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Appendix B: Literature Review Detailed Methodology

The literature review focused on exploring the following research questions:

1. What is the context regarding primary health care in Australia for consumers?
2. What is the context regarding community pharmacy in Australia for consumers?
3. What are the demographic characteristics of consumers of community pharmacy services in Australia?
4. What are psychographic and behavioural characteristics of consumers of community pharmacy services in Australia and internationally?
5. What are the barriers and enablers to the use of community pharmacy services faced by consumers?
6. What is the evidence of the relationship between consumers' use of community pharmacy services and health impacts and outcomes?
7. What existing tools measure the impact of community pharmacy services?

Table 16 details the literature that was in scope for the review, aimed at answering the questions above.

Table 16: Scope of the Literature Review

In scope	Out of scope
Studies and reports which focus on consumers and community pharmacy	Studies and reports which focus on the interactions between consumers and pharmacies in the hospital setting
Studies and reports which focus on community pharmacists	Studies and reports which focus on hospital pharmacists
Studies and reports which focus on the primary health care system	Studies and reports which focus on consumer needs across the entire health care system and in specific health settings other than community pharmacy
Studies and reports which are written in English	Studies and reports which are written in a language other than English
Studies and reports published after 2000	Studies and reports published prior to 2000

Databases, sites and search terms

Australian and international electronic databases, peer-reviewed journals, grey literature, white papers and, project reports on the web⁴⁰, as listed in Table 17, were searched exhaustively using the search terms outlined in Table 18.

⁴⁰ Including the findings of the 3CPA project and the Consumer Health Forum Australia analysis of the 5th Community Pharmacy Agreement

Table 17: Databases and sites for the literature review

Database/ Abstracts	<p>AccessPharmacy, Apais-Health Database, Biomed Central, CINAHL, Cochrane Library, Cochrane Reviews, EBM: ACP Journal Club, EBM: CLHTA, EBM: CCTR, EBM: CLEED, EBM: Cochrane DSR, EBM: DARE, EBM: CLCMR, EMBASE, Health and Society Database, Health Collection, Informit, MEDLINE, PschINFO, PubMed (MEDLINE), ScienceDirect, Scirus, Scopus, Web of Science.</p> <p>Australian Digital Theses, Australian Health Consumer, Consumer Health Complete, Dissertation Abstracts, International Pharmaceutical Abstracts, Journal of Consumer Health on the Internet.</p>
Search engine/ website	<p>American Pharmacists Association, Australian Institute of Health and Welfare, Australian Resource Centre for Healthcare Innovations, Australian Commission for Safety and Quality in Health, Canadian Pharmacists Association, Clinical Excellence Commission, Commonwealth Fund, Department of Health and Ageing, International Pharmaceutical Federation, NICE UK (National Institute for Health and Clinical Excellence), OECD, Pharmacy Guild of Australia, Pharmaceutical Society of Australia, Royal Pharmaceutical Society, World Health Organization.</p> <p>Google, Google Scholar.</p>

Table 18: Search terms for literature review

1. Policy context	"Health reform" OR "POLICY" AND "pharmacy" AND "Australia" AND "primary health care"
2. Consumer context	"Health reform" OR "POLICY" AND "Consumer" OR "carer" AND "pharmacy" AND "Australia" AND "primary health care"
3. Demographics	<p>("Consumer" OR "user" OR "patient") AND "health" AND ("demographic" OR "diversity") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer" OR "user" OR "patient" AND ("socioeconomic status" OR "rural" OR "remote" OR "Aboriginal and Torres Strait Islander" OR "culturally and linguistically diverse" OR "chronic disease" OR "health literacy" OR "health status") AND ("community pharmacy" OR "community pharmacist")</p>
4. Psychographic characteristics	<p>("Consumer need" OR "carer need" OR "user need" or "patient need") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer expectation" OR "carer expectation" OR "user expectation" OR "patient expectation") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer experience" OR "carer experience" OR "user experience" OR "patient experience") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer want" OR "carer want" OR "user want" OR "patient want") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer excitement" OR "carer excitement" OR "user excitement" OR "patient excitement") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer preference" OR "carer preference" OR "user preference" OR "patient preference") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer attitude" OR "carer attitude" OR "user attitude" OR "patient attitude") AND ("community pharmacy" OR "community pharmacist")</p> <p>("Consumer belief" OR "carer belief" OR "user belief" OR "patient belief") AND</p>

	("community pharmacy" OR "community pharmacist") ("Consumer behaviour" OR "carer behaviour" OR "user behaviour" OR "patient behaviour" AND ("community pharmacy" OR "community pharmacist") ("Consumer value" OR "carer value" OR "user value" OR "patient value") and ("community pharmacy" OR "community pharmacist")
5. Barriers and facilitators	("Consumer" OR "carer" OR "user" OR "patient") AND ("enabler" OR "barrier" OR "facilitator" OR "challenge") AND ("community pharmacy" OR "community pharmacist")
6. Relationship between use and outcomes	("Relationship" OR "link") AND ("community pharmacy" OR "community pharmacist") AND ("health impact" OR "health outcome") AND ("consumer" OR "carer" OR "user" OR "patient")
7. Validated tool	(" Consumers" OR "carer" OR "user" OR "patient") AND ("measure" OR "tool" OR "assessment") AND ("health impact" OR "health outcome") AND ("community pharmacy" OR "community pharmacist") ("Consumers" OR "carer" OR "user" OR "patient") AND ("measure" OR "tool" OR "assessment") AND ("health impact" OR "health outcome") AND "primary health care"

Appendix C: Measurement of health outcomes

Health promotion and preventative measures

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
Weight management	Clinical	Blood pressure	Omron 1A1B automated BP monitor	Overweight and obese persons	<i>Namara et al., 2010</i>
		Weight circumference			<i>Namara et al., 2010</i>
		Blood glucose and lipid profile	Cholestech LDX Analyzers		<i>Namara et al., 2010</i>
		BMI	Kilogram/metres squared		<i>Namara et al., 2010</i>
	Humanistic	Health literacy relating to nutrition and healthy living	Surveys/interviews at baseline and follow-up		<i>Namara et al., 2010</i>
	Behavioural	Physical activity levels	Consumer follow-up: phone calls/surveys		<i>Namara et al., 2010</i> <i>Rieck et al., 2005</i>
		Eating habits	Consumer follow-up: phone calls/surveys		
Smoking cessation	Humanistic	Health literacy relating to smoking and its impacts on health outcomes	Surveys/interviews at baseline and follow-up	Smokers	<i>Gilbert, 2004</i>
	Behavioural	Smoking cessation rates	Surveys/interviews at baseline and follow-up Referral follow up rates to quit lines		<i>Gilbert, 2004</i>
Prevention of Osteoporosis	Clinical	Adherence to treatment advice	Consumer follow-up Proportion of GP referral uptake	Women over 40, men over 50 No previous treatment for osteoporosis	<i>Taylor et al., 2004</i>
	Humanistic	Health literacy of osteoporosis and risk factors/preventive measures	Surveys/interviews at baseline and follow-up		<i>Taylor et al., 2004</i>

Screening and Diagnosis Measures

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
Earlier detection of disease, leading to more timely commencement of treatment of diseases such as: <ul style="list-style-type: none"> • Type 2 diabetes • COPD • Chlamydia • Sleep disorders 	Clinical	Adherence to treatment advice	Referral take up rate e.g. possibly through a notification card from pharmacy to GP (Blenkinsopp et al)	All	<i>Chapman et al., n.d.</i> <i>Krass et al., 2007</i> <i>Saini et al., n.d.</i>
		Number of positive referrals	Collaborative communications between pharmacists and other health practitioners.		<i>Allan et al., n.d.</i> <i>Gudka et al., n.d.</i> <i>Saini et al., n.d.</i>
		Blood glucose	Self reported risk assessment based on a questionnaire Finger prick test for capillary blood glucose		<i>Krass et al., 2007</i>
	Humanistic	Health literacy relating to relevant condition	Consumer follow-up Questionnaires		<i>Allan et al., n.d.</i> <i>Gudka et al., n.d.</i> <i>Saini et al., n.d.</i>

Chronic disease management measures

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
Effective management of Type 2 diabetes	Clinical	Glycosylated haemoglobin (HbA1c) levels (providing average blood glucose in the previous month) Level below 7% has been shown to reduce risk of complications of diabetes & associated deaths.	High pressure liquid chromatography	Consumers with Type 2 diabetes on more than 3 medicines, younger than 85yrs.	<i>Taylor et al., 2005</i> <i>Krass et al., 2007</i> <i>Mitchell et al., 2011</i> <i>Krass et al., 2007</i>
		Blood glucose	Self monitoring using MediSense blood glucose monitor		<i>Krass et al., 2007</i>
		Systolic (maximum) blood pressure	Electronic blood pressure measuring Automated blood pressure gauge		<i>Krass et al., 2007</i> <i>Krass et al., 2004</i>
		Cholesterol levels	A lipid profile (blood test)		<i>Krass et al., 2007</i>
		BMI	Kilogram/m squared		<i>Krass et al., 2007</i> <i>Mitchell et al., 2011</i> <i>Krass et al., 2004</i>
		Medicine adherence	BMQ		<i>Mitchell et al., 2011</i> <i>Krass et al., 2004</i>
	Behavioural	Physical activity levels	Consumer follow-up		<i>Mitchell et al., 2011</i>
		Smoking cessation rates	Consumer follow-up		<i>Mitchell et al., 2011</i>
	Humanistic	Quality of life	EQ-5D		<i>Krass et al., 2007</i>
			Wellbeing questionnaire 12		<i>Krass et al., 2004</i>

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
Effective management of asthma	Clinical	Asthma severity/control	Tool adapted from the NAC's asthma severity assessment table Self reported frequency	Consumers with excessive use of bronchodilator medicines (over 3 times a week)	<i>Armour et al., 2007</i> <i>Saini et al., 2008</i>
		Improved adherence to preventer medicines	BMQ % preventer medicines taken	Consumers with frequent acute asthma attacks	<i>Armour et al., 2007</i> <i>Saini et al., 2008</i> <i>Armour et al., 2006</i>
		Lung function	Spirometry	Consumers who express general concerns about their asthma	<i>Armour et al., 2007</i> <i>Armour et al., 2006</i>
		Inhaler technique	Inhaler technique checklist – number of accurate steps demonstrated by a consumer as a % of total steps		<i>Armour et al., 2007</i> <i>Saini et al., 2008</i> <i>Armour et al., 2006</i>
		Mean daily dose of medicine	Calculated using BMQ data		<i>Saini et al., 2008</i>
		Peak flow index	Calculated using lowest morning peak expiratory flow/recent peak expiratory flow*100, the higher the %, the better the consumers asthma control		<i>Saini et al., 2008</i>
		# owning a written action plan	Asking consumers		<i>Saini et al., 2008</i> <i>Armour et al., 2006</i>
		Confidence managing an asthma attack	Consumer self rated on a visual analogue, scale 1-5, with 1 being very confident		<i>Saini et al., 2008</i>
	Humanistic	Asthma related quality of	Asthma-related quality of life		<i>Armour et al., 2007</i>

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
		life	questionnaire		<i>Saini et al., 2008</i>
		Asthma knowledge	Consumer knowledge questionnaire		<i>Armour et al., 2007</i> <i>Saini et al., 2011</i> <i>Armour et al., 2006</i> <i>Saini et al., 2008</i>
		Perceived control of asthma	Perceived control of asthma questionnaire		<i>Armour et al., 2007</i> <i>Saini et al., 2008</i> <i>Armour et al., 2006</i>
Effective management of depression	Clinical	Adherence to medicines	Self report	Consumers seeking medicines for depression over 18yrs old	<i>Crockett et al., 2006</i>
	Humanistic	Quality of life	Wellbeing measured by K10		<i>Crockett et al., 2006</i>
		Health literacy relating to drugs/drug attitude	Drug Attitude Index		<i>Crockett et al., 2006</i>

Medicines review and management

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
General improved consumer health due to fewer drug related problems	Clinical	Number of adverse drug events prevented/resolved	Reported by consumer	On multiple medicines Taking many doses of medicines a day	<i>Sorensen et al., 2004</i>
		Severity of illness	Reported by consumer using Duke's Severity of Illness Visual Analogue Scale	Suffering from multiple medical conditions Suspected to be non-adherent	<i>Sorensen et al., 2004</i>
		The number of GP/specialist visits associated to drug events	Reported by consumer	On medicines requiring therapeutic monitoring Had significant changes made to their medicine regimen in the previous 3 months	<i>Sorensen et al., 2004</i>
	Humanistic	Health literacy in terms of drug management of personal conditions and regimens	Questionnaires Consumer follow-up	Inadequate response to medicine	
		Consumer satisfaction	Measured by success in implementation and by consumer satisfaction at end point from follow-up visits	Admitted to hospital in last month At risk of managing their own medicines due to language difficulties or impaired sight etc.	<i>Sorensen et al., 2004</i>
Improved outcomes of anticoagulation	Clinical	INR levels & control within target range	CoaguChek S International Normalized Ratio (INR) monitoring	Consumers on warfarin maintenance therapy	<i>Jackson et al., 2005</i> <i>McLachlan et al., 2002</i>
	Humanistic	Quality of life	Quality of life survey tools		<i>McLachlan et al., 2002</i>
		Consumer satisfaction	Surveys/follow-up		<i>McLachlan et al., 2002</i>
		Health literacy on	Questionnaires		<i>McLachlan et al., 2002</i>

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
Warfarin use					
Improved outcomes of hypertension	Clinical	Blood pressure	Digital BP monitor	Adults who had newly commenced antihypertensive drug therapy	<i>Hughes, 2001</i> <i>Stewart et al., n.d.</i>
		Adherence to medicines	Morisky score TABS Meds Index		<i>Hughes, 2001</i> <i>Stewart et al., n.d.</i> <i>Stewart et al., 2010</i>
		Health literacy of lifestyle factors impacting blood pressure and risk of CVD	Consumer follow-up; health beliefs and attitudes questionnaire		<i>Hughes, 2001</i> <i>Stewart et al., n.d.</i>
	Humanistic	Quality of life	SF 36 Short Form AQoL		<i>Hughes, 2001</i> <i>Stewart et al., n.d.</i>
		Increased access/consumer satisfaction	Satisfaction surveys Willingness to pay for service		<i>Hughes, 2001</i> <i>Stewart et al., n.d.</i>
Fewer medicine related problems in older people	Humanistic	Quality of life	AQoL version 2 SF-36		<i>Harris et al., 2001</i>

Palliative care

Benefit	Type of indicator	Indicator(s)	Measurement	Target demographic	Selection of supporting references
Improved end of life care	Clinical	Adherence to medicines	Number of adverse drug events	Consumers on palliative care	Hussainy et al., 2011
	Humanistic	Health literacy	Follow-up with carers as well as consumers		Hussainy et al., 2011

Appendix D: Community Survey Analysis

Consumer Needs

Appendix D: Community Survey Analysis

*Pharmacy Guild of
Australia*

Community Survey

Survey findings

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Survey Analysis

1.1 Participant demographics

The results of each survey question disaggregated by age, gender, location and SEIFA score are included in this Appendix.

Participant demographics by location, age and gender

Figure 1: Location of participants across jurisdictions

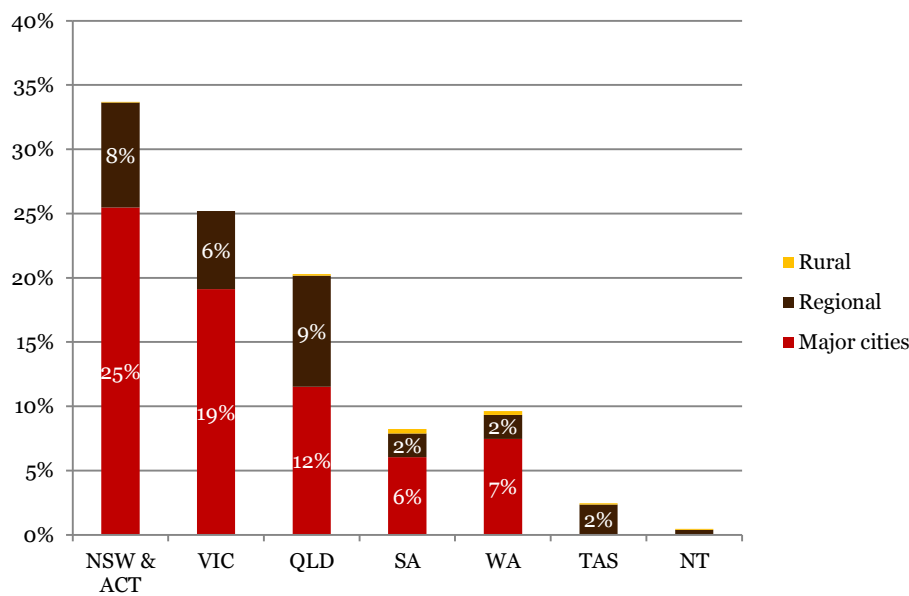
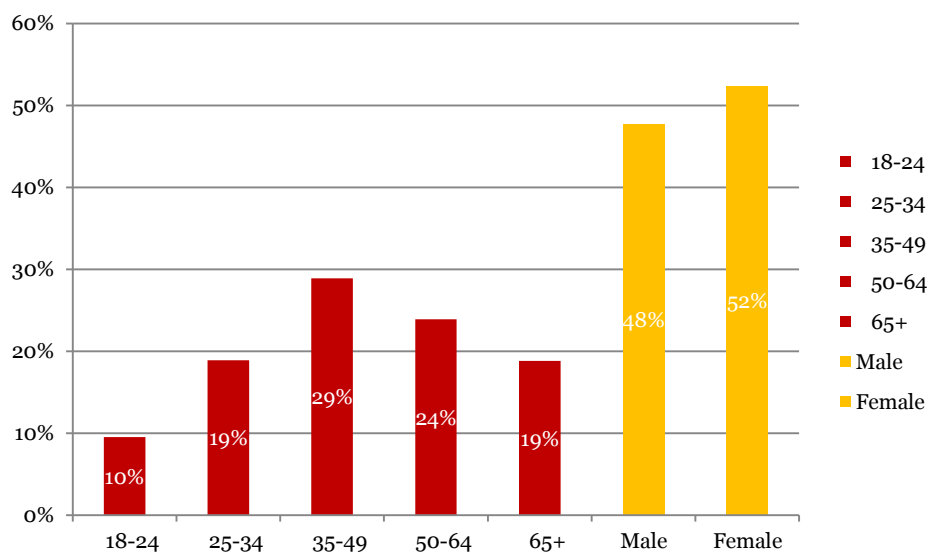
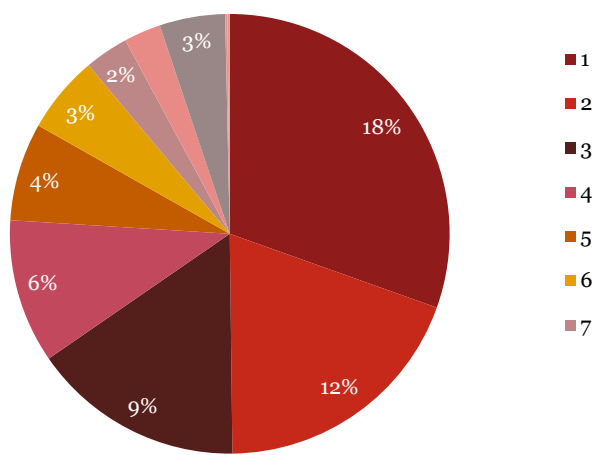


Figure 2: Age and gender of participants



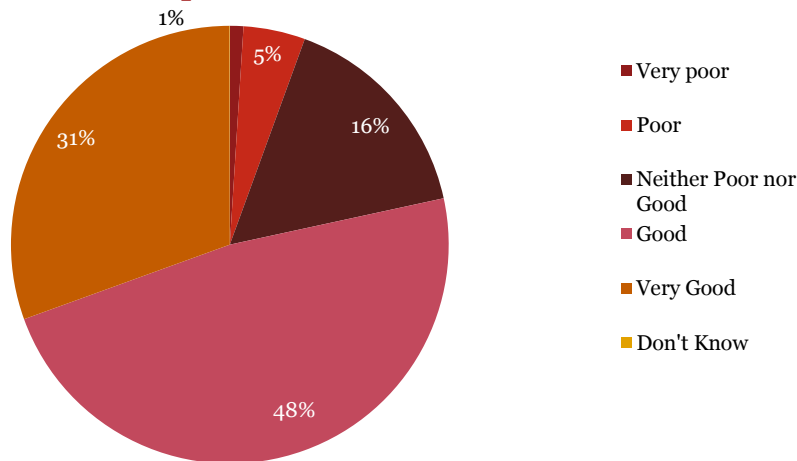
Number of medicines participants were taking

Figure 3: Number of medicines participants were taking (prescription, over the counter and complementary)



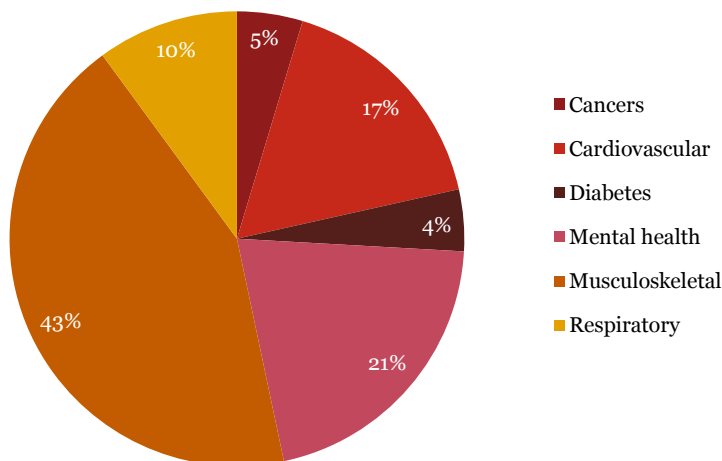
Participants self rated health status

Figure 4: Participants self-rate health status



Proportion of participants with health conditions

Figure 5: Proportion of participants with health conditions



Health condition classifications

Cancers	Cancer - Bowel/colon Cancer - Breast Cancer - Lung Cancer - Ovarian Cancer - Prostate Cancer - Skin (not melanoma) Cancer - Skin (melanoma) Cancer - Testicular Cancer - Other Hodgkin's Disease Leukaemia Sarcoidosis Tumours (malignant)	Mental health	Anxiety Attention deficit disorder Autism Bipolar Depression Mood disorder (not depression or bipolar) Obsessive compulsive disorder Panic attack Schizophrenia Stress
Cardiovascular	Angina Arteriosclerosis Stenosis - Cardiac Cardiovascular disease Cholesterol problems Deep vein thrombosis Heart attack Heart disease High blood pressure Irregular heartbeat Oedema Stroke Varicose veins	Musculoskeletal	Arthritis Back pain Gout Knee pain Muscular aches and pains Muscular dystrophy Osteoarthritis Osteoporosis Rheumatoid arthritis Scoliosis Shoulder pain Spinal disorders
Diabetes	Diabetes Type 1 Diabetes Type 2 - treated with diet Diabetes Type 2 - treated with tablets Diabetes Type 2 - treated with insulin	Respiratory	Asthma Bronchitis Chronic obstructive pulmonary disease Cystic fibrosis Pneumonia Respiratory problems

