select_one	q201_c	c) DMPA-IM		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	
				5	Not provided	
select_one	q201_d	d) DMPA-SC / Sayana Press		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	
				5	Not provided	
select_one	q201_e	e) Male condoms		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	
				5	Not provided	
select_one	q201_f	f) Female condoms		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	
				5	Not provided	
select_one	q201_g	g) Emergency contraceptive pills		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	
				5	Not provided	
select_one	q201_h	h) Cycle beads for standard days method		1	At least one non-expired	
				2	Available but all are expired	
				3	Reported available not seen	
				4	Provided but not available/Don't Know	

				5	Not provided	
calculate	mtd_obs		or ${q201_a}='2' or ${q201_b}='1' or ${q201_b}='2' or ${q201_c}='1' or ${q201_c}='2' or ${q201_d}='1' or ${q201_d}='2' or ${q201_e}='1'			
		Q202. OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED.				
select_one	q202_a	a) Are all commodities off the floor?		0	No	
				1	Yes	
select_one	q202_b	b) Are all commodities protected from water?		0	No	
				1	Yes	
select_one	q202_c	c) Are all commodities protected from the sun?		0	No	
				1	Yes	
select_one	q202_d	d) Is the room clean; no evidence of rodents or other pests?		0	No	
				1	Yes	
select_one	q202_e	e) Is the storage room ventilated?		0	No	
				1	Yes	
select_one	q203	Q203. OBSERVE ONLY: ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION?		1	Yes, all commodities	${elig} and ${mtd_obs}
				2	Some commodities	
				3	No	
				99	No response	
select_one	q204	Q204. OBSERVE ONLY: ARE EXPIRED DRUGS IDENTIFIED AND ISOLATED FROM VALID/ NON-EXPIRED ONES?		0	No	${elig} and ${mtd_obs}
				1	Yes	
				2	Not applicable – no expired drugs	
				99	No response	
		Q205. Do you have any of the following for DMPA injections? ASK TO OBSERVE				
select_one	q205_a	a. A sharps container		0	No	
				1	Yes, Observed	
				2	Yes, not observed	
select_one	q205_b	b. Antiseptic		0	No	
				1	Yes, Observed	
				2	Yes, not observed	
select_one	q205_c	c. Gauze or cotton to clean the skin		0	No	
				1	Yes, Observed	
				2	Yes, not observed	
select_one	q205_d	d. Bandages/plasters		0	No	
				1	Yes, Observed	
				2	Yes, not observed	
		Q206. For each method this shop provides, have you experienced any stock outs in the past 3 months?				
select_one	q206_a	a) Combined oral contraceptive pills		0	No	
				1	Yes	
				9		
select_one	q206_b	b) Progestin-only contraceptive pills		0	No	
				1	Yes	
				9		
select_one	q206_c	c) DMPA-IM		0	No	
				1	Yes	
				9		
select_one	q206_d	d) DMPA-SC / Sayana Press		0	No	

				1	Yes	
				9		
select_one	q206_e	e) Male condoms		0	No	
				1	Yes	
				9		
select_one	q206_f	f) Female condoms		0	No	
				1	Yes	
				9		
select_one	q206_g	g) Emergency contraceptive pills		0	No	
				1	Yes	
				9		
select_one	q206_h	h) Cycle beads for standard days method		0	No	
				1	Yes	
				9		
select_one	q207	Q207. Do you provide guidance on lactational amenorrhea method (LAM)?		0	No	${elig}
				1	Yes	
				88	Don't know	
				99	No response	
select_one	q208	Q208. Do you have FP guidelines available?		0	No	${elig}
				1	Yes, observed in physical form	
				2	Yes, observed via internet/computer	
				3	Yes, reported not seen	
				88	Don't Know	
				99	No response	
select_one	q209	Q209. Do you use a FP checklist and/or job aid that you use to counsel clients?		0	No	${elig}
				1	Yes, observed	
				2	Yes, reported not seen	
				88	Don't Know	
				99	No response	
select_one	q210	Q210. Do you know how and where to order commodities for resupply?		0	No	${elig}
				1	Yes	
				99	No response	
select_one	q211	Q211. Do you have a form (or digital application) that you use to manage resupply?		0	No	${elig}
				1	Yes, observed	
				2	Yes, reported not seen	
				88	Don't Know	
				99	No response	
select_one	q212	Q212. Is this a paper form or digital application?		1	Paper form	(${elig}) and (${q211}='1' or ${q211}='2')
				2	Digital application	
				3	Other (specify):_____	
				99	No response	
text	q212_other	Please specify the other				${q212}='3'
		Section 3. Training of Drug shop Operator				${elig}
select_one	q301	Q301. What is your current occupational category or qualification?		1	Clinical Officer	${elig}
				2	Registered Nurse	
				3	Enrolled Nurse	
				4	Pharmacy technician	
				5	Nursing Assistant	
				6	Midwife	
				7	No technical qualification	
				8	Other (specify) _____	
text	q301_other	Please specify the other				${q301}='8'
select_one	q302	Q302. Do you have a current registration certificate/license from the [name of professional body that certifies]?		1	Yes, seen	(${elig}) and (not(${q301}='7'))
				2	Yes, not seen	
				3	No	
				4	No response	