1.2 How participants use community pharmacy?

1.2.1 Last visit to pharmacy

Figure 6: Q1. Last visit to a pharmacy (by age and gender)

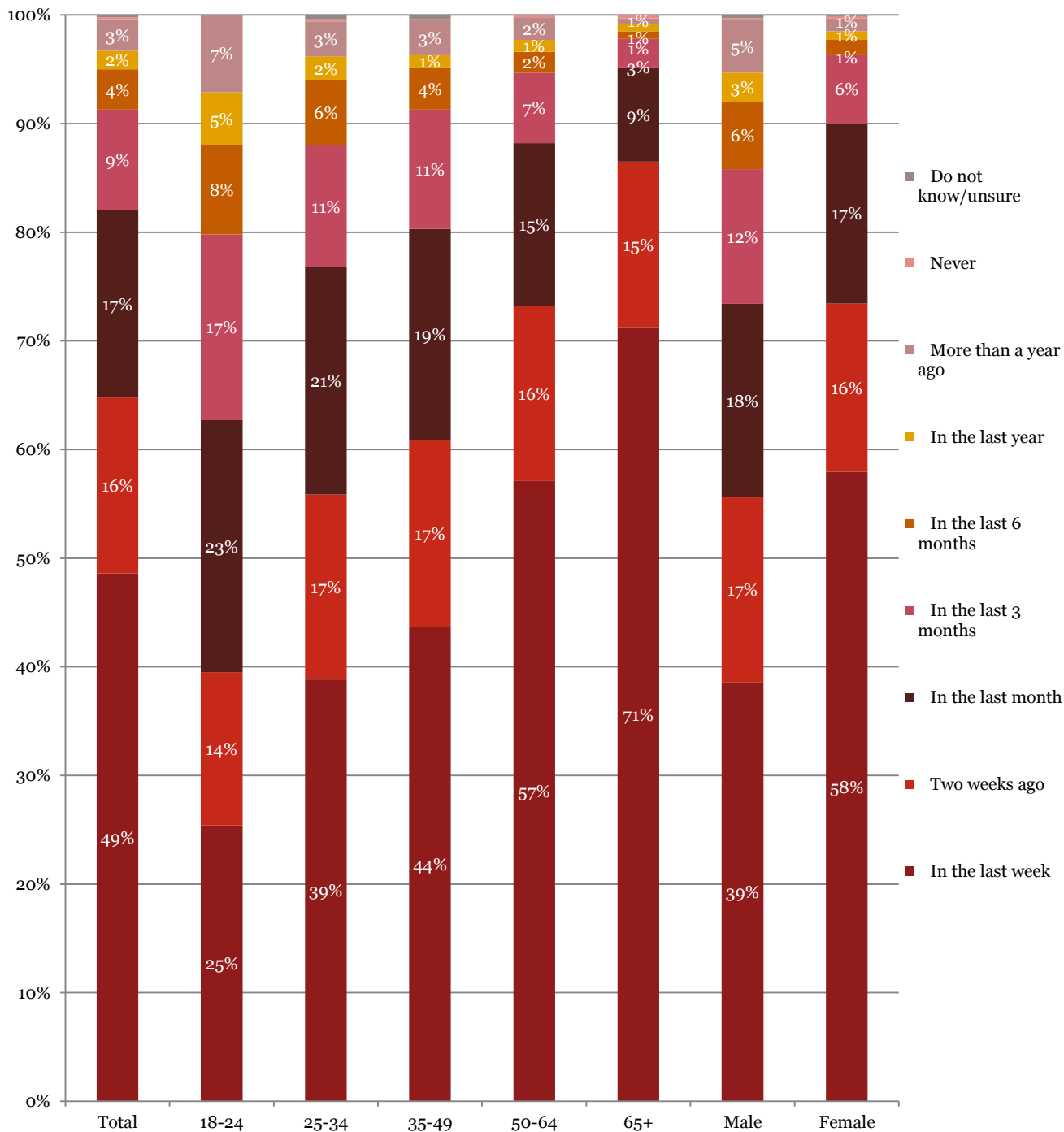


Figure 7: Q1. Last visit to a pharmacy (by location and SEIFA)

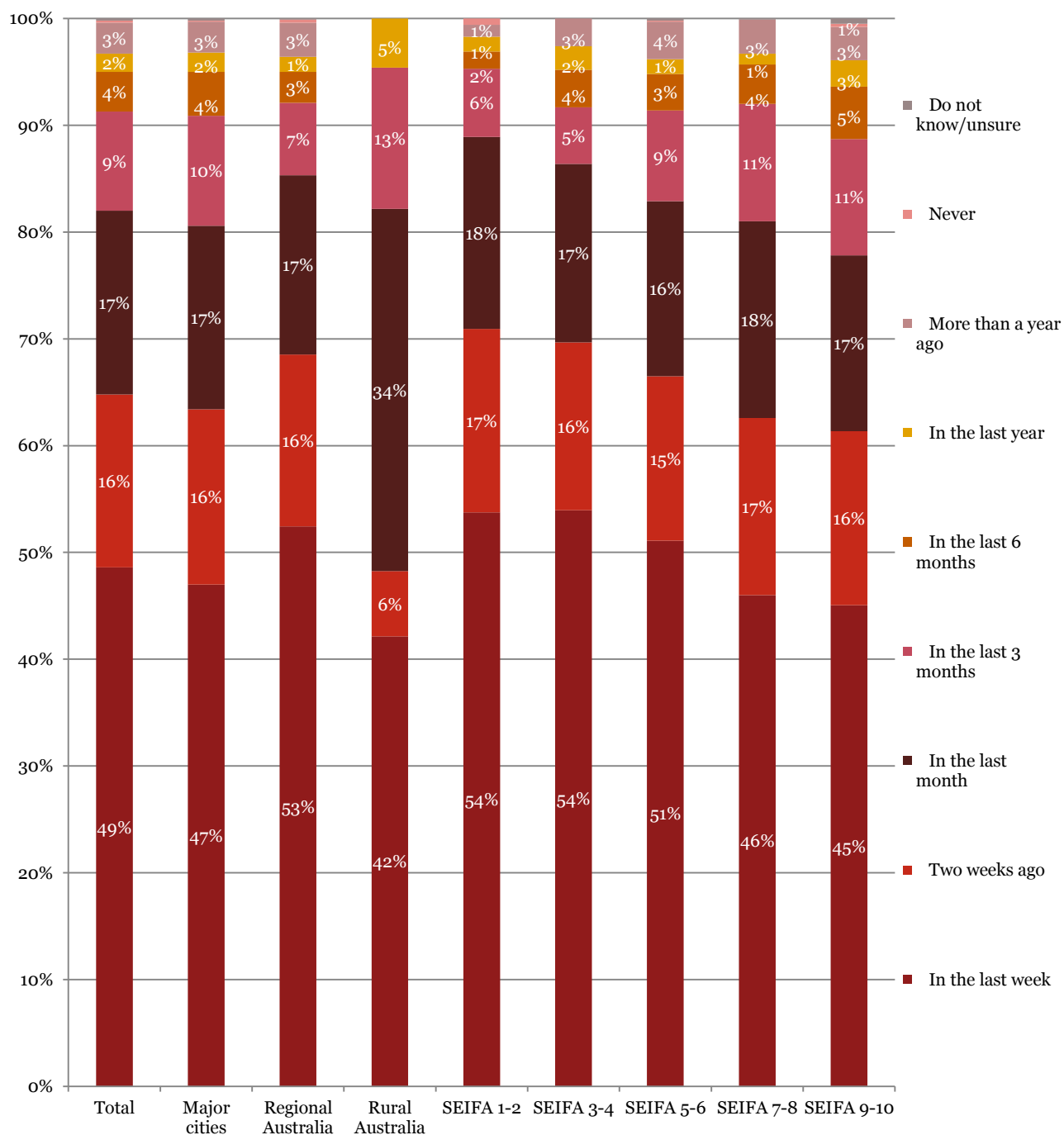


Figure 8: Q2. Why have you never been to a pharmacy? (by age and gender)

Q2. Why have you never been to a pharmacy?	Total (N=5)	18-24 (N=0)	25-34 (N=1)	35-49 (N=1)	50-64 (N=2)	65+ (N=2)	Males (N=3)	Females (N=2)
Someone Else Goes And Buys What I Need	53%	0%	100%	0%	58%	46%	100%	0%
Other	32%	0%	0%	0%	43%	54%	0%	69%
Don't Need To Buy Conventional Medicines	15%	0%	0%	100%	0%	0%	0%	31%
Don't Need To Buy Any OTC Medicines	15%	0%	0%	100%	0%	0%	0%	31%
Don't Need To Buy Any Complementary Medicines	15%	0%	0%	100%	0%	0%	0%	31%
I Buy Everything I Need From Somewhere Else	15%	0%	0%	100%	0%	0%	0%	31%

Figure 9: Q2. Why have you never been to a pharmacy? (by location and SEIFA)

Q2. Why have you never been to a pharmacy?	Total (N=5)	Major cities (N=3)	Regional Australia (N=2)	Rural Australia (N=0)	SEIFA 1-2 (N=2)	SEIFA 3-4 (N=0)	SEIFA 5-6 (N=1)	SEIFA 7-8 (N=0)	SEIFA 9-10 (N=3)
Someone Else Goes And Buys What I Need	53%	65%	40%	0%	58%	0%	0%	0%	65%
Other	32%	35%	30%	0%	43%	0%	0%	0%	35%
Don't Need To Buy Conventional Medicines	15%	0%	30%	0%	0%	0%	100%	0%	0%
Don't Need To Buy Any OTC Medicines	15%	0%	30%	0%	0%	0%	100%	0%	0%
Don't Need To Buy Any Complementary Medicines	15%	0%	30%	0%	0%	0%	100%	0%	0%
I Buy Everything I Need From Somewhere Else	15%	0%	30%	0%	0%	0%	100%	0%	0%

1.2.2 Difficulties in accessing community pharmacy

Figure 10: Q3. Difficulties accessing a pharmacy? (by age and gender)

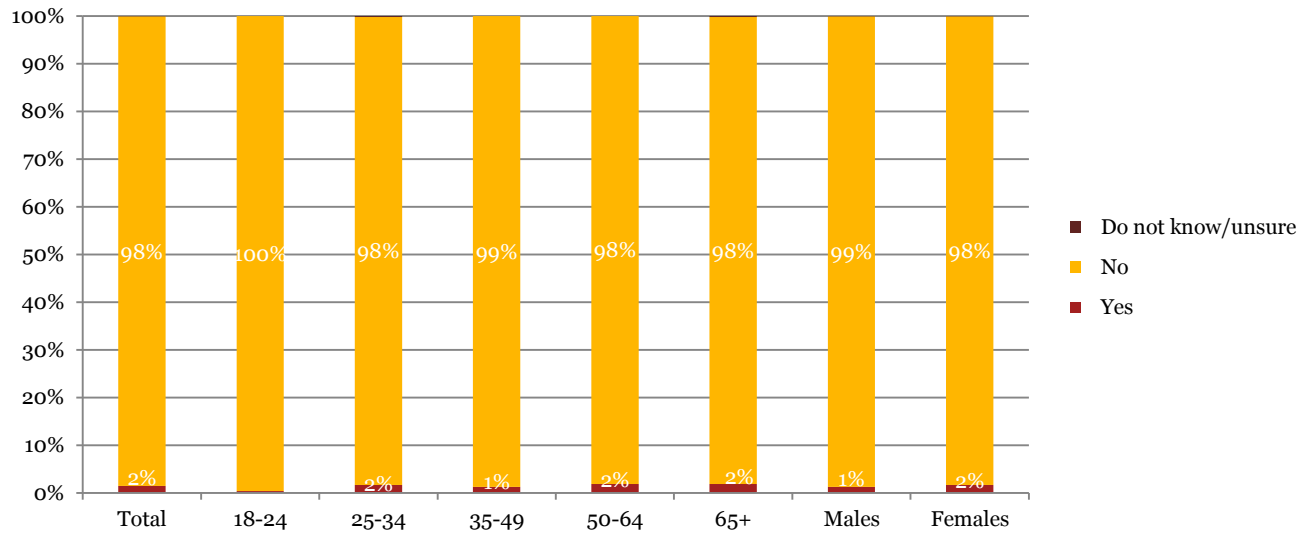


Figure 11: Q3. Difficulties accessing a pharmacy? (by location and SEIFA)

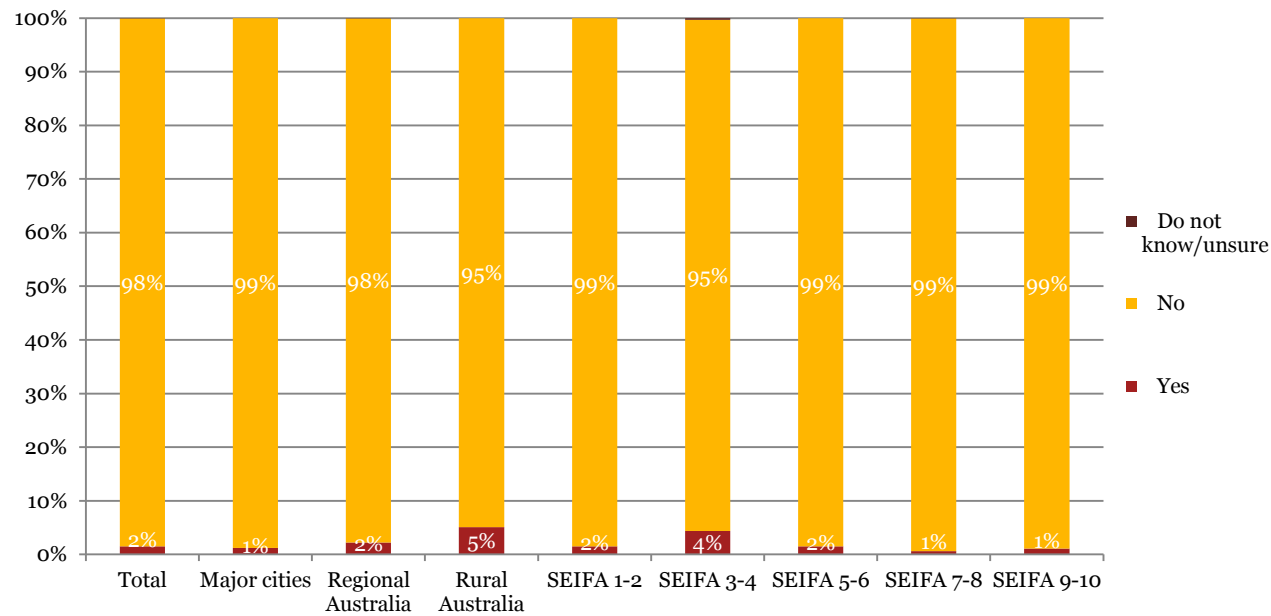


Figure 12: Q4. Reasons for difficulty accessing pharmacies (by age and gender)

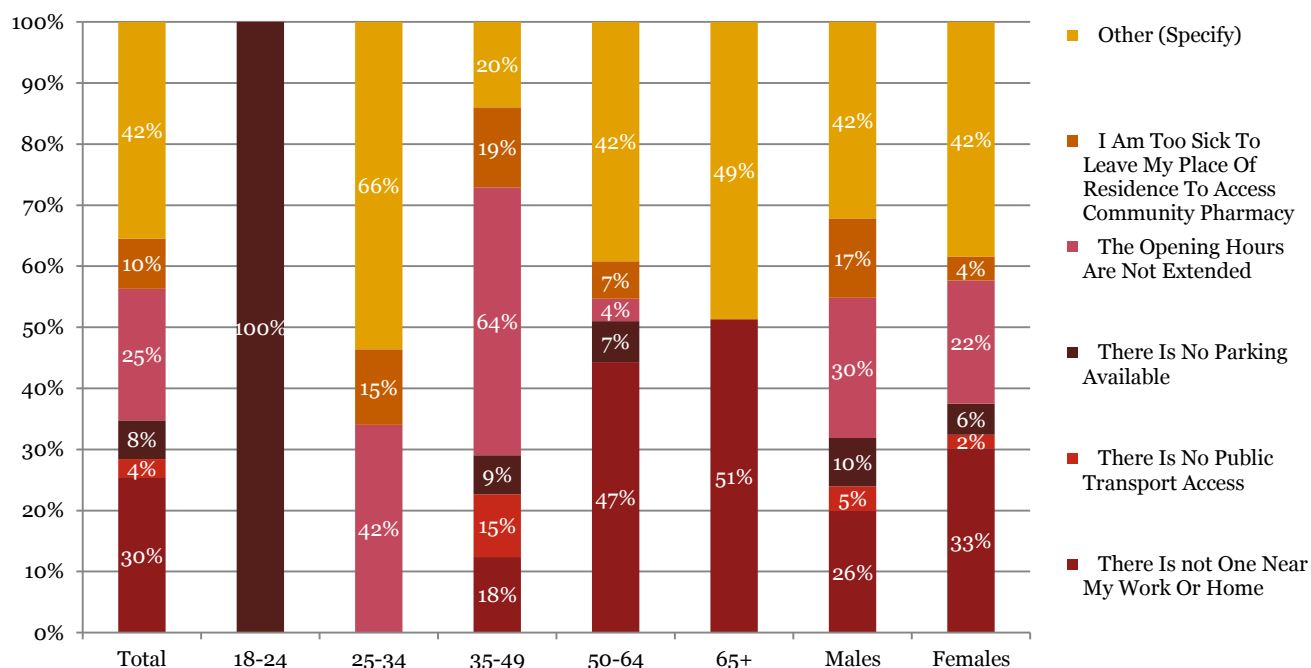
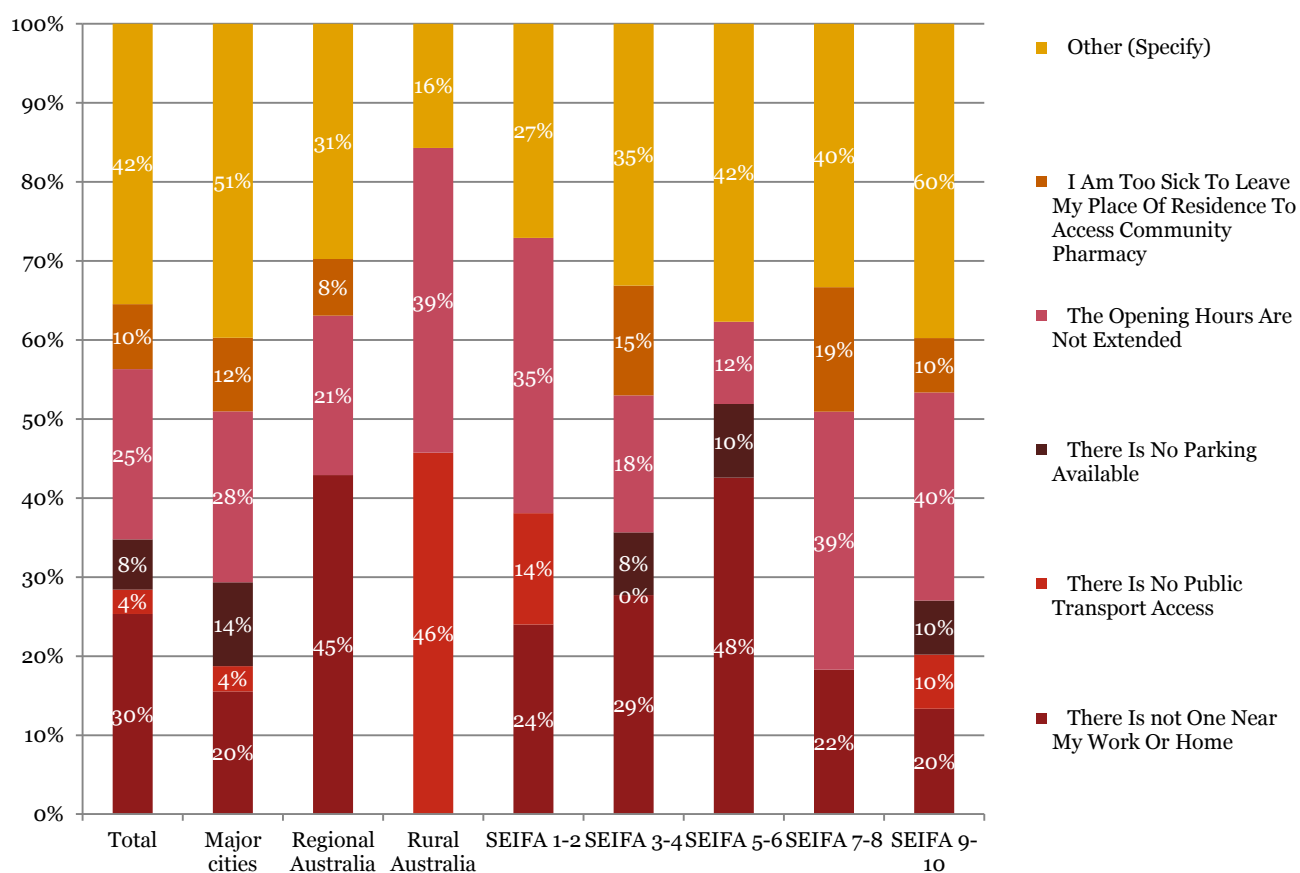


Figure 13: Q4. Reasons for difficulty accessing pharmacies (by location and SEIFA)



1.2.3 Who are participants accessing pharmacy for/frequency of access

Figure 14: Q5A. Frequency of using pharmacy for yourself only (by age and gender)

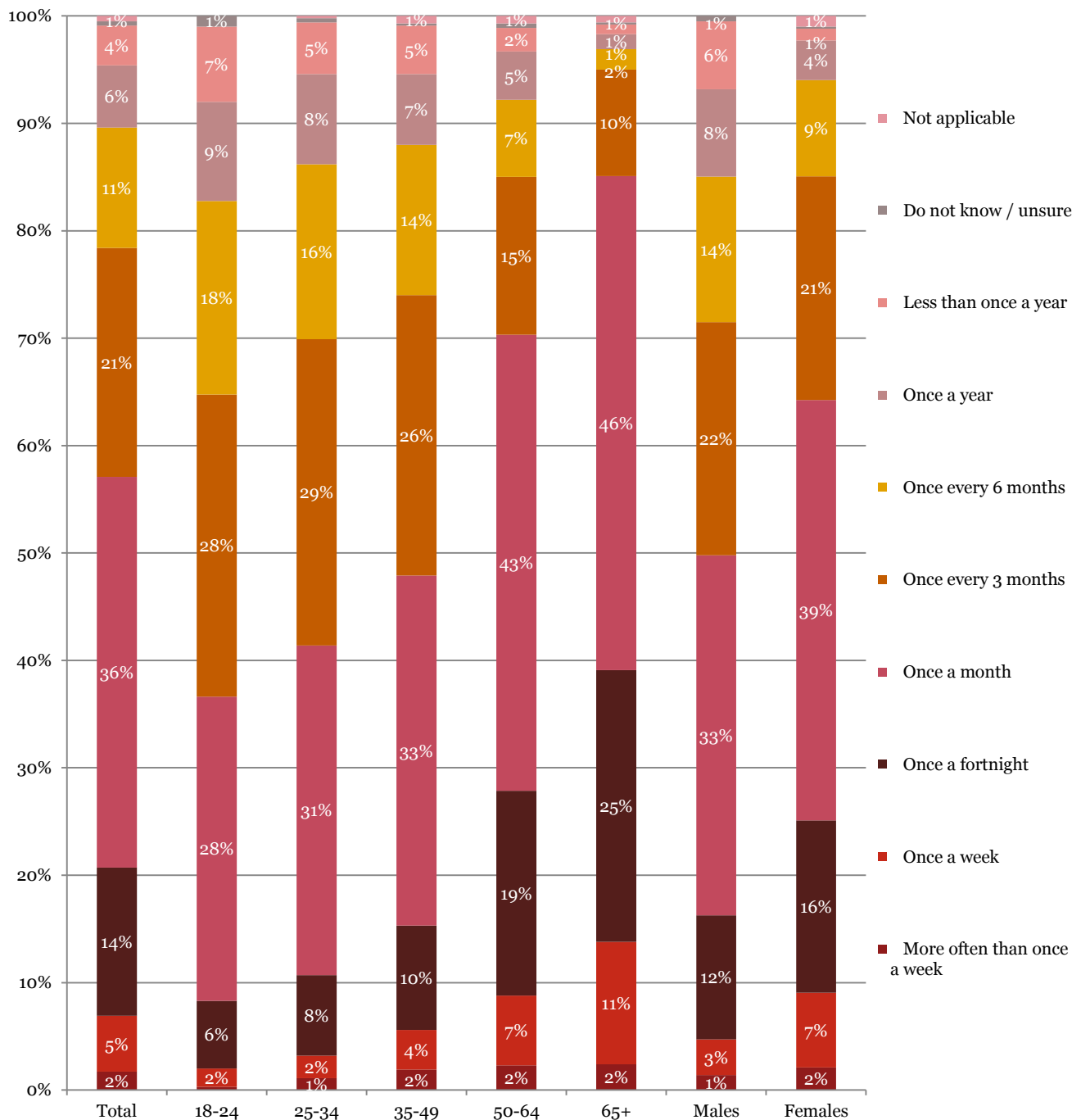


Figure 15: Q5A. Frequency of using pharmacy for yourself only (by location and SEIFA)

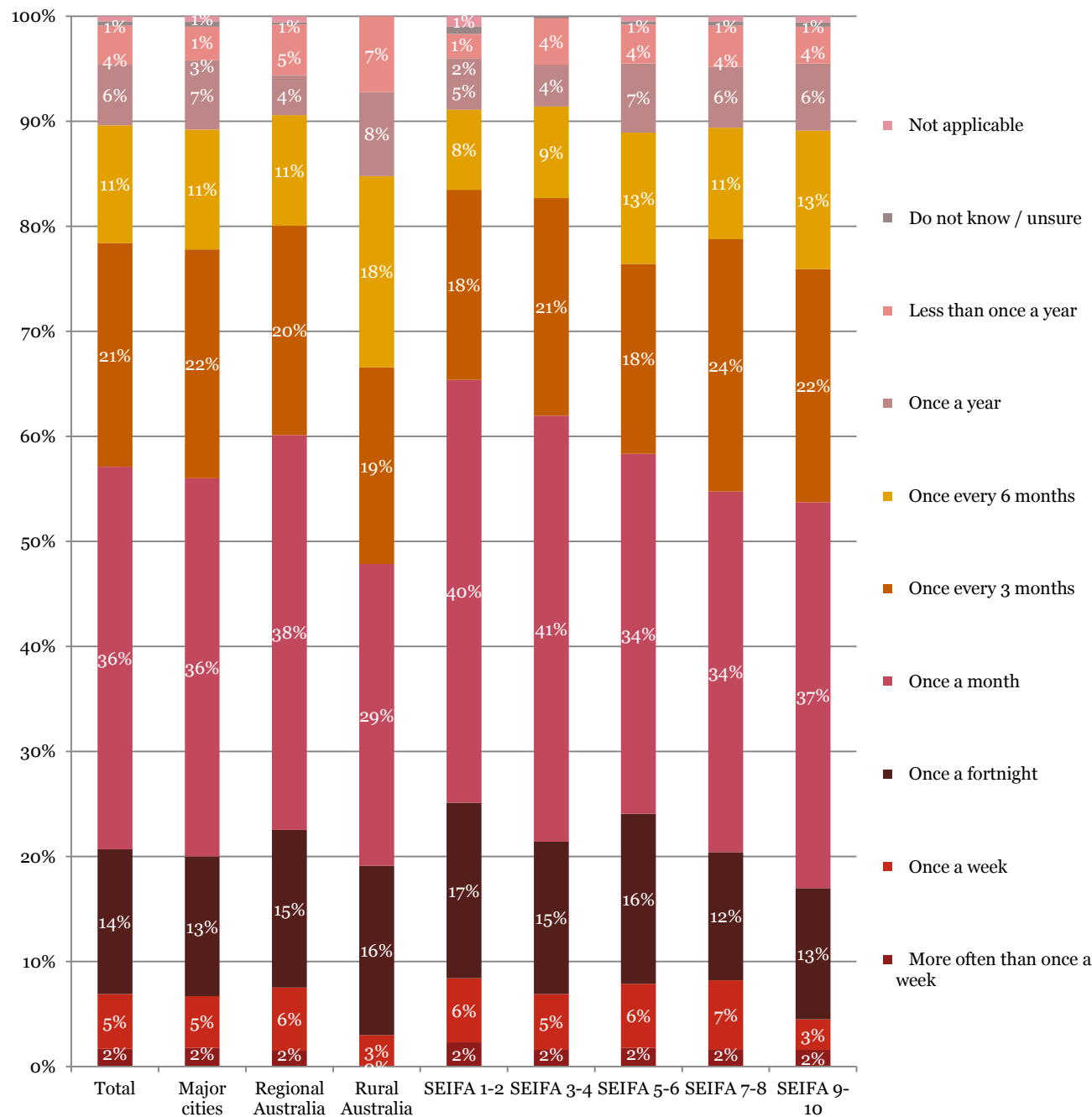


Figure 16: Q5B. Frequency of using pharmacy for yourself and others (by age and gender)

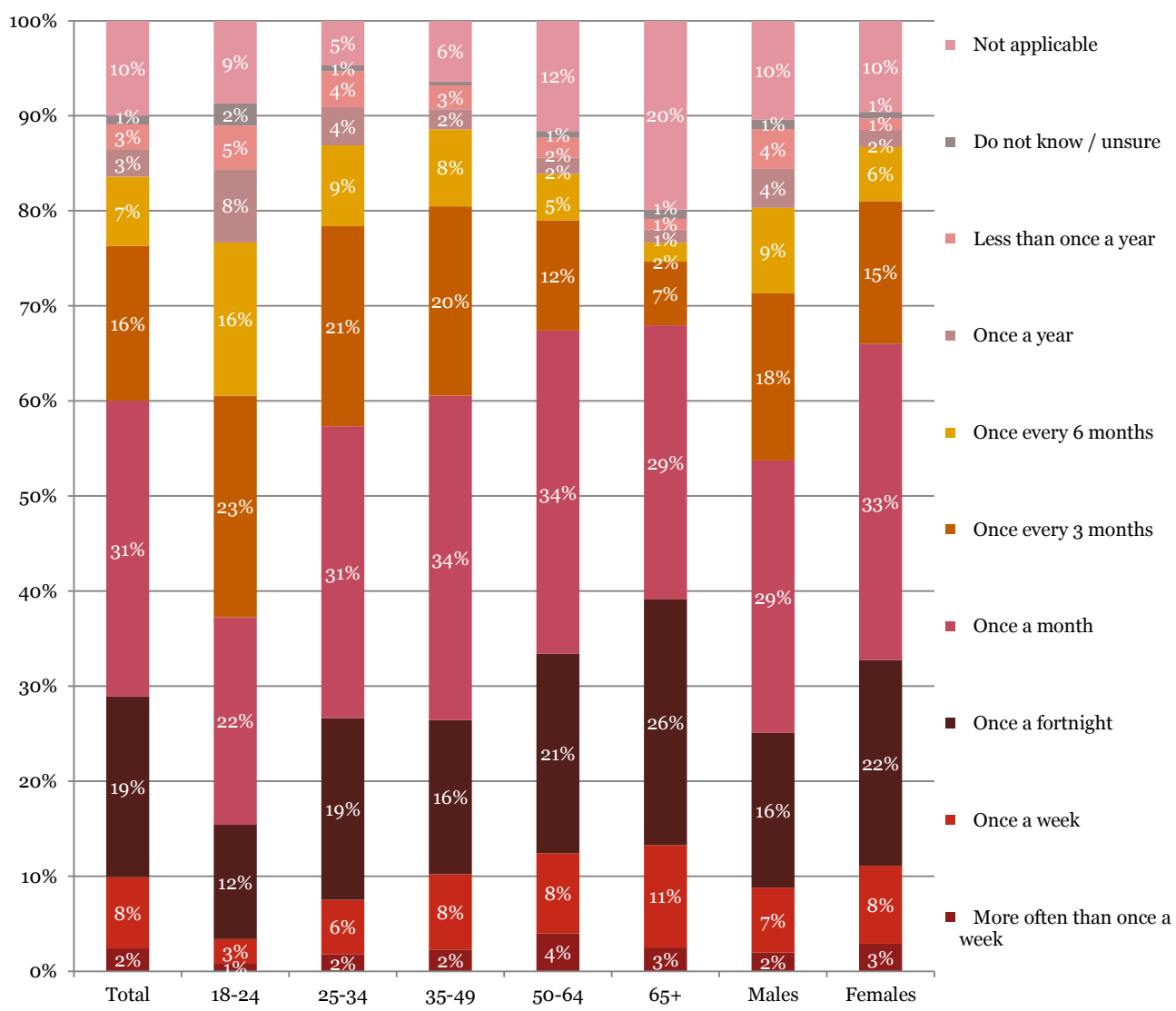


Figure 17: Q5B. Frequency of using pharmacy for yourself and others (by location and SEIFA)

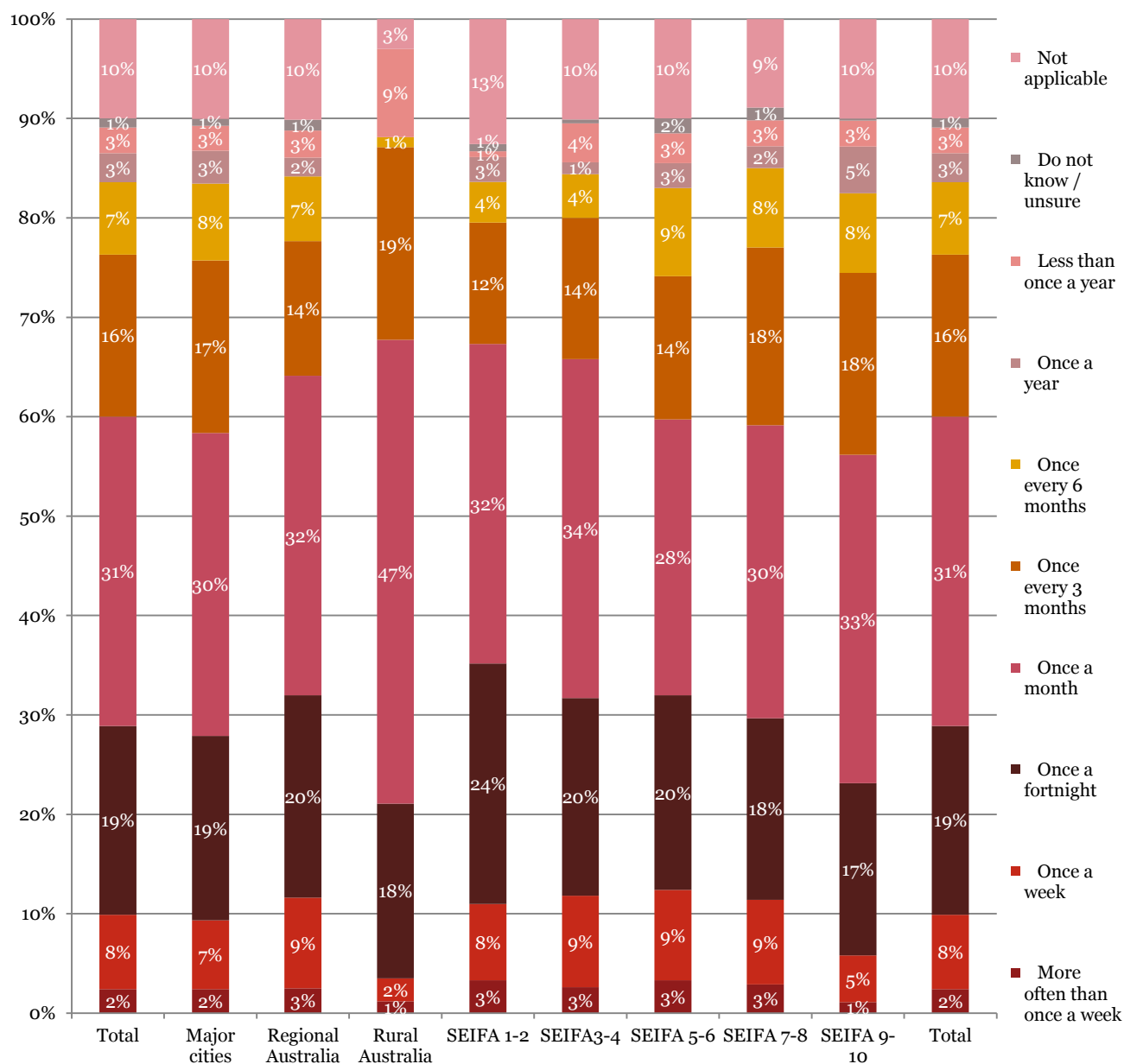


Figure 18: Q5C. Frequency of using pharmacy for others only (by age and gender)

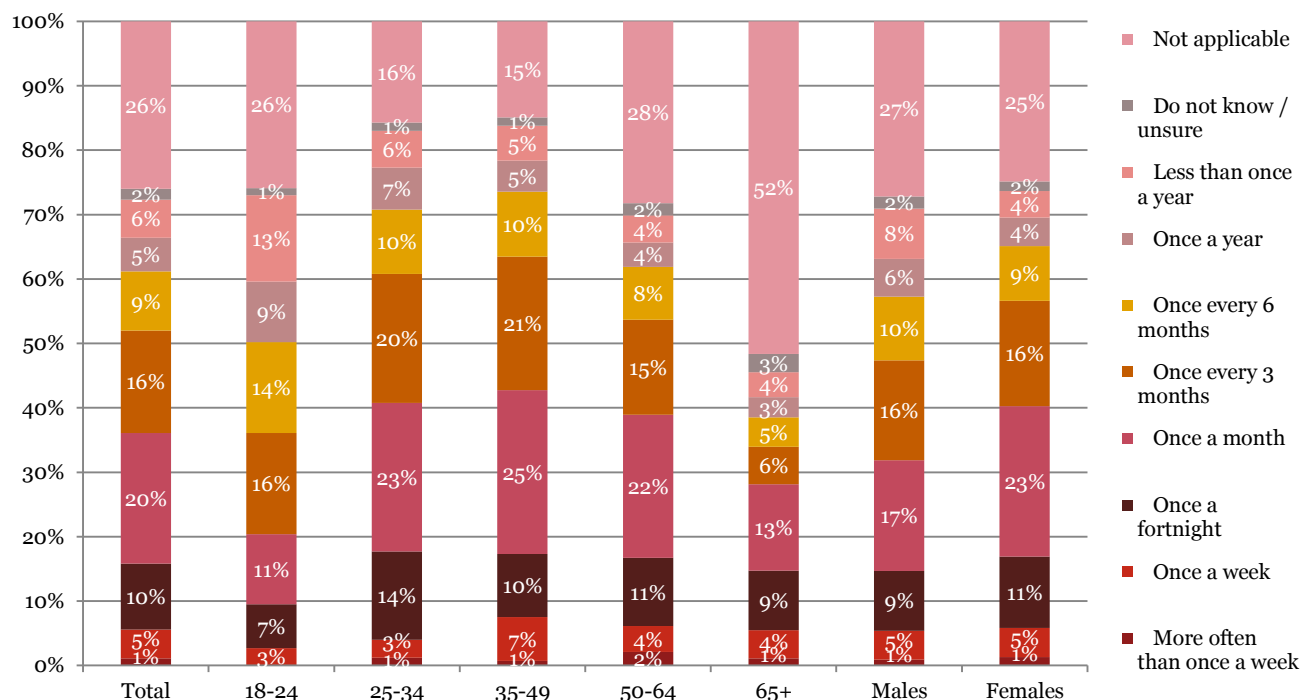
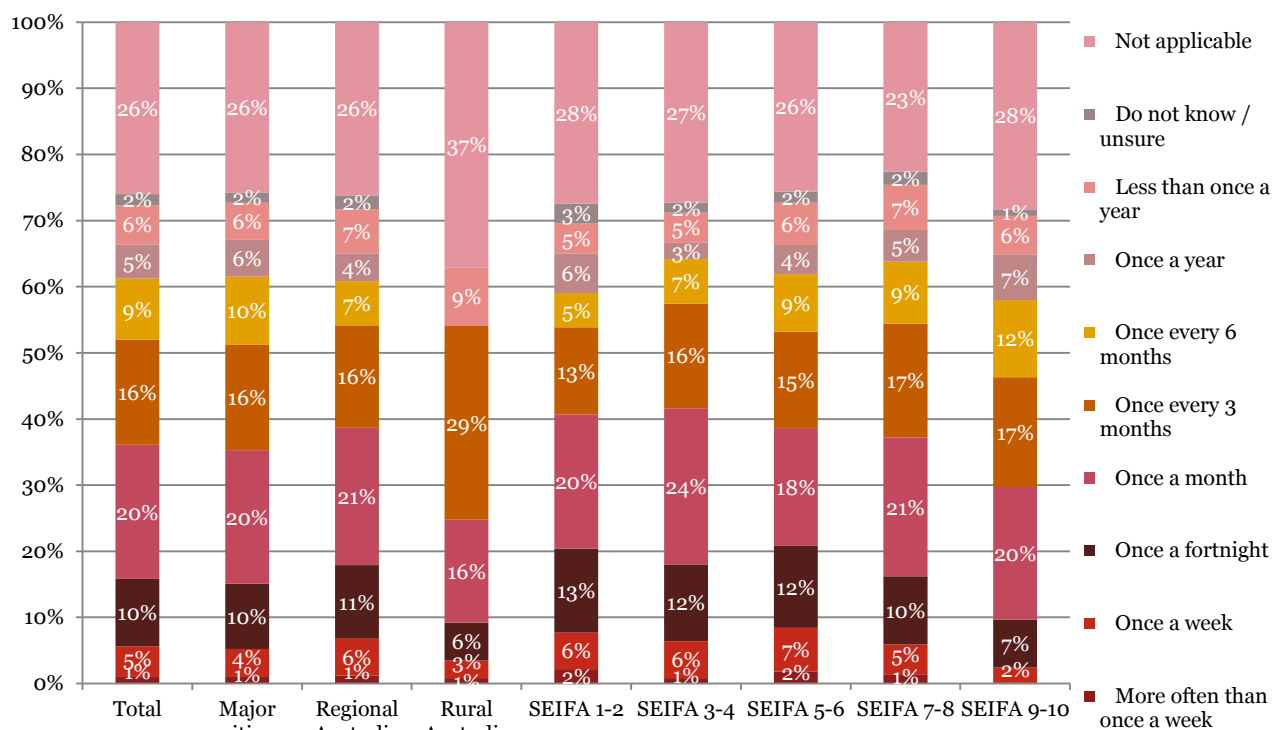


Figure 19: Q5C. Frequency of using pharmacy for others only (by location and SEIFA)



1.2.4 Number of different pharmacies accessed

Figure 20: Q7. Do you go to the same pharmacy for most of your pharmacy needs more than 75% of the time? (by age and gender)

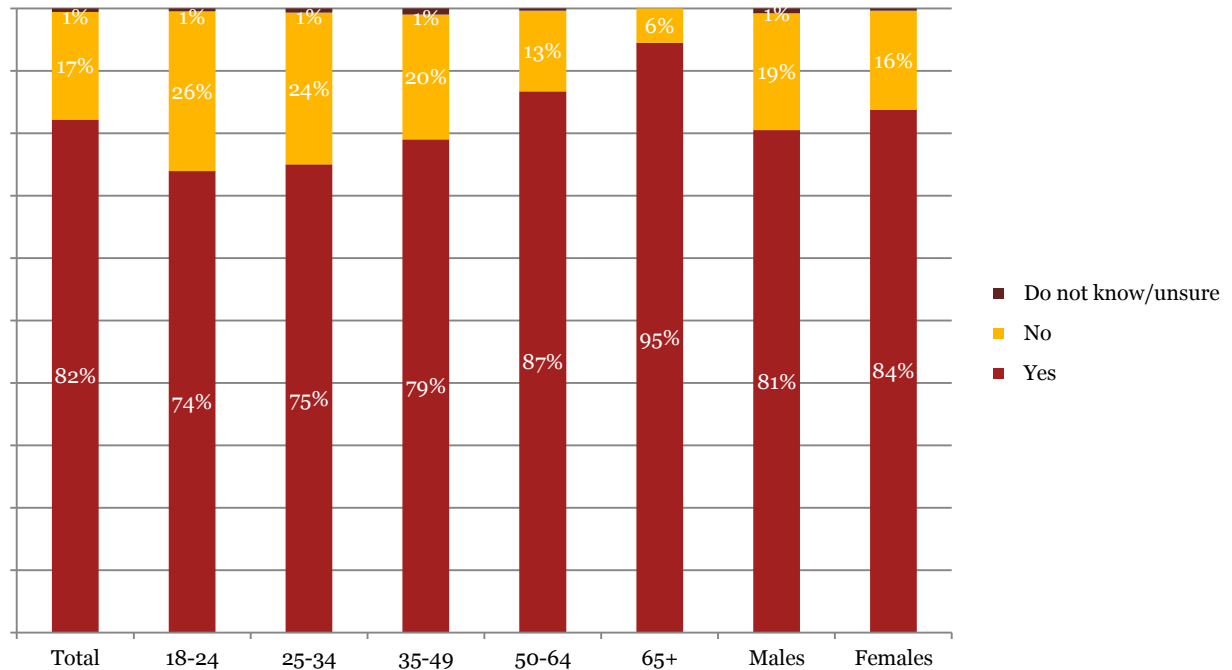


Figure 21: Q7. Do you go to the same pharmacy for most of your pharmacy needs more than 75% of the time? (by location and SEIFA)