select_one	q303	Q303. Have you received any accreditation or certification to provide family planning services?		1	Yes, seen	(${elig}) and (not(${q301}='7'))
				2	Yes, not seen	
				3	No	
				4	No response	
select_one	q304	Q304. Are there any other staff who provide FP methods at this shop/location?		0	No	${elig}
				1	Yes	
		Q305. Please indicate how many staff there are of each occupational category who provide FP methods here.				
integer	q305_a	a) Clinical Officer				
integer	q305_b	b) Registered Nurse				
integer	q305_c	c) Enrolled Nurse				
integer	q305_d	d) Pharmacy technician				
integer	q305_e	e) Nursing Assistant				
integer	q305_f	f) Midwife				
integer	q305_g	g) No technical qualification				
integer	q305_h	h) Other (specify) _____				
text	q305_other	Please specify the other				${q305_h}>0
		Q306. Have you received training on any of the following topics related to FP:				
select_one	q306_a	a. Client-center counseling to facilitate informed choice		0	No	
				1	Yes	
select_one	q306_b	b. Short-acting FP methods (e.g., COCs, POPs, condoms)		0	No	
				1	Yes	
select_one	q306_c	c. DMPA injection		0	No	
				1	Yes	
select_one	q306_d	d. Counseling/training women on SC DMPA		0	No	
				1	Yes	
select_one	q306_e	e. Stock management		0	No	
				1	Yes	
select_one	q306_f	f. Referral for side-effect management		0	No	
				1	Yes	
select_one	q306_g	g. Referral for other RH/FP services		0	No	
				1	Yes	
		Q307. How confident are you in your own ability to provide the following services to clients?				
select_one	q307_a	a. Client-center counseling to facilitate informed choice		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q307_b	b. Short-acting FP methods (e.g., COCs, POPs, condoms)		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q307_c	c. DMPA injection		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q307_d	d. Counseling/training women on SC DMPA		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q307_e	e. Stock management		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q307_f	f. Referral for side-effect management		0		
				1	Not	
				2	Somewhat	

				3	Very	
select_one	q307_g	g. Referral for other RH/FP services		0		
				1	Not	
				2	Somewhat	
				3	Very	
		Section 4. Supervision				
select_multiple	q401	Q401. Which of the following provides supportive supervision to this drug shop?		a	State Health Team	${elig}
				a	District Health Team/Drug Inspector	
				b	Health facility	
				c	Pharmacists Council of ${this_country}	
				d	National Drug Authority (NDA)	
				d	National Drug and Law Enforcement Authority (NDLEA)	
				e	NGO/CBO	
				f	Other (specify) _____	
				g	None	
				h	Had visit, but unsure of authority	
				i	No response	
text	q401_other	Please specify the other				${elig} and selected(${q401}, 'f')
select_multiple	q402	Q402. From which authority have you received a supportive supervision visit in the past three months?		a	State Health Team	${elig}
				a	District Health Team/Drug Inspector	
				b	Health facility	
				c	Pharmacists Council of ${this_country}	
				d	National Drug Authority (NDA)	
				d	National Drug and Law Enforcement Authority (NDLEA)	
				e	NGO/CBO	
				f	Other (specify) _____	
				g	None	
				h	Had visit, but unsure of authority	
				i	No response	
text	q402_other	Please specify the other				${elig} and selected(${q402}, 'f')
select_one	q403	Q403. Is there a supervisor or mentor you can reach out to if you have questions about the FP services you provide?		0	No	${elig}
				1	Yes	
				88	Don't know/remember	
				99	No response	
		Section 5. Family Planning Promotional Materials				
select_one	q501	Q501. What types of informational materials on FP do you have to share with clients?		1	Non-method specific informational or promotional materials	${elig}
				2	Method-specific informational or promotional materials	
				3	Both method-specific and non-method specific	
				4	None	
select_multiple	q502	Q502. From what source do you receive informational or promotional FP-related materials?		1	MOH	${elig}
				2	NGO/CBO	
				3	Product manufacturers	
				4	Other (specify) _____	
				5	None	
text	q502_other	Please specify the other				${elig} and ${q502}='4'
		Section 6. Referral Mechanism				
select_one	q601	Q601. What do you typically do if a client wants a Family Planning method that you cannot provide?		1	Tell them I do not have it	${elig}
				2	Tell them where to get the service or method	
				3	Refer them to another provider	
				88	Don't Know	
				99	No response	
select_one	q602	Q602. What do you typically do if a client wants a method that you normally offer but it is out of stock?		1	Tell them I do not have it	${elig}