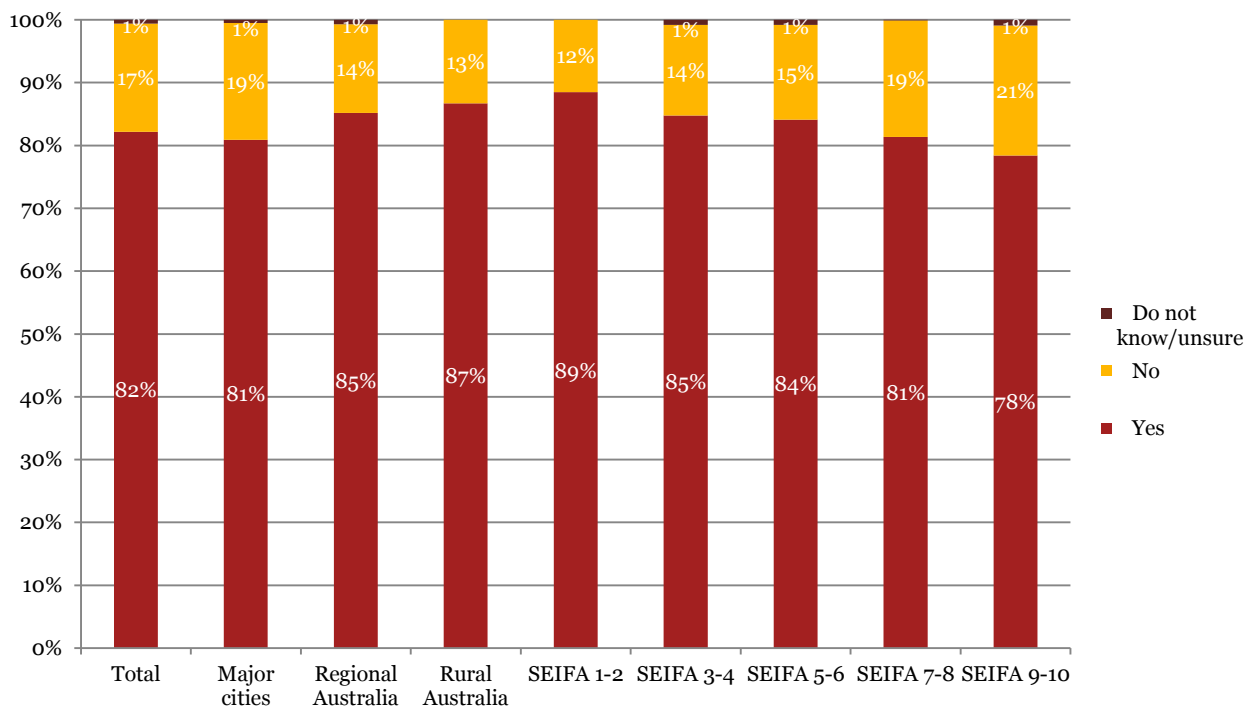


Figure 22: Q10. How many different pharmacies have you used in the last three months? (by age and gender)

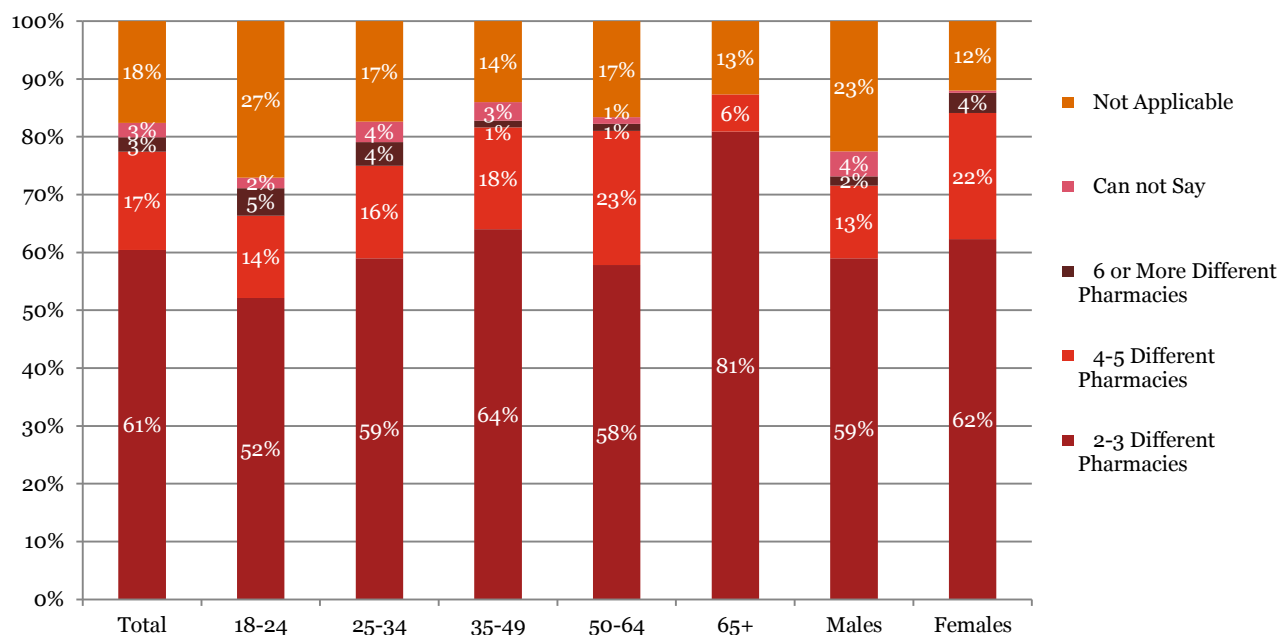
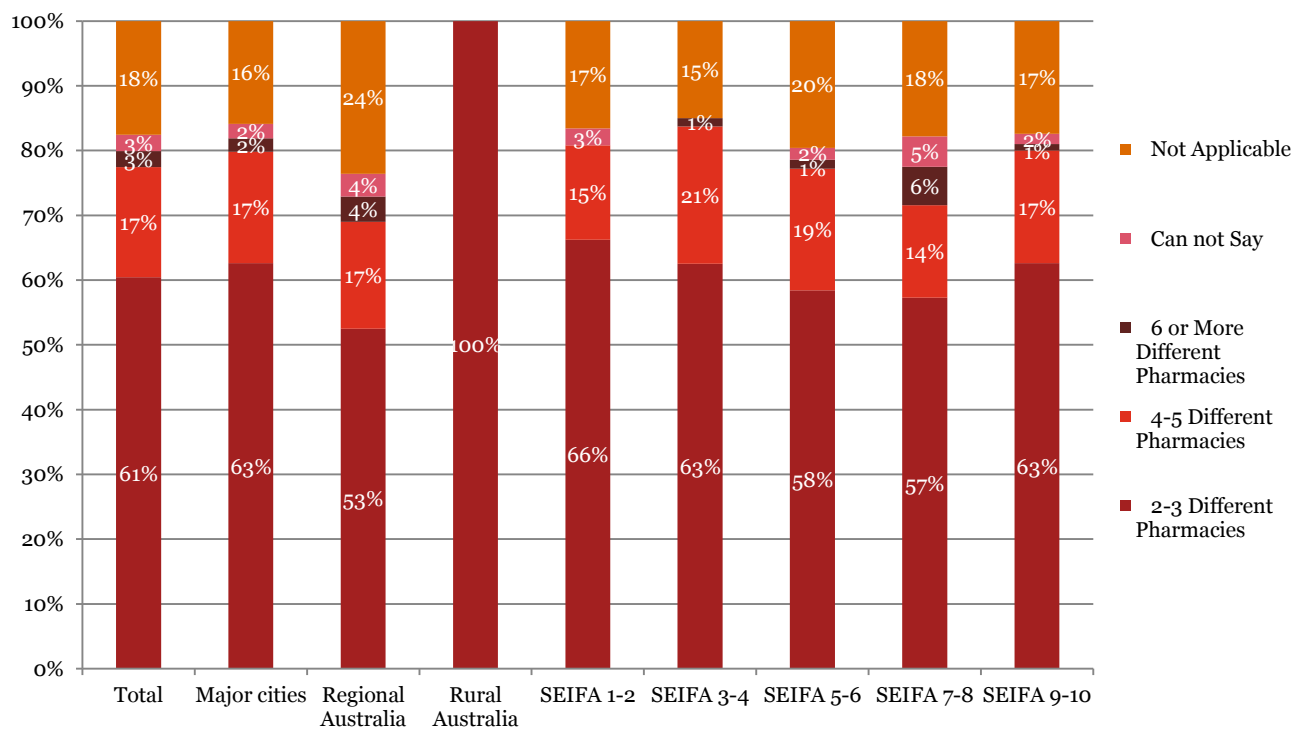


Figure 23: Q10. How many different pharmacies have you used in the last three months? (by location and SEIFA)



1.2.5 Type of pharmacies accessed

Figure 24: Q9. What type of pharmacy is your usual pharmacy? (by age and gender)

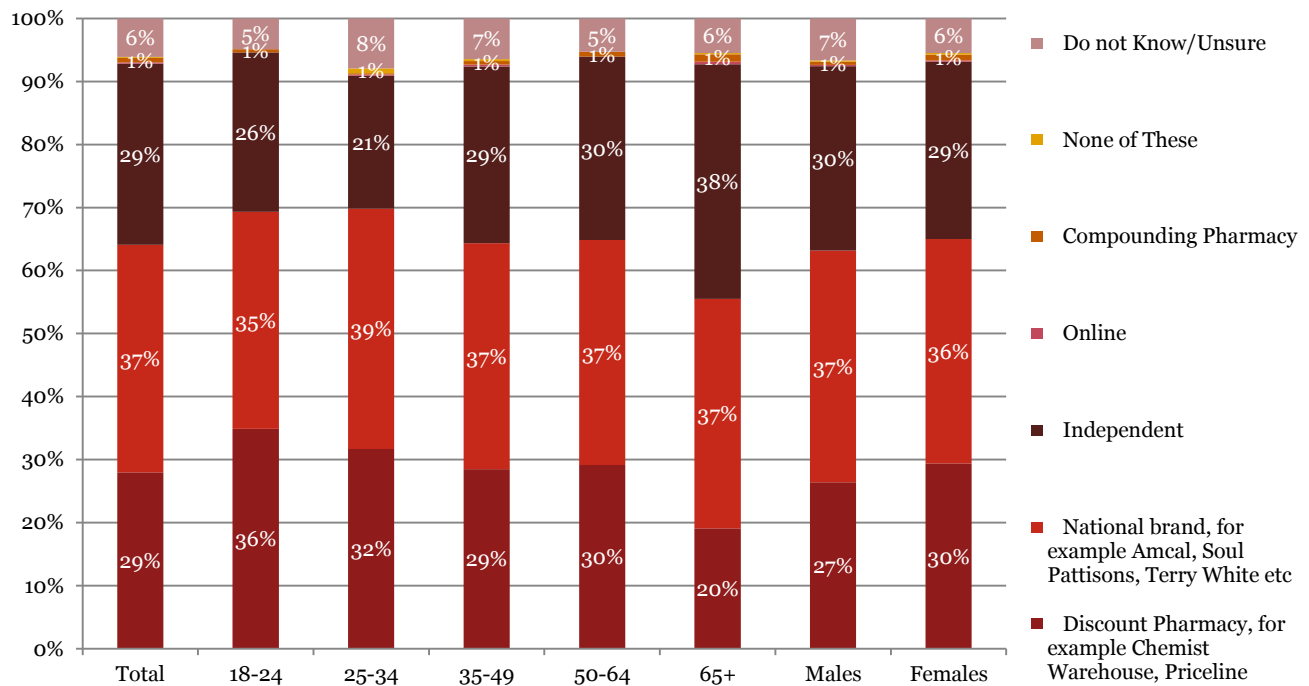
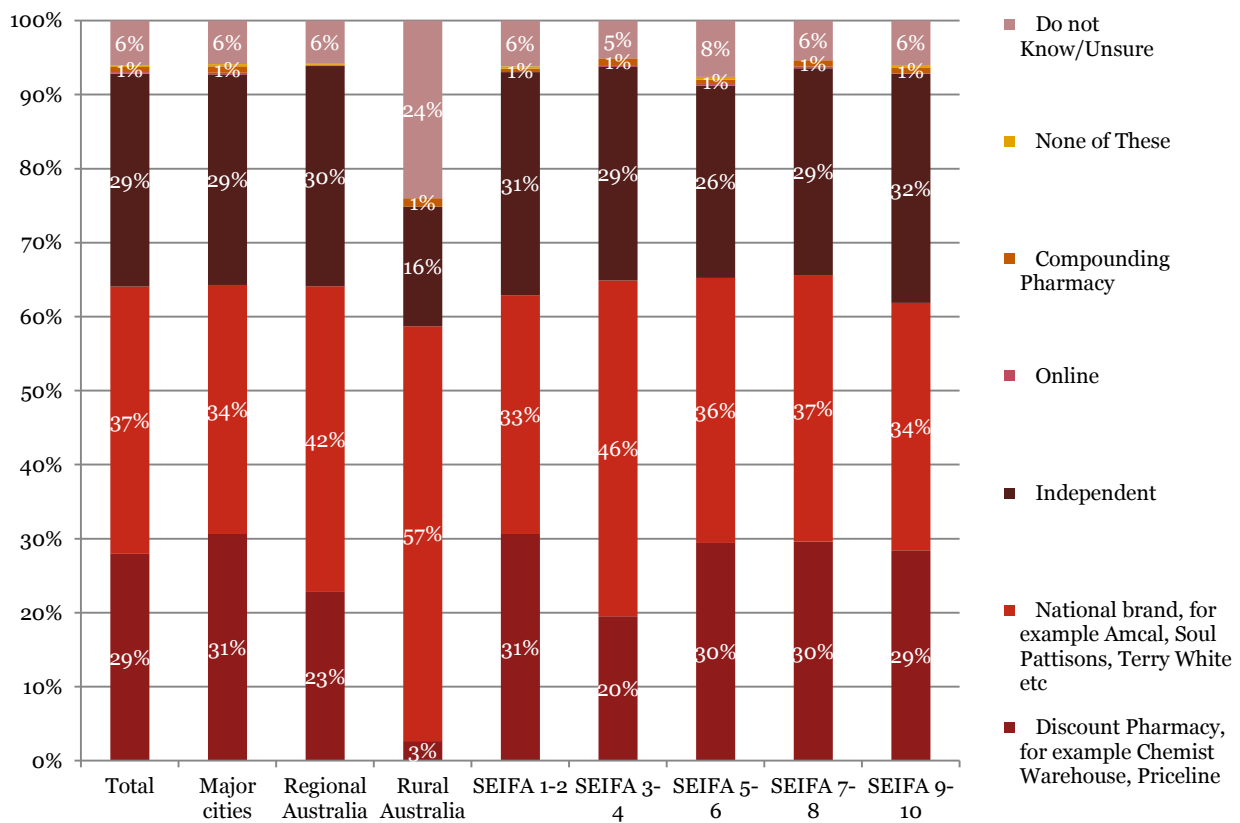


Figure 25: Q9. What type of pharmacy is your usual pharmacy? (by location and SEIFA)



1.3 What are participants are using pharmacy for?

1.3.1 An overview of what participants are using pharmacy for

Figure 26: Q6. Currently using a pharmacy for -select all that apply (by age and gender)

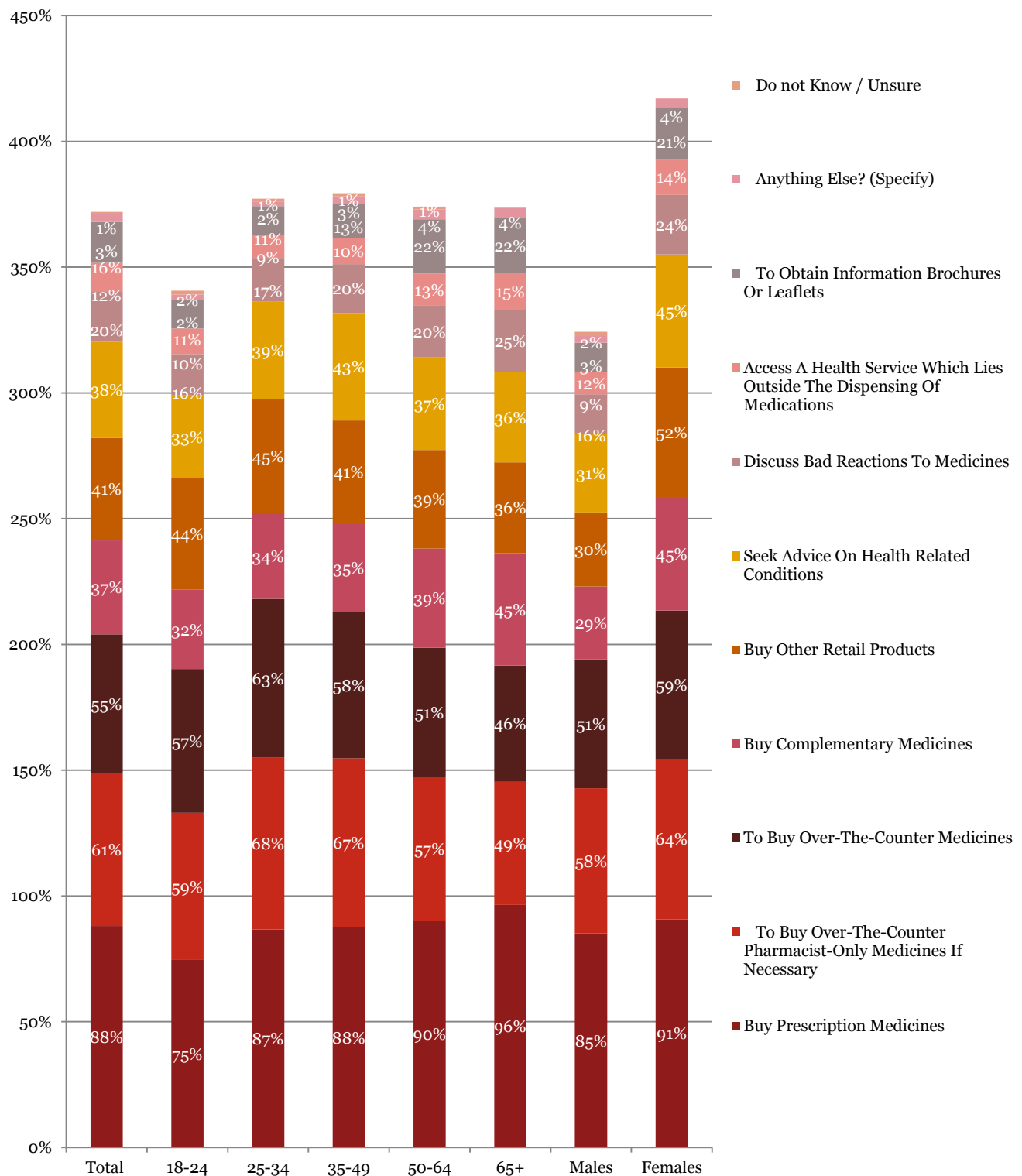
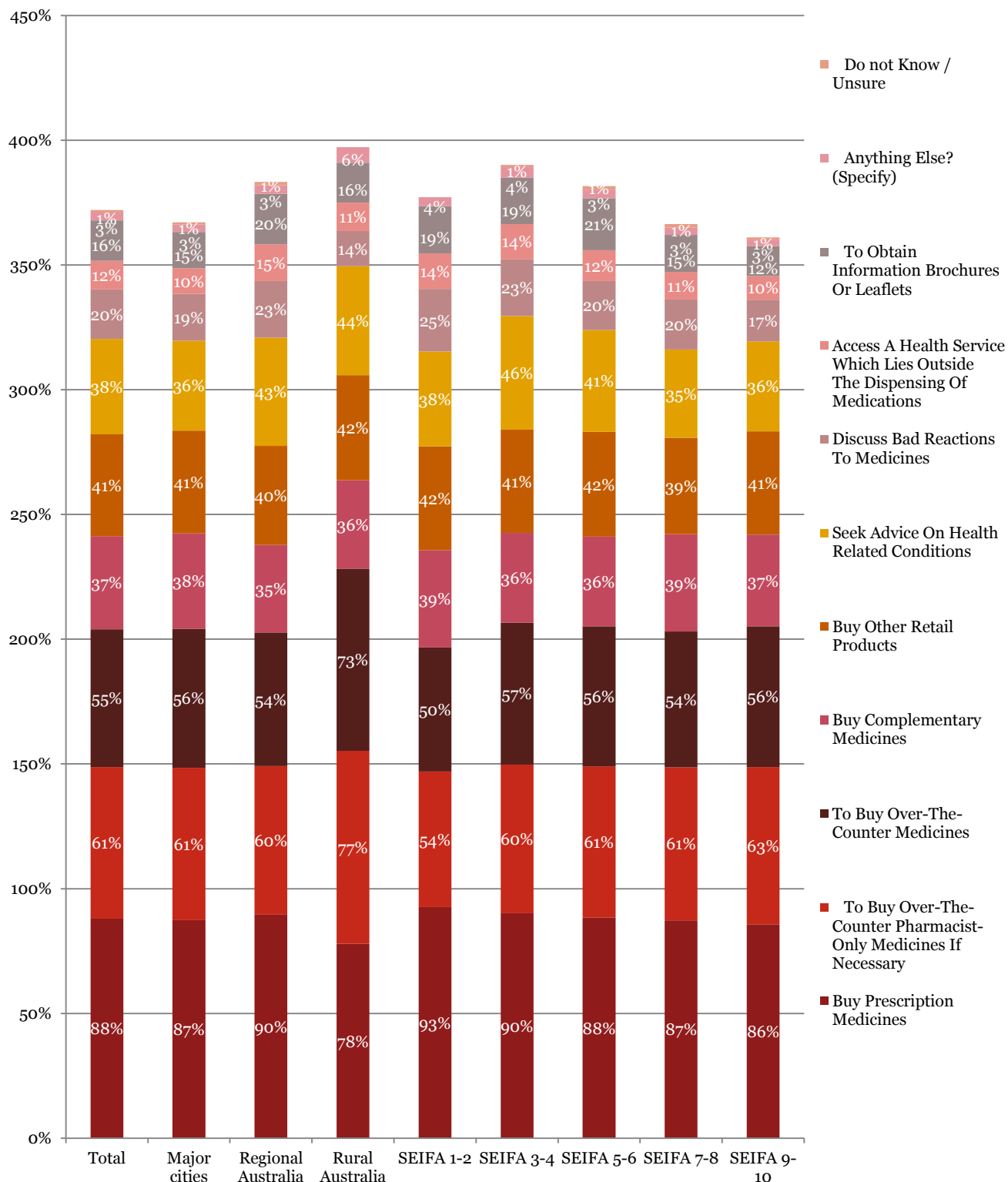


Figure 27: 6. Currently using a pharmacy for -select all that apply (by location and SEIFA)



1.3.2 Prescription medicines

Do participants expect to be offered a cheaper alternative on prescription medications is one is available?

Figure 28: Q19. Expects cheaper alternative to prescription medicines? (by age and gender)

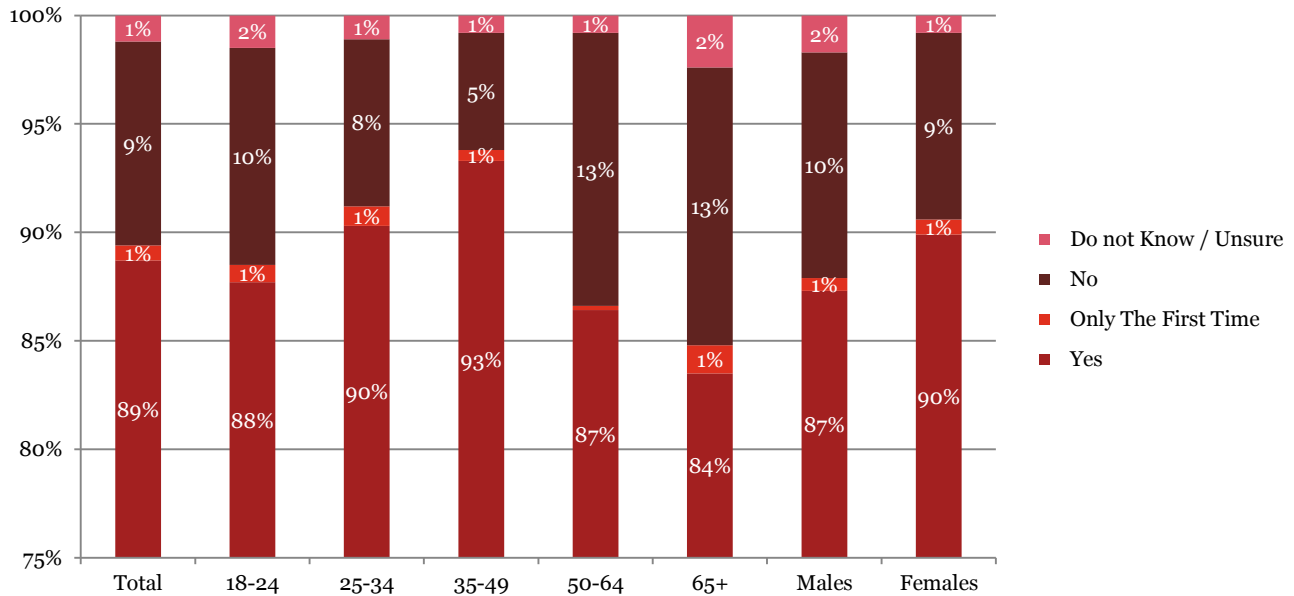
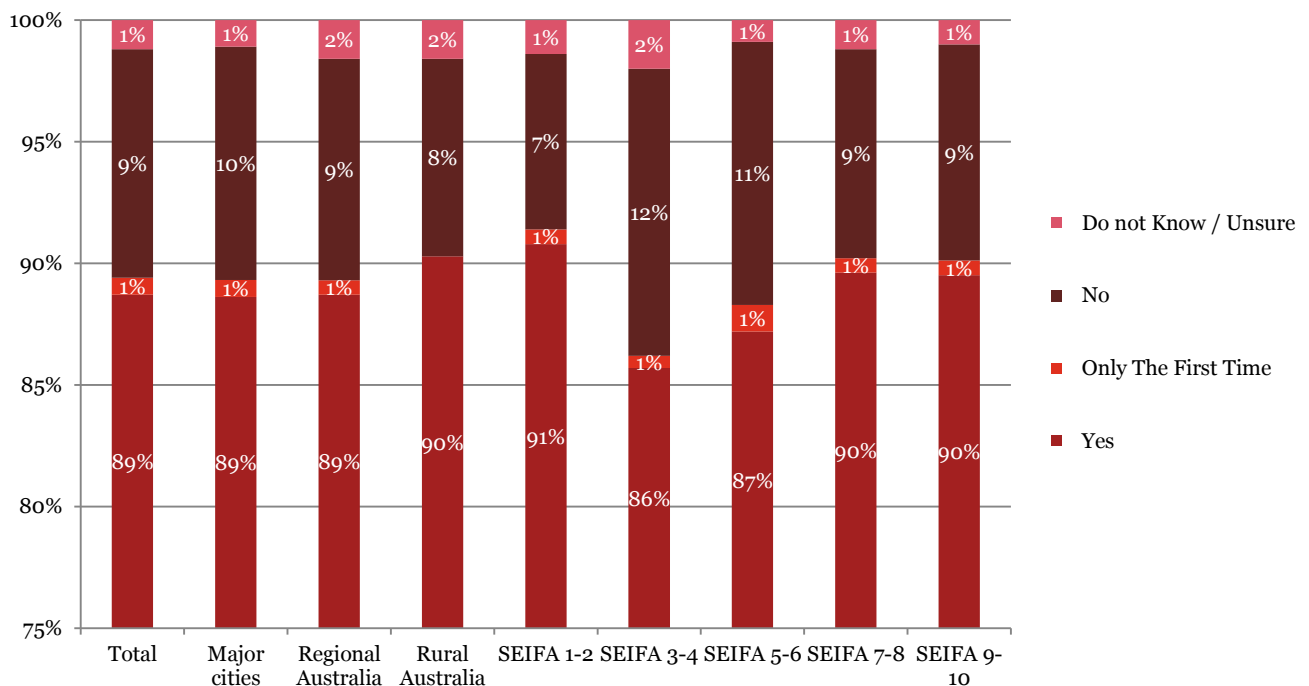


Figure 29: Q19. Expects cheaper alternative to prescription medicines? (by location and SEIFA)



Do participants expect their pharmacist to give them advice on their prescription medicines even when they don't ask for it?

Figure 30: Q35A. Do you expect your pharmacist advice even if you don't ask for it on prescription medicines? (by age and gender)

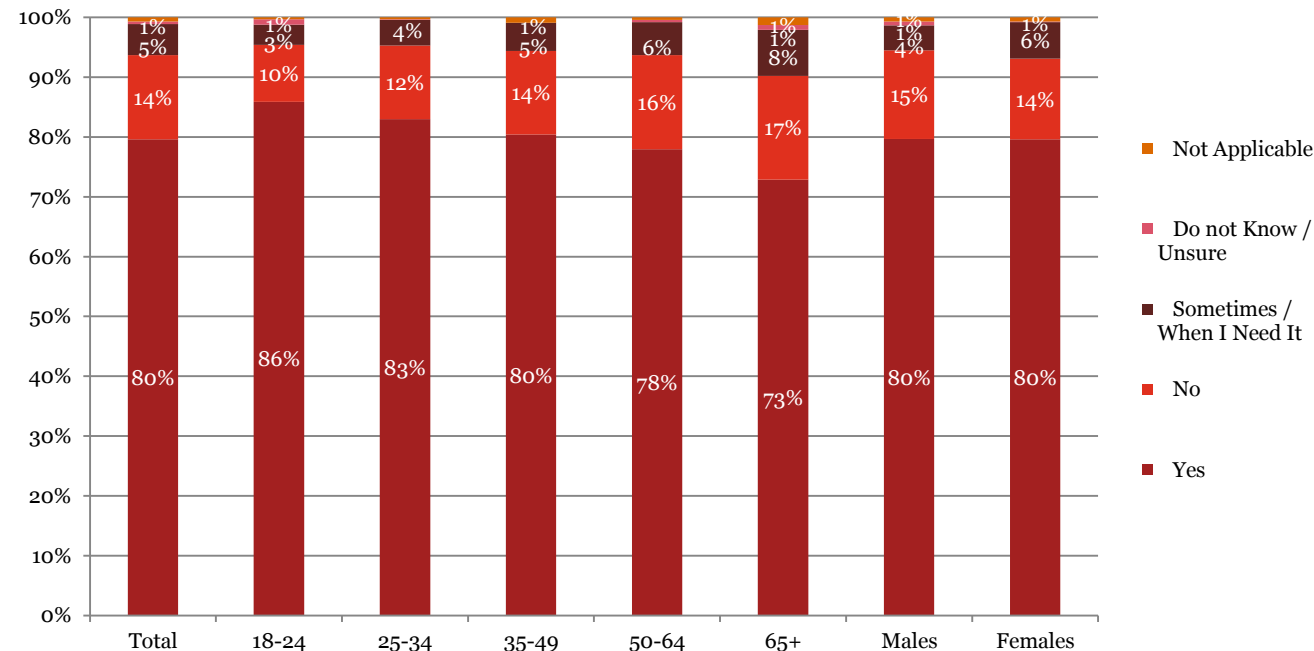
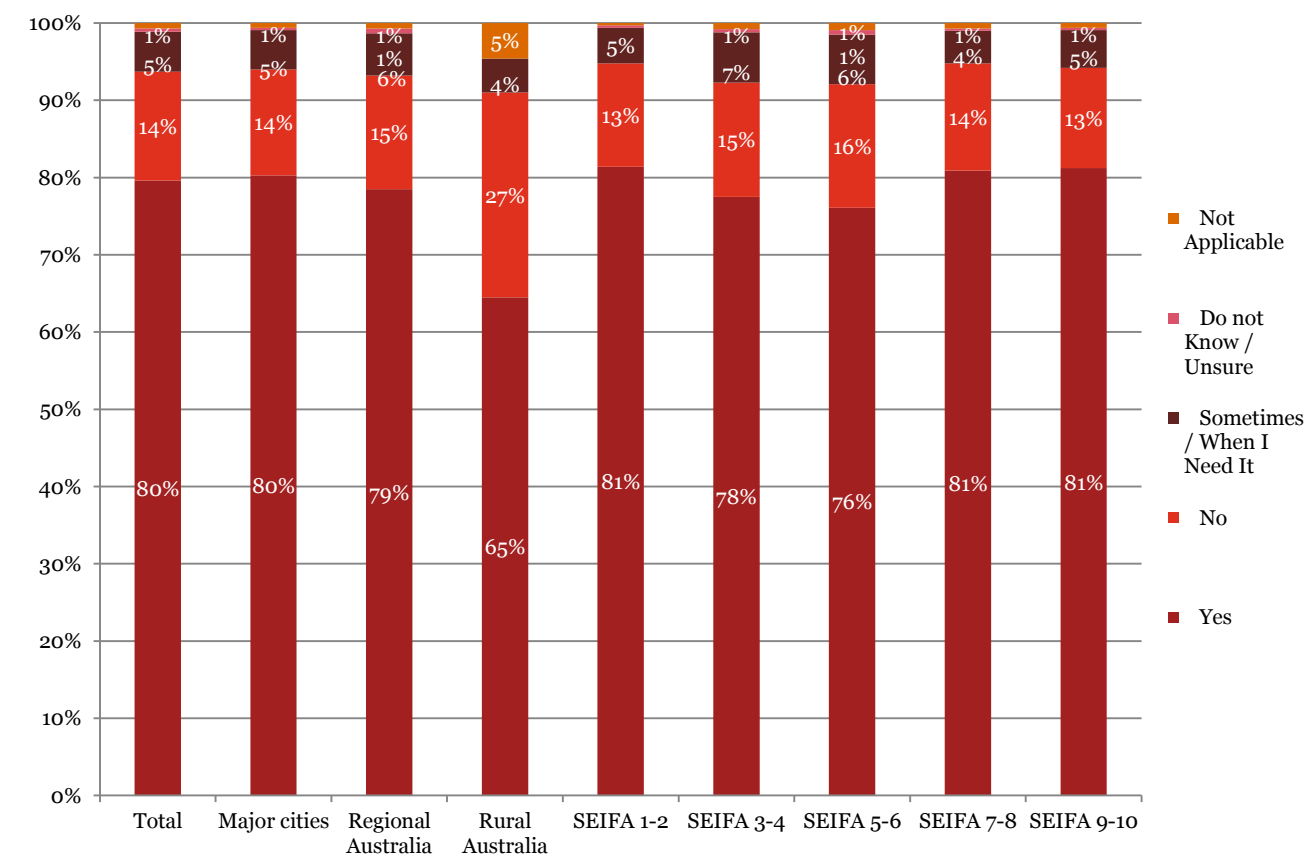


Figure 31: Q35A. Do you expect your pharmacist advice even if you don't ask for it on prescription medicines? (by location and SEIFA)



In general, do participants receive advice on prescription medicines from their pharmacist when they visit a pharmacy?

Figure 32: Q31A. In general, when you visit a pharmacy does the pharmacist provide you with advice on prescription medicines? (by age and gender)

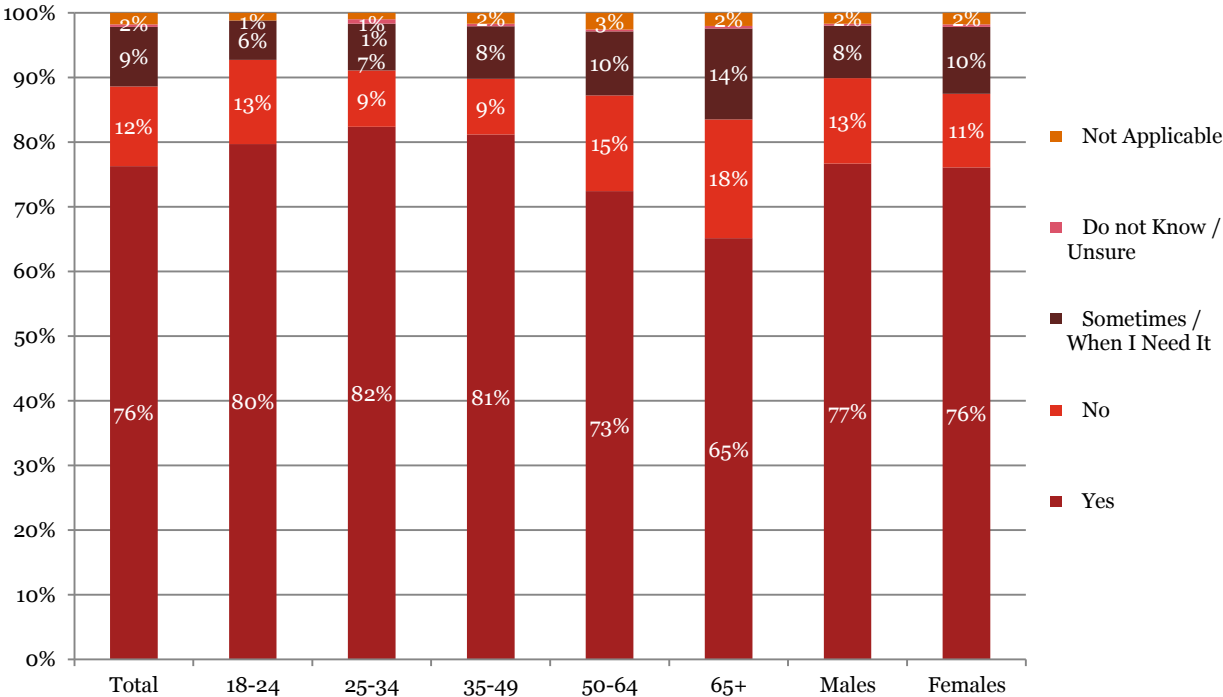
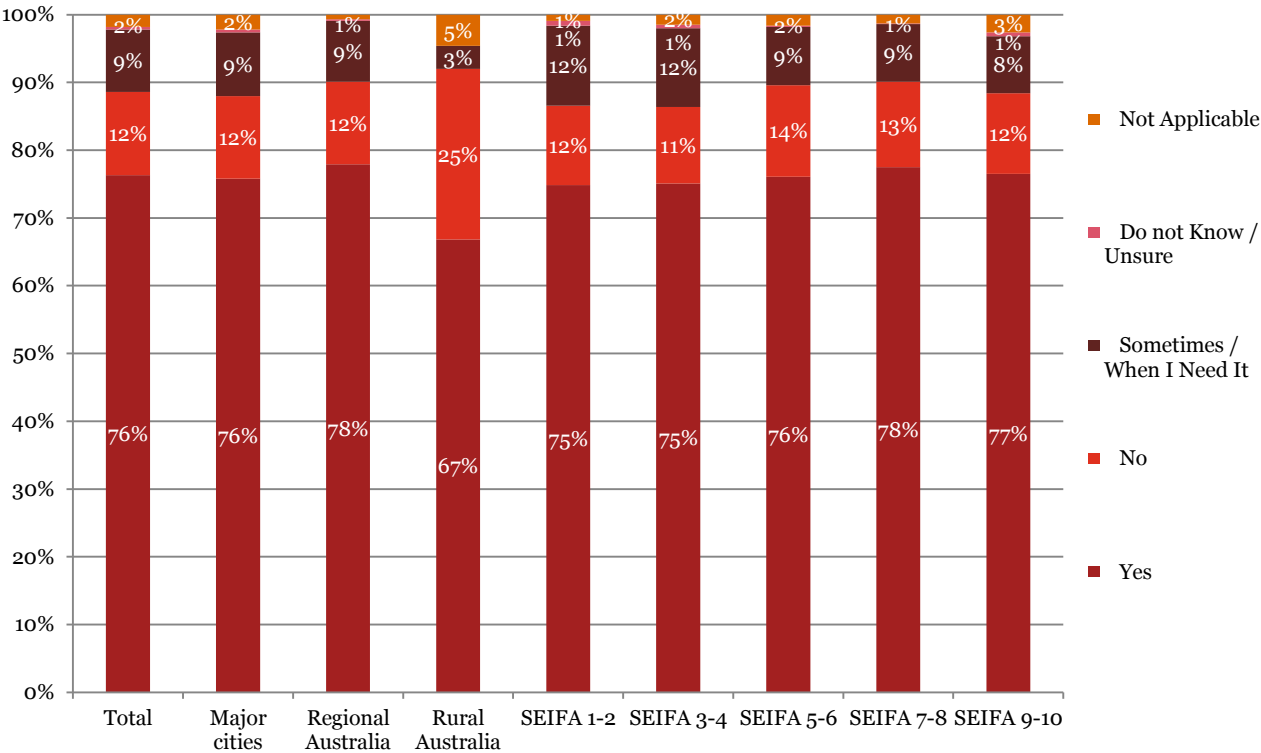


Figure 33: Q31A. In general, when you visit a pharmacy does the pharmacist provide you with advice on prescription medicines? (by location and SEIFA)



Do participants generally follow the pharmacist's advice on prescription medicines?

Figure 34: Q32A. Generally, do you follow the advice your pharmacist gives you on prescription medicines? (by age and gender)

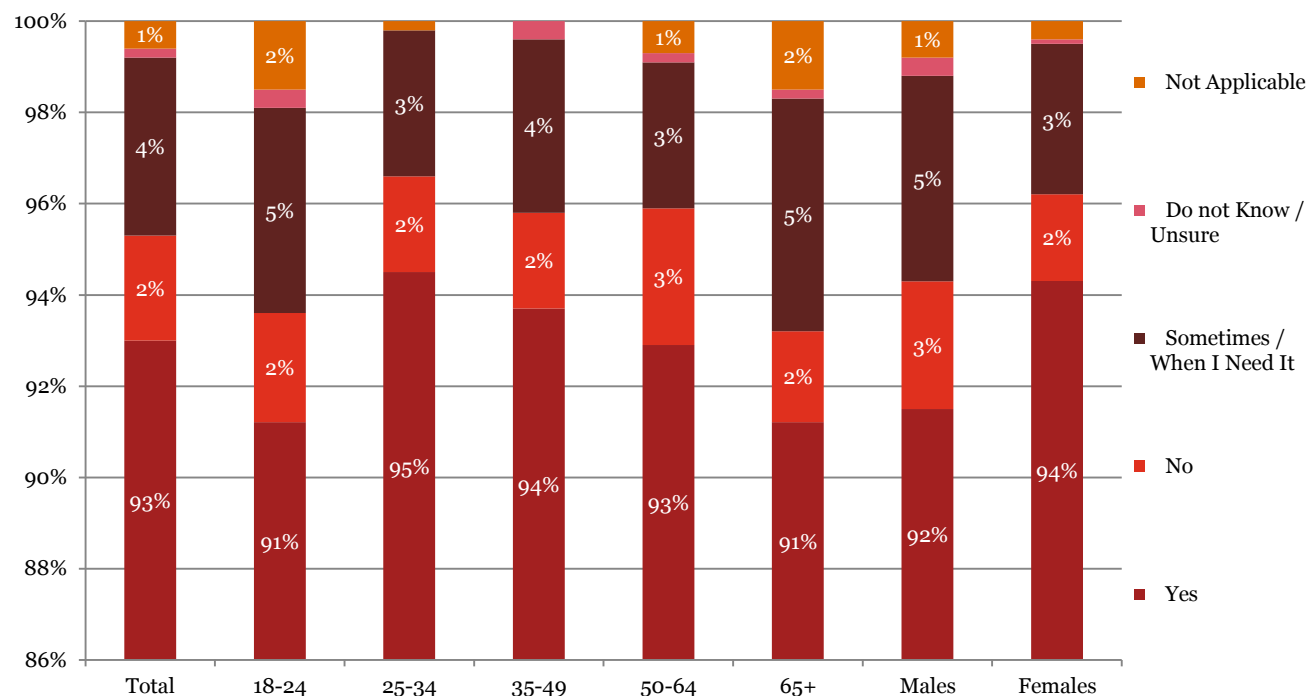


Figure 35: Q32A. Generally, do you follow the advice your pharmacist gives you on prescription medicines? (by location and SEIFA)

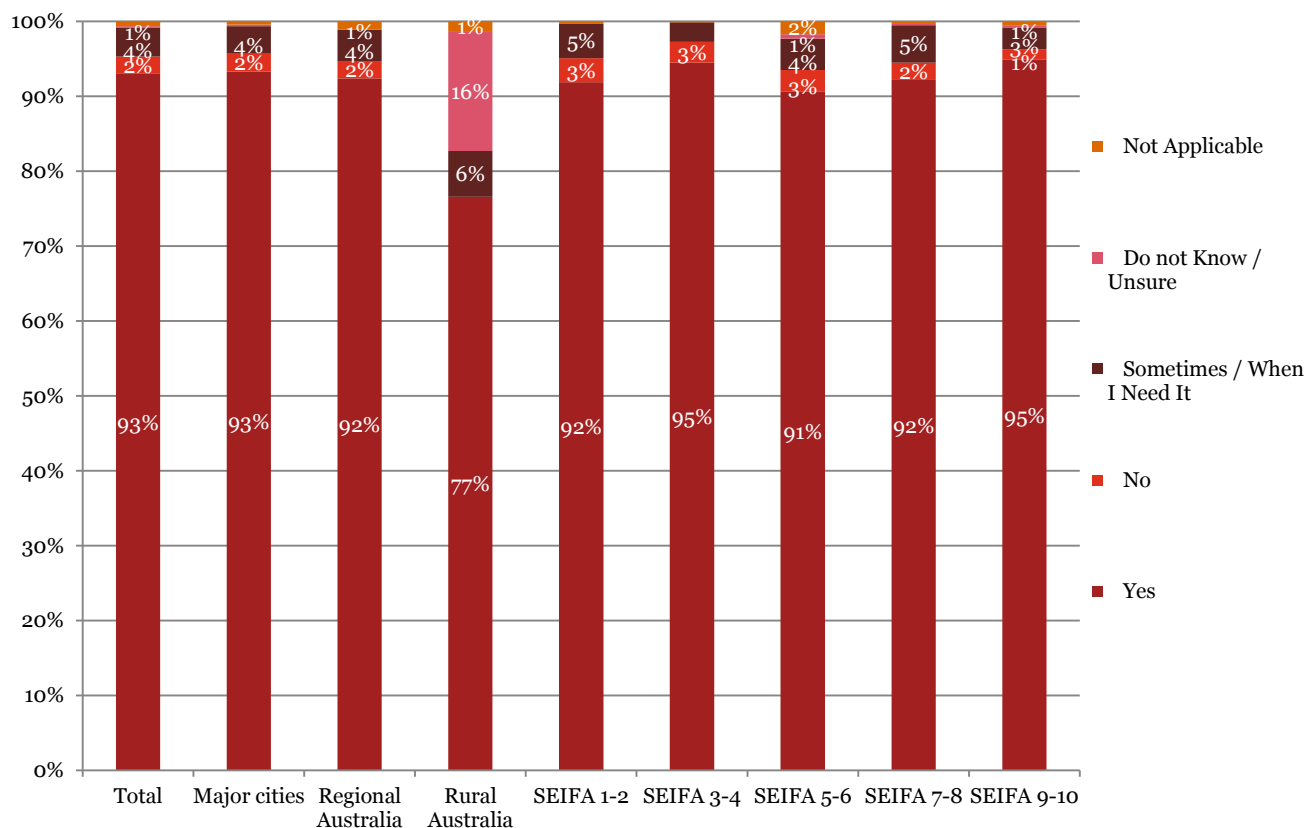


Figure 36: Q33A. Why do you choose not to follow the advice your pharmacist gave on prescription medicines? (by age and gender)