				2	Tell them where to get the service or method	
				3	Refer them to another provider	
				4	Tell them to come back when I have the method in stock	
				5	Other (specify) _____	
				88	Don't Know	
				99	No response	
text	q602_other	Please specify the other				${elig} and ${q602}='5'
select_one	q603	Q603. What is the most common way you refer clients for services you are unable to provide?		1	Verbally tell clients where to go	${elig}
				2	Issue a referral slip	
				3	Physically escort client to referral	
				4	Other, specify _____	
				5	Do not refer clients	
text	q603_other	Please specify the other				${elig} and ${q603}='4'
select_one	q604	Q604. What do you typically do if a client has questions about FP method side effects that you cannot answer or manage?		1	Refer them to another pharmacy or drug shop	${elig}
				2	Refer them to a health facility	
				3	Refer to community health worker	
				4	Other, specify:_____	
				88	Don't know	
				99	No response	
text	q604_other	Please specify the other				${elig} and ${q604}='4'
select_one	q605	Q605. If a client wants an implant, would you know where to tell them to go to get one?		0	No	${elig}
				1	Yes	
				99	No response	
select_one	q606	Q606. If a client wants an IUD, would you know where to tell them to go to get one?		0	No	${elig}
				1	Yes	
				99	No response	
						${elig}
		Q607. I am going to read you a list of methods. For each method, if a client wants this method but you do not have any available, do you know where to refer the client to get this method?				
select_one	q607_a	a) Combined oral contraceptive pills		0	No	
				1	Yes	
				9	No Response	
select_one	q607_b	b) Progestin-only contraceptive pills		0	No	
				1	Yes	
				9	No Response	
select_one	q607_c	c) DMPA-IM		0	No	
				1	Yes	
				9	No Response	
select_one	q607_d	d) DMPA-SC / Sayana Press		0	No	
				1	Yes	
				9	No Response	
select_one	q607_e	e) Male condoms		0	No	
				1	Yes	
				9	No Response	
select_one	q607_f	f) Female condoms		0	No	
				1	Yes	
				9	No Response	
select_one	q607_g	g) Emergency contraceptive pills		0	No	
				1	Yes	
				9	No Response	
select_one	q607_h	h) Cycle beads for standard days method		0	No	
				1	Yes	
				9	No Response	
select_one	q608	Q608. When you refer clients elsewhere, do you write a referral slip that explains what service the client wants?		0	No	${elig}
				1	Yes, observed	
				2	Yes, reported not seen	
				88	Don't Know	
				99	No response	

select_one	q609	Q609. Do you keep a record of referrals made for FP services?		0	No	${elig}
				1	Yes	
				88	Don't know	
				99	No response	
select_one	q610	Q610. Do you keep a record for follow-up after referrals for FP services?		0	No	(${elig}) and ${q609}='1'
				1	Yes	
				88	Don't know	
				99	No response	
		Q611. Can I see the records you keep of client referrals?				
select_one	q611_a	a) Client name and contact info		0	No	
				1	Yes	
select_one	q611_b	b) Service needed		0	No	
				1	Yes	
select_one	q611_c	c) Date referral provided		0	No	
				1	Yes	
select_one	q611_d	d) Date referral completed		0	No	
				1	Yes	
		Section 7. Reporting Mechanisms.				
select_one	q701	Q701. Does this pharmacy or drug shop have a register to regularly collect FP service data on FP clients?		0	No	${elig}
				1	Yes, observed	
				2	Yes, reported not seen	
				88	Don't Know	
				99	No response	
		Q702. Which of the following information do you include in the register?				
select_one	q702_a	a) Sex		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q702_b	b) Age		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q702_c	c) FP counseling provided		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q702_d	d) New or returning FP user		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q702_e	e) Method dispensed/sold		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q702_f	f) Date to follow up for refill or reinjection		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q702_g	g) Referral information		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q702_h	h) Other (specify) _____		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
text	q702_hother	Please specify the other				${q702_h}='1'
select_one	q703	Q703. OBSERVE ONLY: Has any information been entered in the register for the past month?		1	Yes	(${elig}) and ${q701}='1'
				2	No	
				3	Not able to see the register	
select_one	q704	Q704. Does this shop keep a FP commodity register?		0	No	${elig}
				1	Yes, observed	
				2	Yes, reported not seen	
				88	Don't Know	
				99	No response	

select_multiple	q705	Q705. Do you submit reports on the FP services that you provide to any of the following?		a	A nearby health facility	(${elig}) and ${q704}='1'
				b	LGA health office	
				b	District Health Office/ Drug Inspector's Office	
				c	NGO/CBO/implementing partner	
				d	Other (specify) _____	
				e	Don't know	
				f	No response	
				g	None of the Above	
text	q705_other	Please specify the other				(${elig}) and selected(${q705}, 'd')