Q33A. Why do you choose not to follow the advice your pharmacist gave you on Prescription Medications?	Total	18-24	25-34	35-49	50-64	65+	Males	Females
I do not Believe They Are Qualified	0%	1%	0%	0%	0%	0%	1%	0%
I do not Believe They Know That Type Of Information	0%	0%	0%	0%	0%	0%	0%	0%
They do not Know My Health Condition Or Past Medical History	0%	0%	1%	1%	1%	0%	0%	0%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	1%	1%	1%	1%	1%	1%	1%	1%
I Would Rather Ask My Doctor	3%	3%	3%	2%	4%	4%	3%	3%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	1%	0%	0%	0%	0%
The Advice They Give Me Was Different To What My Doctor Told Me	1%	1%	1%	1%	1%	1%	1%	1%
I do not Trust Their Advice	0%	1%	0%	0%	0%	1%	1%	0%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	0%	0%	1%	0%	0%	0%	0%
They Did not Give/ Offer Any Advice	0%	0%	0%	0%	0%	0%	0%	0%
I do not Need Their Advice/ I do not Need Any Advice/ I Have Never Asked For Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	0%
Like To Do My Own Research About Medications	0%	0%	0%	0%	0%	0%	0%	0%
They Give Conflicting Advice From My Doctor/ The Doctor Gave Different Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get A Second Opinion/ I Like To Get Advice From Somewhere Else	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get My Advice From A Health Care Professional/ Specialist	0%	1%	0%	0%	0%	0%	0%	0%
I will/ I Have Followed That Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/Advice	0%	0%	0%	0%	0%	0%	0%	0%

Q33A. Why do you choose not to follow the advice your pharmacist gave you on Prescription Medications?	Total	18-24	25-34	35-49	50-64	65+	Males	Females
I do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like Taking More Drugs/ Medications To Heal My Condition	0%	0%	0%	0%	0%	0%	0%	0%
I do not/ Rarely Use These Medicines	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	0%	1%	0%	0%	0%	0%	1%	0%

Figure 37: Q33A. Why do you choose not to follow the advice your pharmacist gave on prescription medicines? (by location and SEIFA)

Q33A. Why do you choose not to follow the advice your pharmacist gave you on Prescription Medications?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I do not Believe They Are Qualified	0%	0%	1%	0%	0%	0%	1%	0%	0%
I do not Believe They Know That Type Of Information	0%	0%	0%	0%	0%	0%	0%	0%	0%
They do not Know My Health Condition Or Past Medical History	0%	0%	0%	0%	0%	0%	0%	1%	1%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	1%	1%	1%	3%	1%	1%	2%	1%	1%
I Would Rather Ask My Doctor	3%	3%	3%	1%	3%	4%	3%	4%	2%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Advice They Give Me Was Different To What My Doctor Told Me	1%	1%	1%	0%	1%	1%	1%	1%	0%
I do not Trust Their Advice	0%	0%	0%	0%	0%	0%	0%	1%	0%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Did not Give/ Offer Any Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Need Their Advice/ I do not Need Any Advice/ I Have Never Asked For Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging Like To Do My Own Research About	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q33A. Why do you choose not to follow the advice your pharmacist gave you on Prescription Medications?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Medications									
They Give Conflicting Advice From My Doctor/ The Doctor Gave Different Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get A Second Opinion/ I Like To Get Advice From Somewhere Else	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get My Advice From A Health Care Professional/ Specialist	0%	0%	0%	0%	0%	0%	0%	0%	0%
I will/ I Have Followed That Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like Taking More Drugs/ Medications To Heal My Condition	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not/ Rarely Use These Medicines	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	0%	0%	1%	0%	1%	0%	0%	0%	0%

Do participants expect the pharmacy staff to give them advice on their prescription medicines even when they don't ask for it?

Figure 38: Q44A. Do you expect the pharmacy staff to give advice on your prescription medicines (by age and gender)

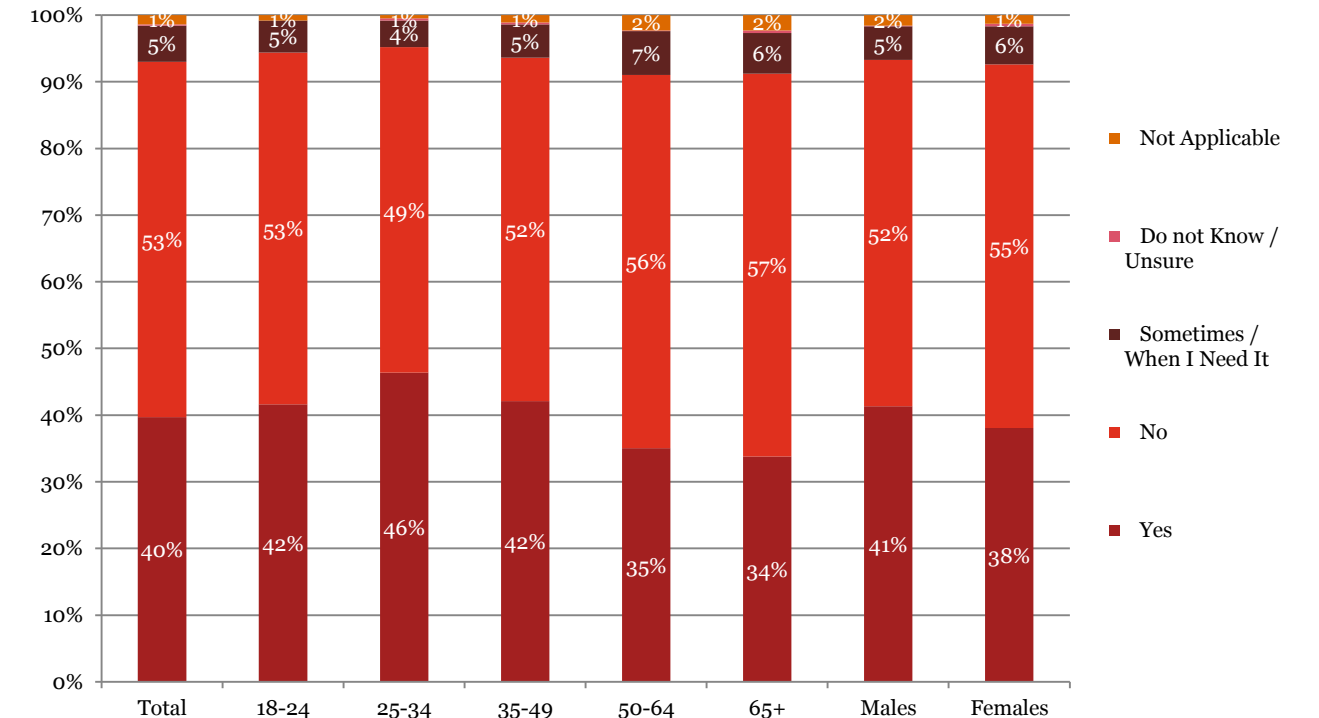
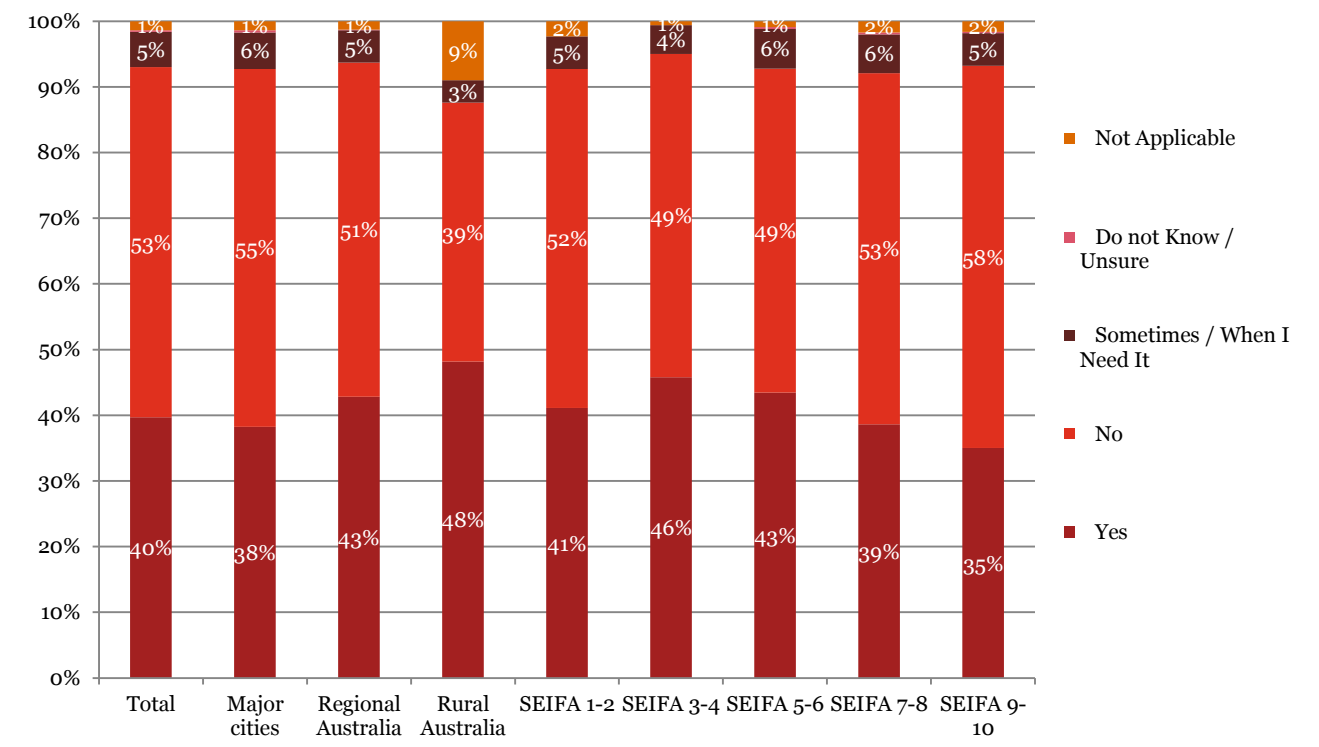
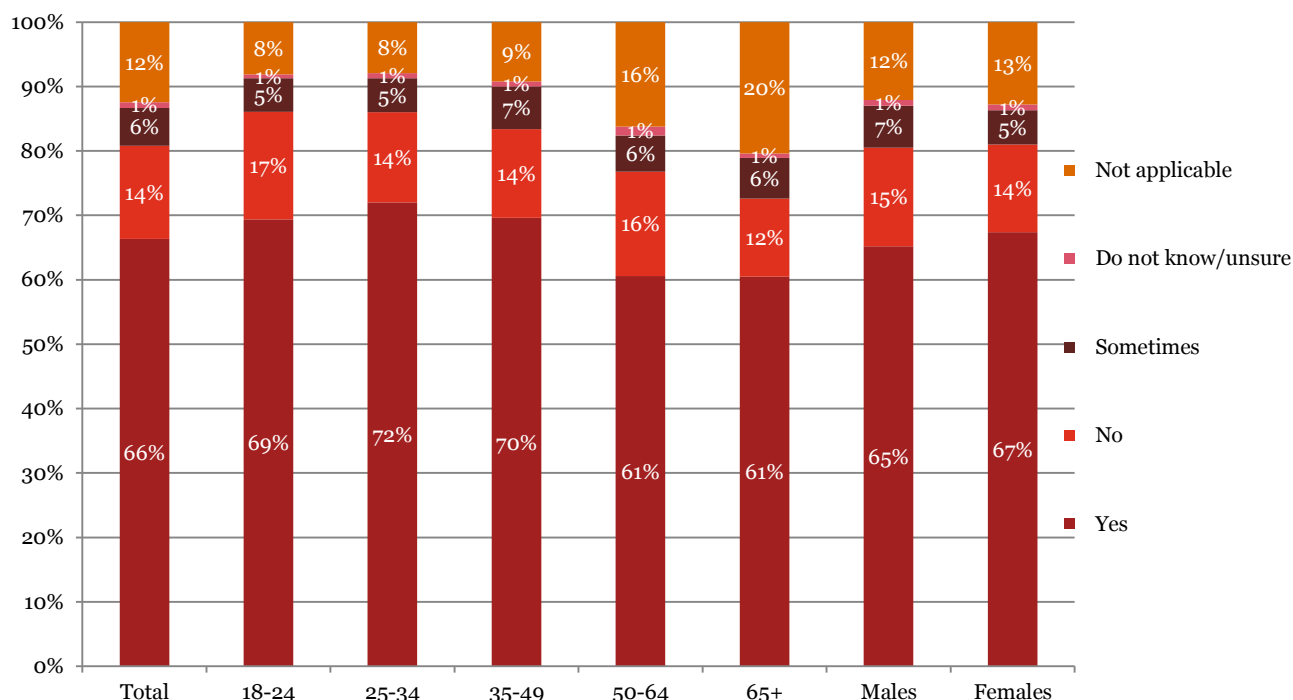


Figure 39: Q44A. Do you expect the pharmacy staff to give advice on your prescription medicines (by location and SEIFA)



Do participants generally follow the pharmacy staff's advice on prescription medicines?

Q41A. Generally, do you follow the advice that the pharmacy staff give you on prescription medicines? (by age and gender)



Q41A. Generally, do you follow the advice that the pharmacy staff give you on prescription medicines? (by location and SEIFA)

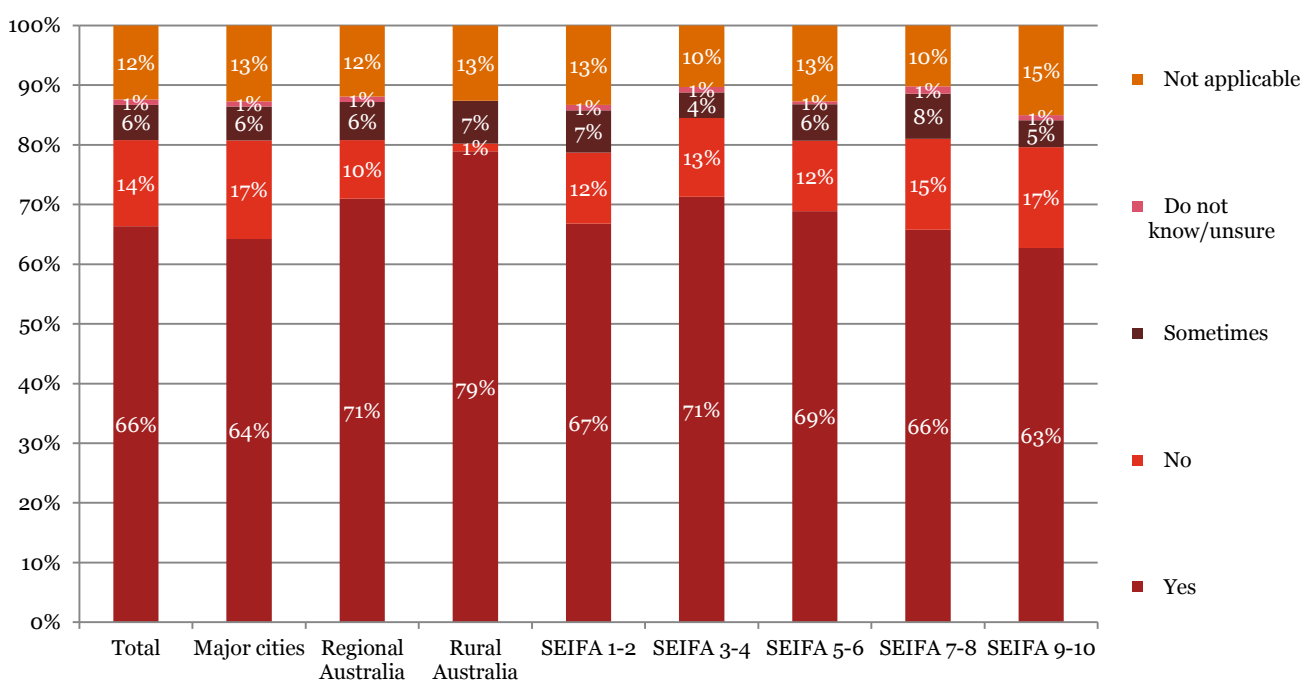


Figure 40: Q42A Why do you choose not to follow the advice the pharmacy staff gave you on prescription medicines? (by age and gender)

Q42A. Why do you choose not to follow the advice the pharmacy staff gave you on prescription medications?	Total	18-24	25-34	35-49	50-64	65+	Males	Females
I Do not Believe They Are Qualified	9%	10%	9%	10%	11%	7%	10%	9%
I Do not Believe They Know That Type Of Information	3%	2%	3%	2%	3%	2%	2%	3%
They Do not Know My Health Condition Or Past Medical History	0%	1%	0%	0%	0%	1%	0%	0%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	1%	1%	1%	2%	2%	1%	1%	2%
I Would Rather Ask My Doctor	5%	5%	6%	4%	6%	7%	7%	4%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%
I Do not Trust Their Advice	1%	1%	1%	1%	1%	1%	1%	2%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	1%	0%	1%	1%	0%	0%	1%
I Would Rather Ask The Pharmacist	4%	4%	4%	4%	3%	3%	4%	3%
They Did not Give/ Offer Any Advice	1%	1%	1%	1%	0%	1%	1%	1%
I Do not Need Their Advice/ I Do not Need Any Advice/ I Have Never Asked For Advice	0%	1%	0%	0%	0%	0%	1%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	0%
It is Not Applicable To Me/ It Was Not Appropriate For Me/ It Did Not Relate To Me	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/ Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%
They Are Too Young To Know Anything/ They Are Inexperience About These Things	0%	0%	0%	0%	0%	0%	0%	0%
They Are Just Trying To Push/ Sell Other Products	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	0%	1%	1%	1%	1%	1%
Do not Know / Unsure	1%	1%	0%	1%	1%	1%	1%	1%

Figure 41: Q42A Why do you choose not to follow the advice the pharmacy staff gave you on prescription medicines? (by location and SEIFA)

Q42A. Why do you choose not to follow the advice the pharmacy staff gave you on prescription medications?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I Do not Believe They Are Qualified	9%	11%	6%	3%	8%	7%	8%	10%	12%
I Do not Believe They Know That Type Of Information	3%	3%	2%	3%	3%	4%	2%	3%	3%
They Do not Know My Health Condition Or Past Medical History	0%	0%	0%	0%	0%	0%	0%	0%	1%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	1%	2%	1%	0%	2%	1%	1%	2%	2%
I Would Rather Ask My Doctor	5%	6%	5%	1%	6%	5%	6%	6%	4%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Do not Trust Their Advice	1%	1%	1%	0%	1%	1%	1%	2%	2%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	1%	0%	0%	1%	1%	0%	0%	0%
I Would Rather Ask The Pharmacist	4%	4%	4%	0%	4%	2%	3%	4%	4%
They Did not Give/ Offer Any Advice	1%	1%	1%	0%	1%	1%	1%	0%	1%
I Do not Need Their Advice/ I Do not Need Any Advice/ I Have Never Asked For Advice	0%	0%	0%	0%	0%	1%	0%	0%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	1%	0%
It is Not Applicable To Me/ It Was Not Appropriate For Me/ It Did Not Relate To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/ Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Are Too Young To Know Anything/ They Are Inexperience About These Things	0%	0%	0%	0%	1%	0%	0%	0%	0%
They Are Just Trying To Push/ Sell Other Products	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	0%	0%	1%	1%	1%	1%
Do not Know / Unsure	1%	1%	1%	1%	1%	0%	1%	1%	0%

How do participants prefer to receive information on their prescription medicines?

Figure 42: Q55A. How do you generally prefer to receive information on your prescription medicines? (by age and gender)

Q55A. How do you generally prefer to receive information on your Prescription Medications?	Total	18-24	25-34	35-49	50-64	65+	Males	Females
Through Talking With The Pharmacist	53%	56%	56%	56%	50%	49%	52%	54%
Through Talking With Other Pharmacy Staff	11%	12%	12%	12%	9%	8%	10%	12%
Through Reading A Pamphlet Or Information Leaflet That I Pick Up From The Pharmacy	17%	18%	16%	19%	17%	14%	15%	19%
Through Reading Written Information Given To Me Directly By The Pharmacist Or Pharmacy Staff	18%	12%	15%	19%	20%	17%	15%	20%
Through My GP Or Another Health Professional	39%	35%	35%	39%	41%	47%	42%	37%
Through Researching On The Internet	5%	6%	6%	4%	5%	3%	5%	4%
Email (From Who Unspec)	2%	6%	2%	1%	1%	0%	2%	1%
Label On The Packaging/ Information That Comes With It/ Inside The Box	3%	1%	2%	3%	4%	1%	3%	2%
Word Of Mouth/ Ask Family Or Friends	0%	0%	0%	0%	0%	0%	0%	0%
Ask/ Verbally/ Face To Face (Unspec Who)	1%	2%	0%	1%	1%	0%	1%	1%
Other (Specify)	3%	7%	3%	3%	1%	2%	3%	3%
Do not Know / Unsure	2%	2%	4%	2%	1%	2%	3%	2%

Figure 43: Q55A. How do you generally prefer to receive information on your prescription medicines? (by location and SEIFA)

Q55A. How do you generally prefer to receive information on your Prescription Medications?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Through Talking With The Pharmacist	53%	53%	55%	58%	50%	57%	53%	52%	54%
Through Talking With Other Pharmacy Staff	11%	10%	13%	21%	8%	15%	15%	9%	9%
Through Reading A Pamphlet Or Information Leaflet That I Pick Up From The Pharmacy	17%	16%	19%	6%	18%	20%	16%	14%	19%
Through Reading Written Information Given To Me Directly	18%	16%	22%	6%	18%	20%	19%	17%	16%

Q55A. How do you generally prefer to receive information on your Prescription Medications?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
By The Pharmacist Or Pharmacy Staff									
Through My GP Or Another Health Professional	39%	40%	37%	42%	41%	37%	39%	39%	41%
Through Researching On The Internet	5%	5%	4%	3%	4%	5%	4%	5%	5%
Email (From Who Unspec)	2%	2%	1%	0%	1%	1%	1%	2%	2%
Label On The Packaging/ Information That Comes With It/ Inside The Box	3%	3%	2%	0%	4%	2%	2%	2%	3%
Word Of Mouth/ Ask Family Or Friends	0%	0%	0%	0%	0%	0%	1%	0%	0%
Ask/ Verbally/ Face To Face (Unspec Who)	1%	1%	1%	0%	0%	0%	0%	1%	1%
Other (Specify)	3%	3%	2%	1%	3%	2%	2%	3%	3%
Do not Know / Unsure	2%	3%	2%	8%	1%	2%	3%	2%	3%

1.3.3 Over the counter medicines

When participants need OTC medicines, how often do they purchase them from a pharmacy?

Figure 44: Q22A. Frequency of purchasing OTC medicines from pharmacy? (by age and gender)

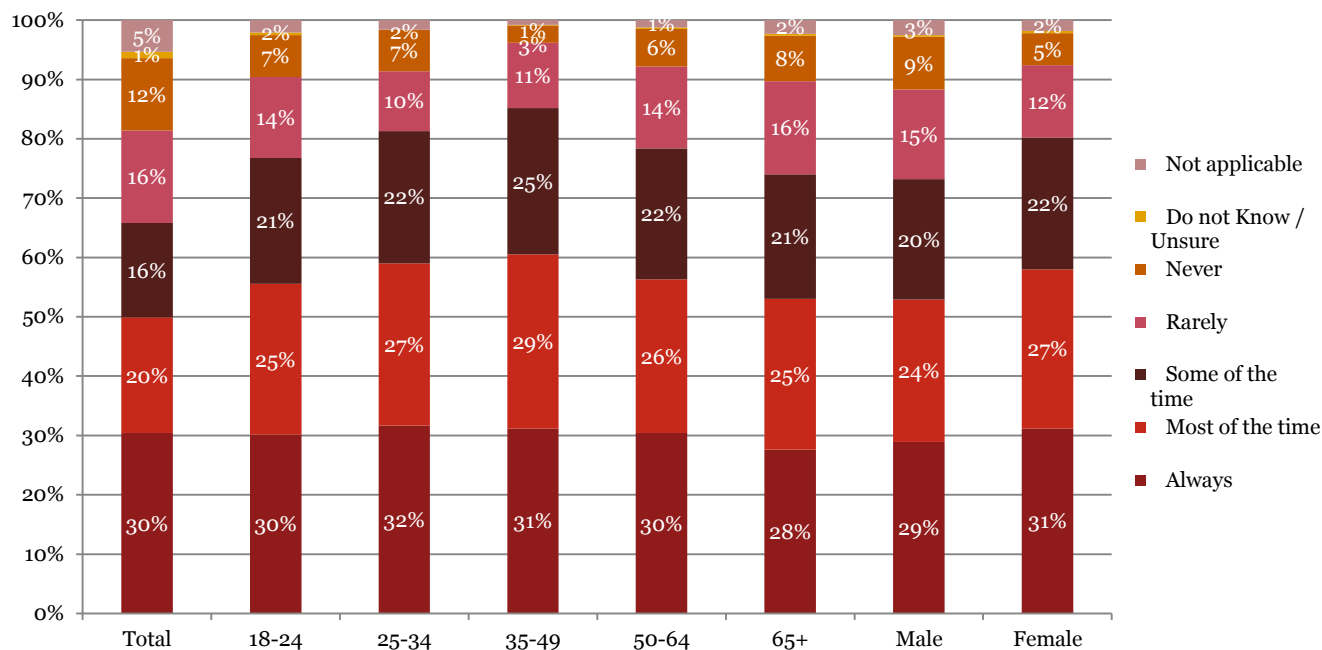
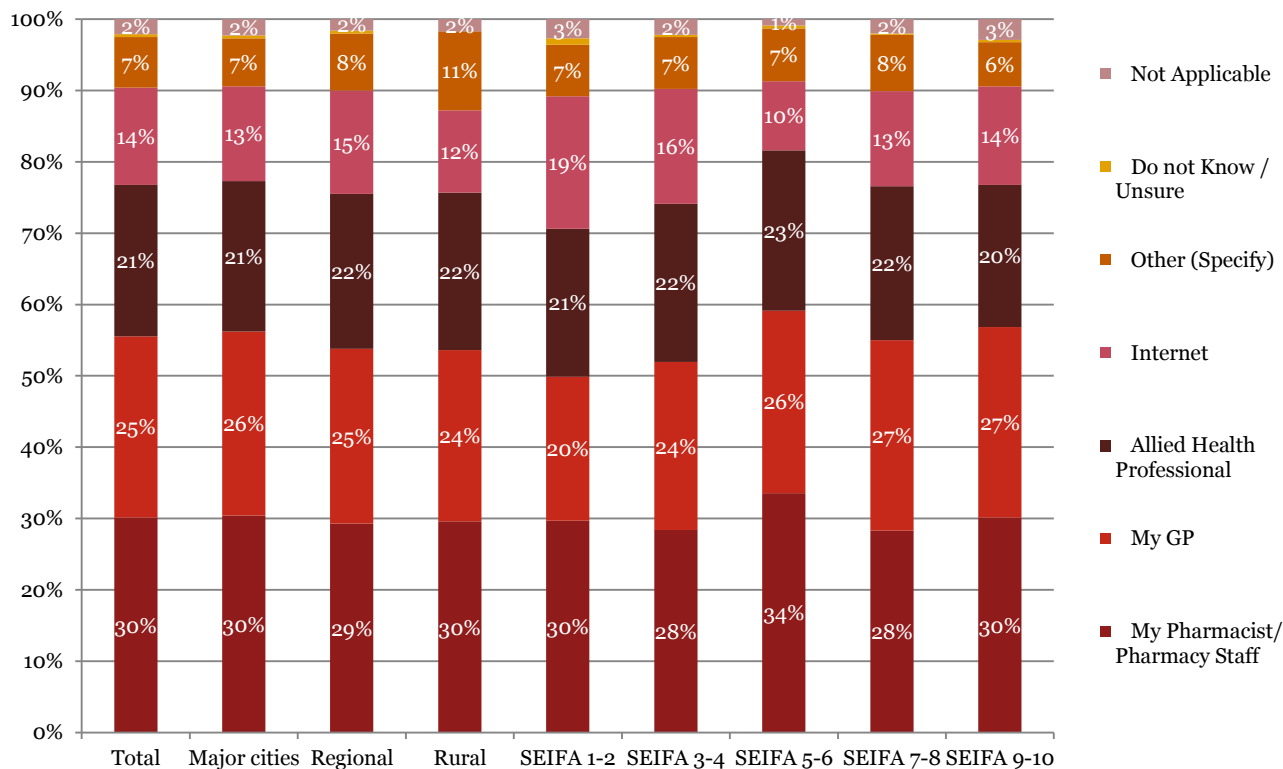


Figure 45: Q22A. Frequency of purchasing OTC medicines from pharmacy? (by location and SEIFA)



If not purchased from a pharmacy, where do participants purchase their OTC medicines?

Figure 46: Q22. If not from a pharmacy, where do you purchase your OTC medicines? (by age and gender)

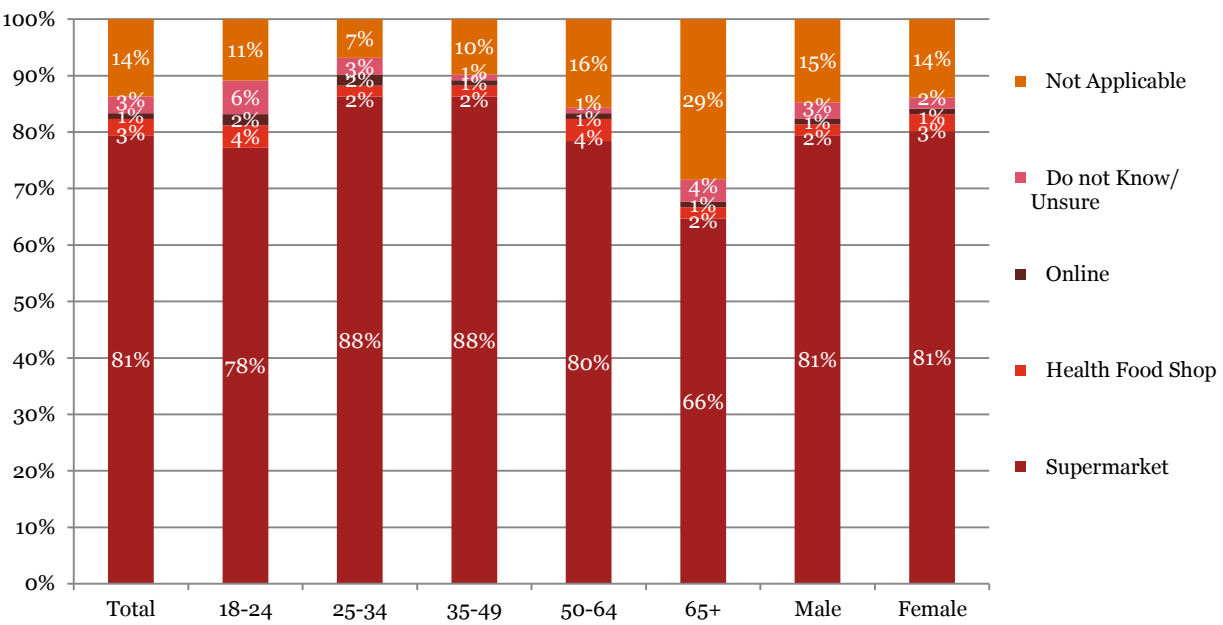


Figure 47: Q22. If not from a pharmacy, where do you purchase your OTC medicines? (by location and SEIFA)

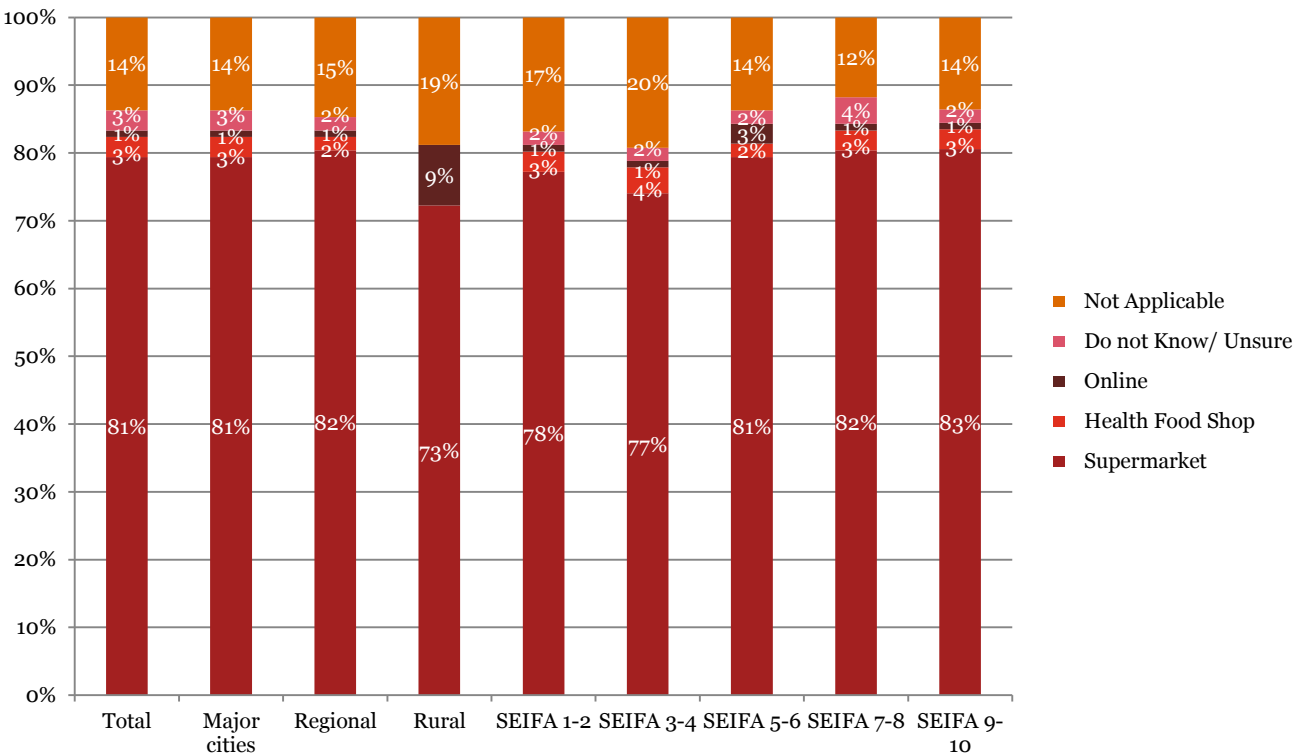


Figure 48: Q23B. Why do you purchase OTC medicines from a supermarket? (by age and gender)

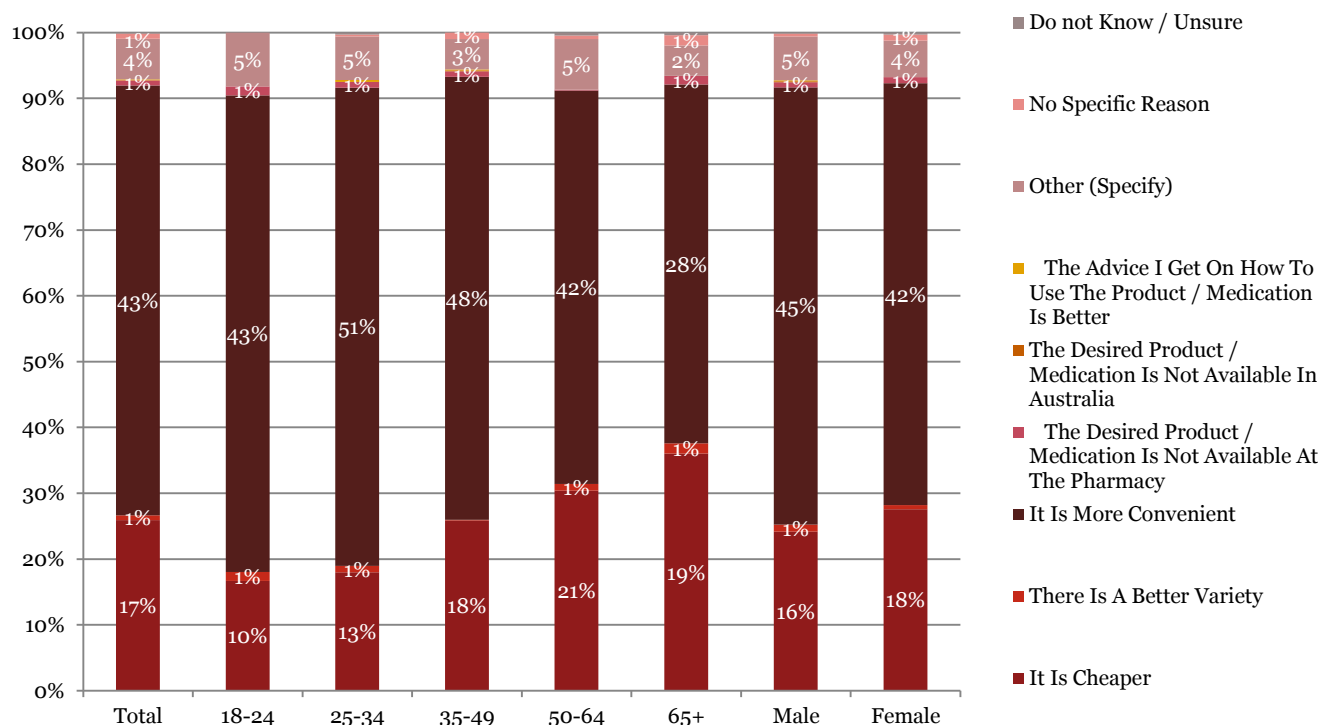


Figure 49: Q23B. Why do you purchase OTC medicines from a supermarket? (by location and SEIFA)

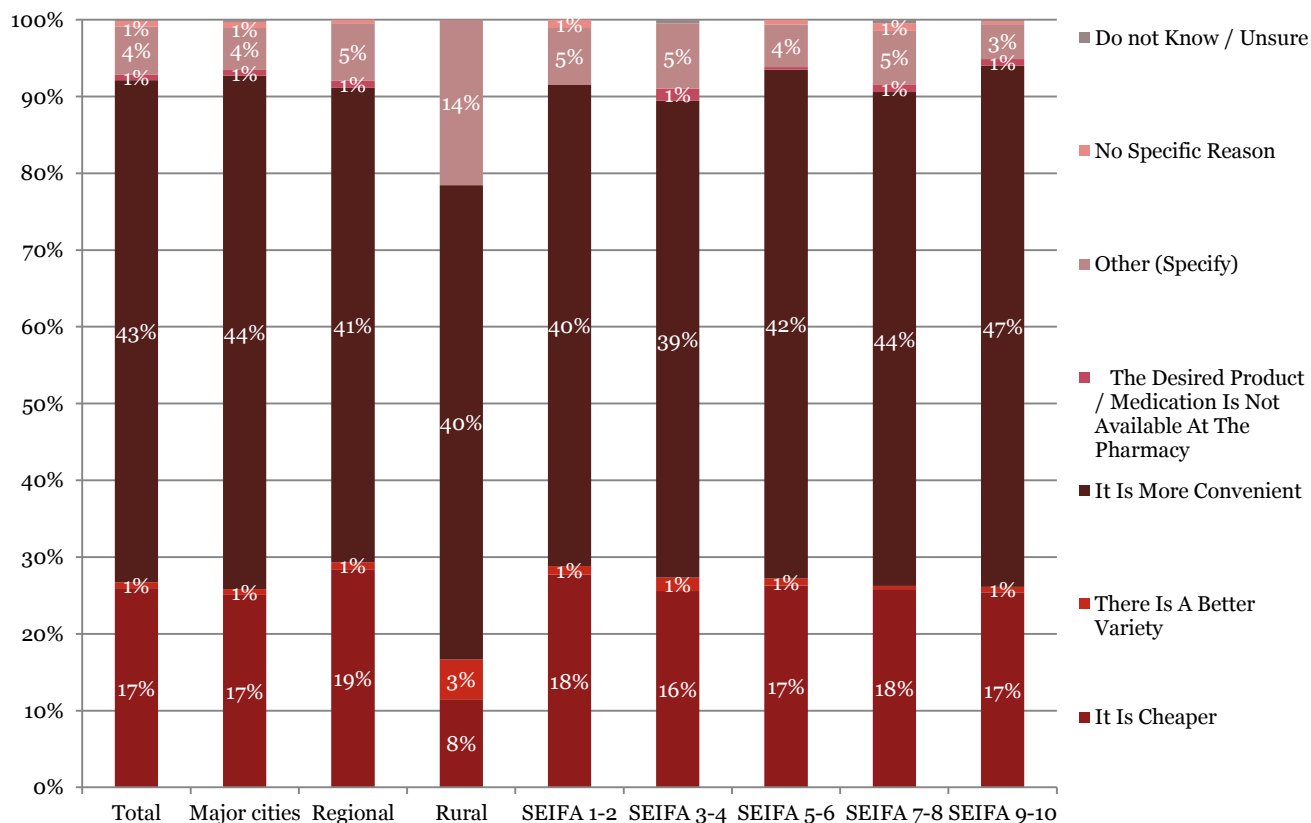


Figure 50: Q23C. Why do you purchase OTC medicines from a health food shop? (by age and gender)

Q23C. Why do you purchase over-the-counter medications from a health food shop?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
It Is Cheaper	0%	0%	0%	0%	0%	0%	0%	0%
There Is A Better Variety	0%	0%	0%	0%	0%	0%	0%	0%
It Is More Convenient	1%	2%	1%	0%	1%	0%	1%	1%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	0%	0%	0%	1%	0%	0%	1%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	1%	0%	0%
Other (Specify)	1%	0%	1%	1%	1%	1%	0%	1%
No Specific Reason	0%	0%	0%	0%	0%	0%	0%	0%
Do not Know / Unsure	0%	1%	0%	0%	0%	0%	0%	0%

Figure 51: Q23C. Why do you purchase OTC medicines from a health food shop?(by location and SEIFA)

Q23C. Why do you purchase over-the-counter medications from a health food shop?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
It Is Cheaper	0%	0%	0%	0%	0%	0%	0%	0%	0%
There Is A Better Variety	0%	0%	0%	0%	0%	1%	0%	0%	0%
It Is More Convenient	1%	0%	0%	0%	1%	1%	0%	1%	0%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	1%	1%	0%	0%	1%	0%	0%	0%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	1%	0%	0%	0%
Other (Specify)	1%	0%	0%	0%	0%	0%	1%	0%	1%
No Specific Reason	0%	0%	0%	0%	0%	0%	0%	0%	0%
Do not Know / Unsure	0%	0%	0%	0%	0%	0%	0%	0%	0%

Figure 52: Q23D. Why do you purchase over-the-counter medicines online? (by age and gender)

Q23D. Why do you purchase over-the-counter medications online?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
It Is Cheaper	1%	1%	1%	1%	0%	1%	1%	0%
There Is A Better Variety	0%	0%	0%	0%	0%	0%	0%	0%
It Is More Convenient	1%	1%	1%	1%	0%	0%	1%	1%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	0%	0%	0%	0%	0%	0%	0%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	0%	0%	0%	0%	0%	0%	0%	0%

Figure 53: Q23D. Why do you purchase over-the-counter medicines online? (by location and SEIFA)

Q23D. Why do you purchase over-the-counter medications online?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
It Is Cheaper	1%	0%	1%	3%	1%	1%	1%	0%	0%
There Is A Better Variety	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Is More Convenient	1%	1%	0%	3%	0%	0%	1%	0%	1%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	0%	0%	0%	0%	0%	0%	0%	0%	0%

Do participants expect to be offered a cheaper alternative for their OTC medicines if one is available?

Figure 54: Q22E. Expects to be offered cheaper alternative to OTC medicines? (by age and gender)

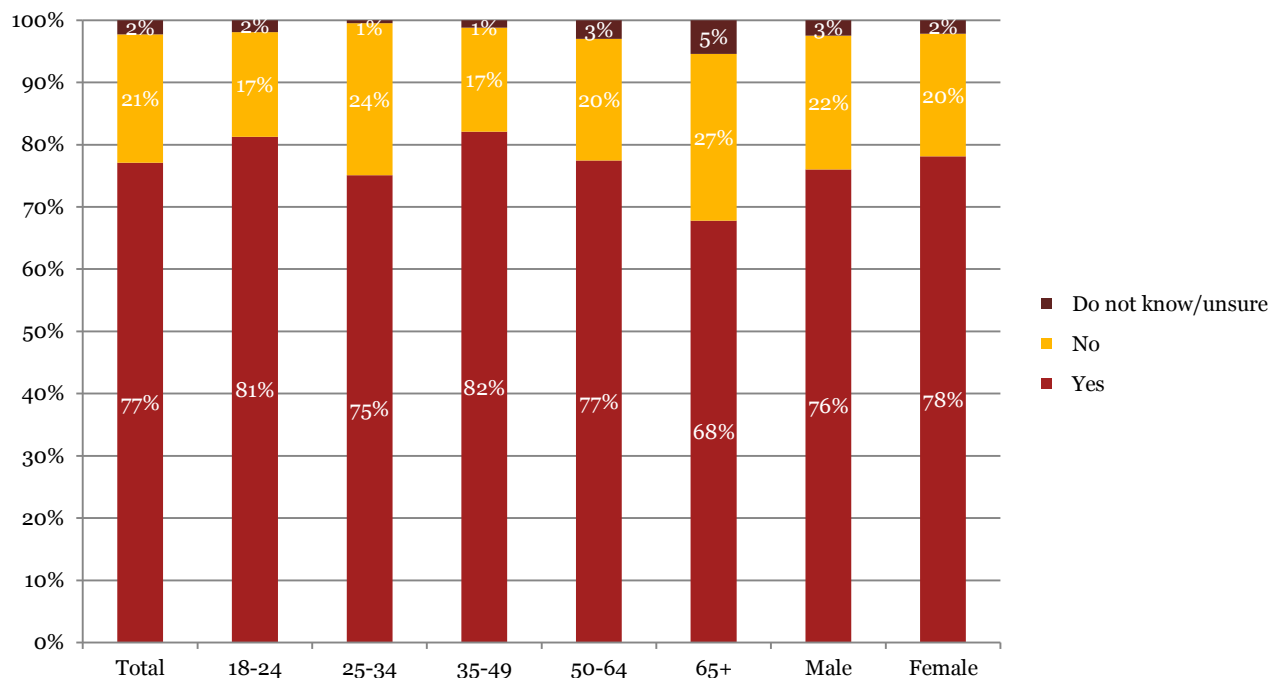
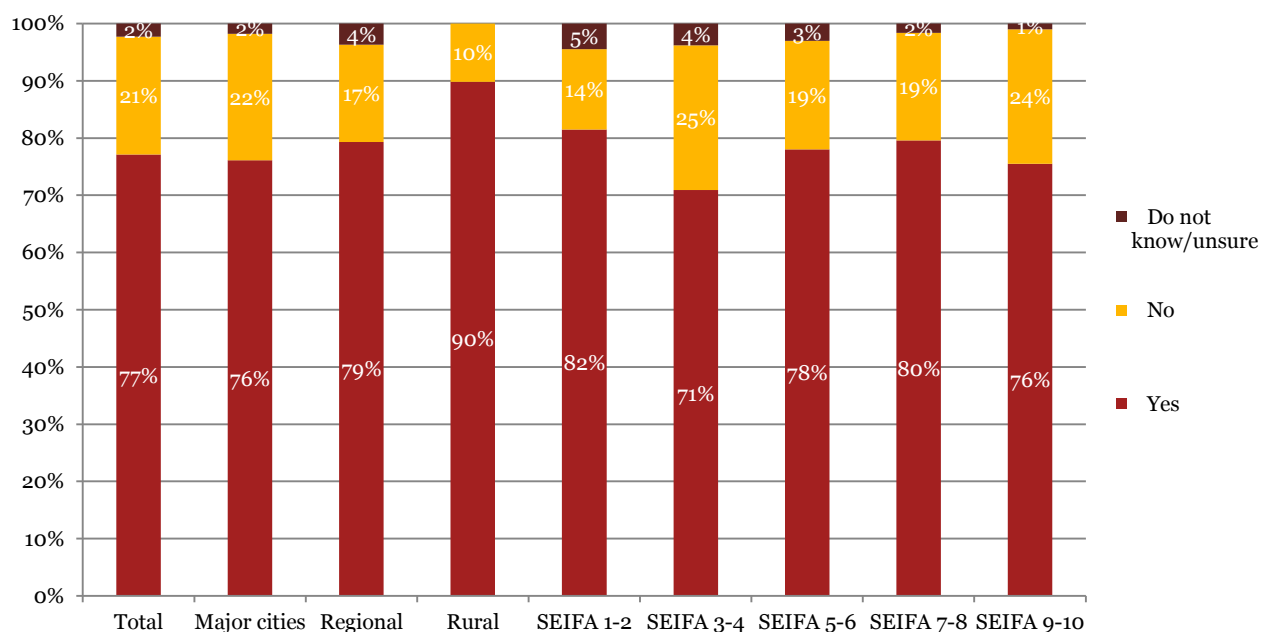


Figure 55: Q22E. Expects to be offered cheaper alternative to OTC medicines? (by location and SEIFA)



Do participants expect their pharmacist to give them advice on OTC medicines even when they don't ask for it?

Figure 56: Q35B. Do you expect your pharmacist advice even if you don't ask for it on OTC medicines? (by age and gender)

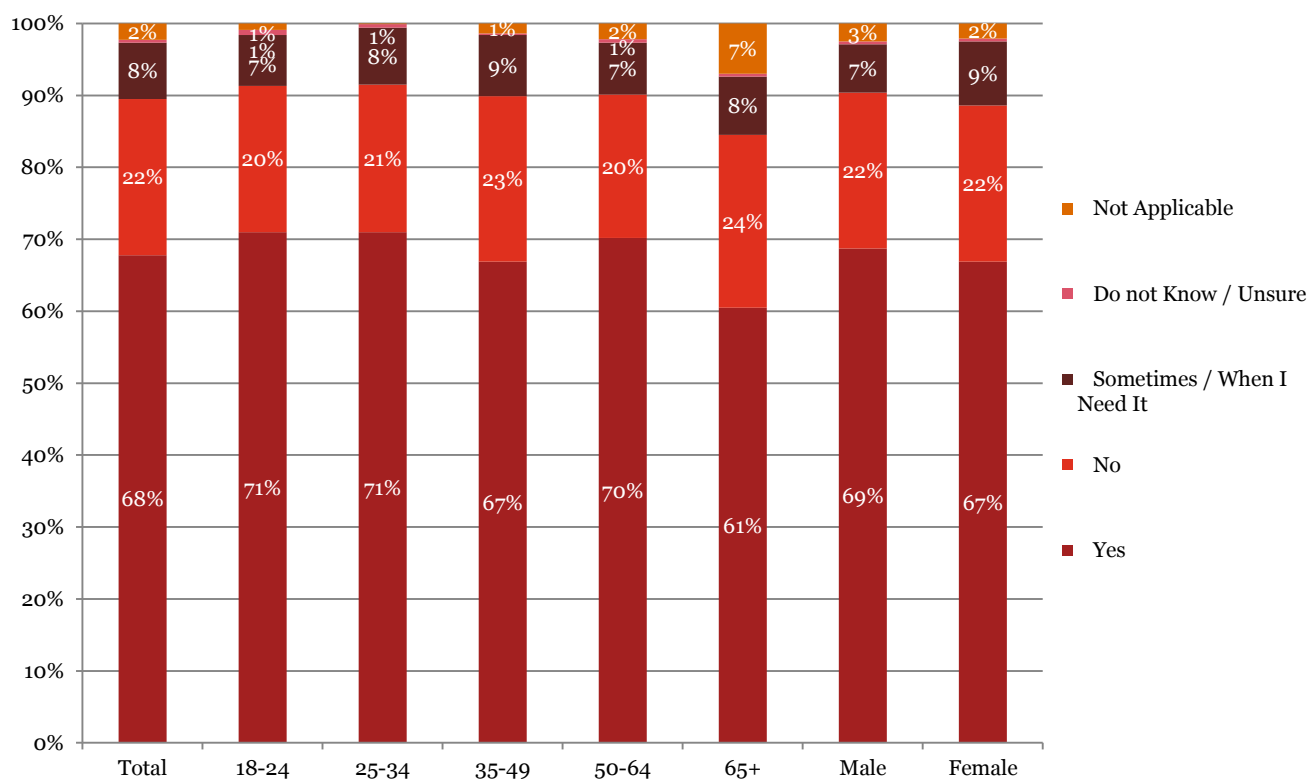
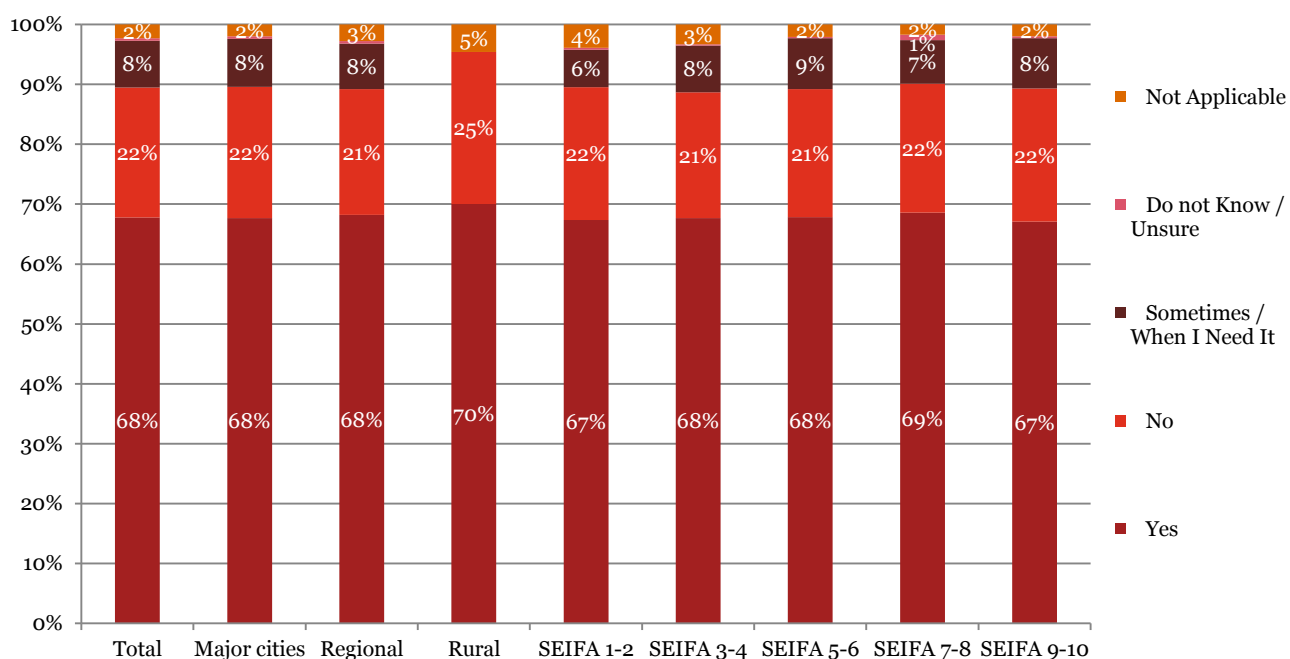


Figure 57: Q35B. Do you expect your pharmacist advice even if you don't ask for it on OTC medicines? (by location and SEIFA)



Do participants receive advice on OTC medicines from the pharmacist?

Figure 58: Q31B. In general, when you visit a pharmacy does the pharmacist provide you with advice on OTC medicines? (by age and gender)

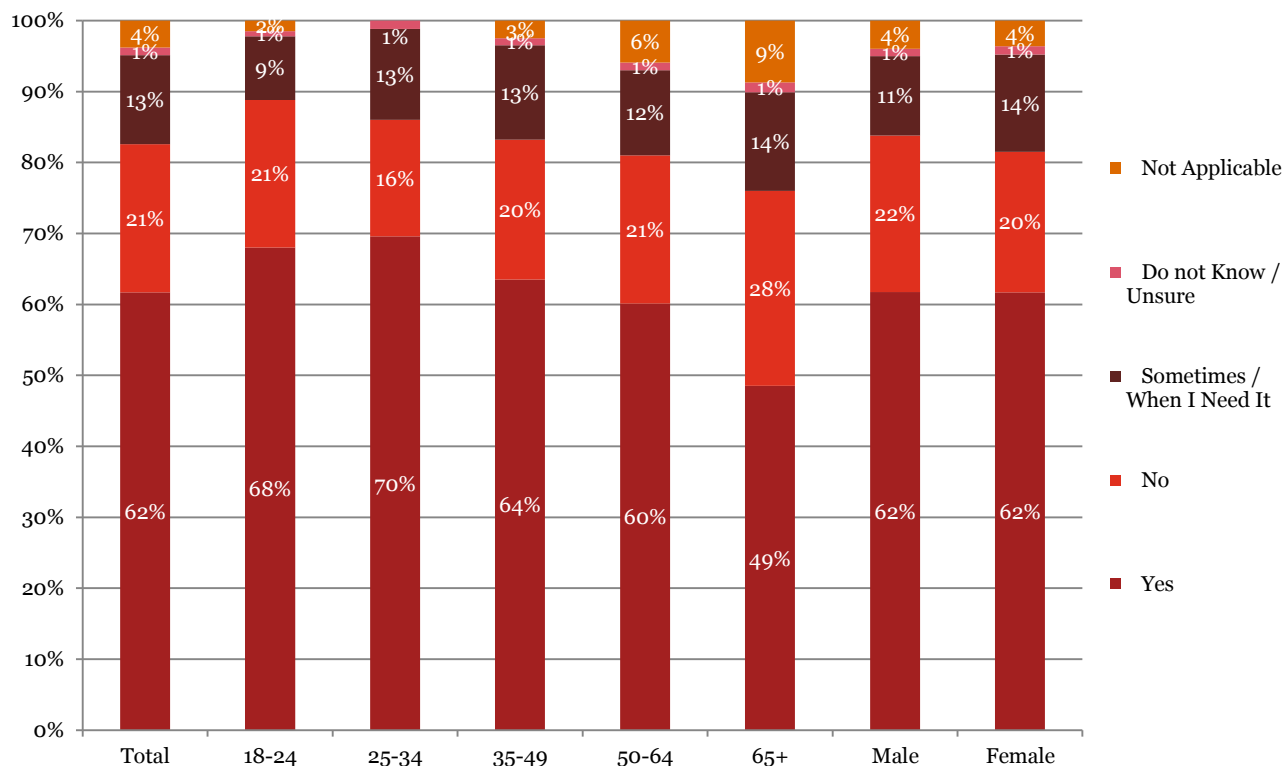
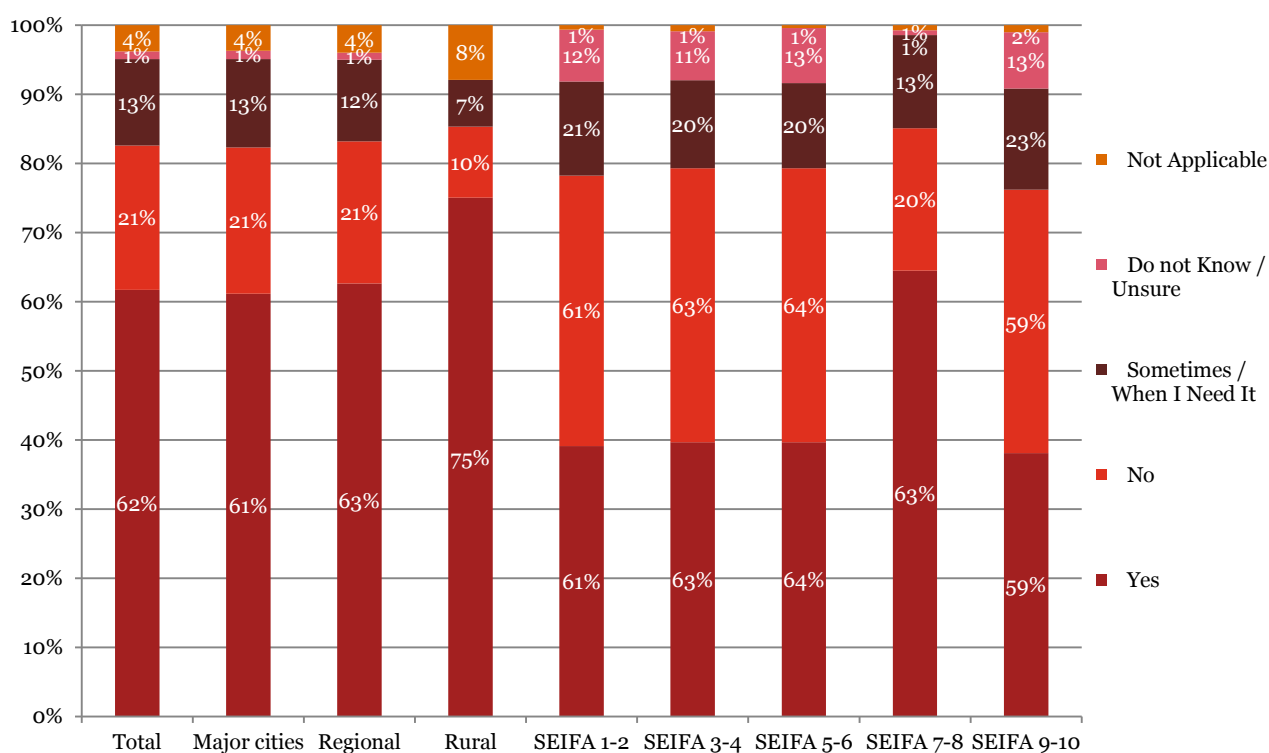


Figure 59: Q31B. In general, when you visit a pharmacy does the pharmacist provide you with advice on OTC medicines? (by location and SEIFA)



Do participants follow the pharmacist’s advice on OTC medicines?

Figure 60: Q32B. Generally, do you follow the advice your pharmacist gives you on OTC medicines? (by age and gender)

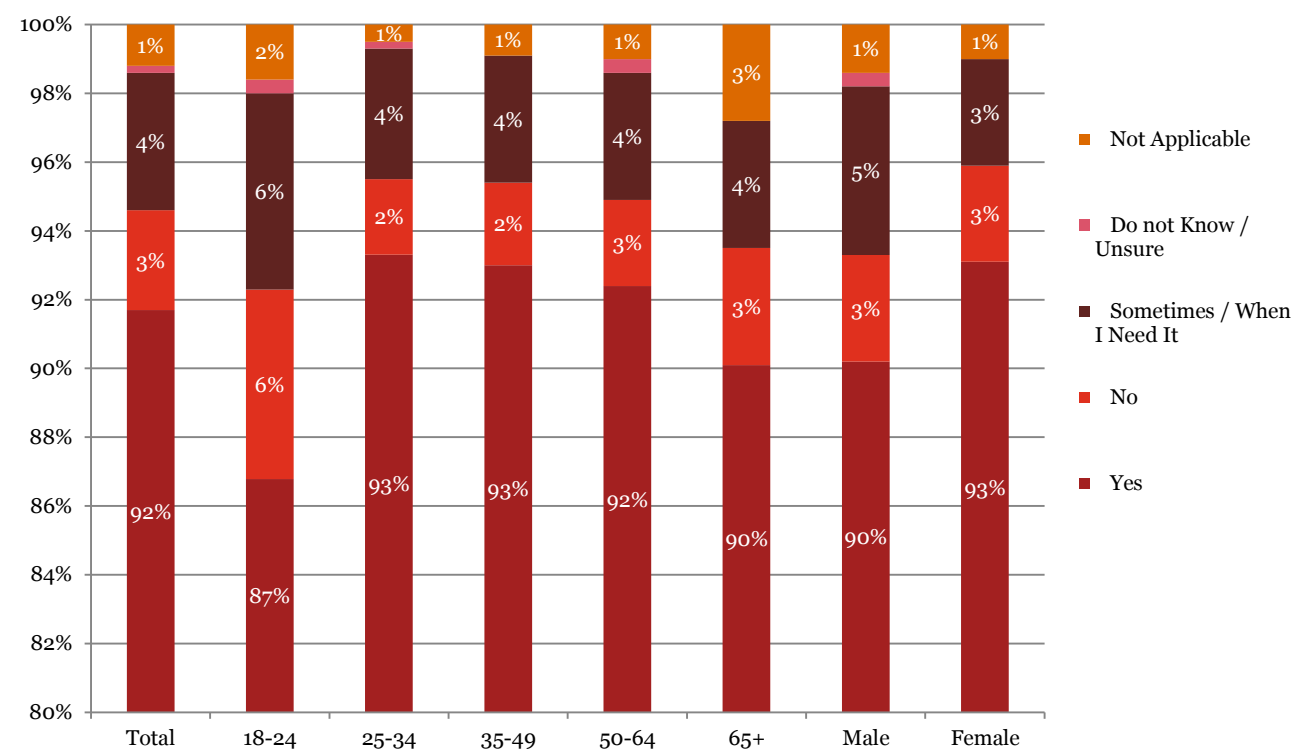


Figure 61: Q32B. Generally, do you follow the advice your pharmacist gives you on OTC medicines? (by location and SEIFA)

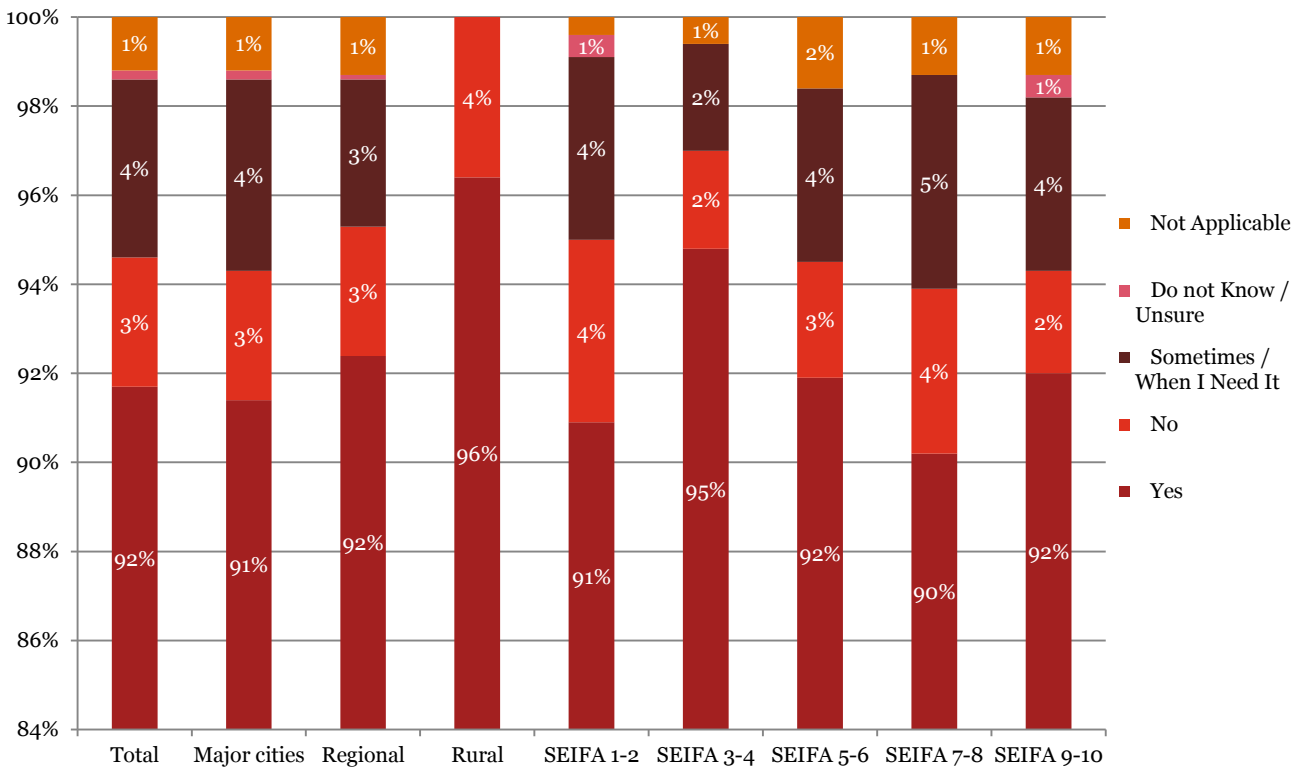


Figure 62:Q33B. Why do you choose not to follow the advice your pharmacist gave on over-the-counter medicines? (by age and gender)

Q33B. Why do you choose not to follow the advice your pharmacist gave you on over-the-counter medicines?	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
I do not Believe They Are Qualified	0%	0%	0%	0%	0%	0%	0%	0%
I do not Believe They Know That Type Of Information	0%	0%	0%	0%	0%	0%	0%	0%
They do not Know My Health Condition Or Past Medical History	0%	1%	0%	0%	0%	0%	0%	0%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	1%	1%	2%	1%	1%	1%	1%	2%
I Would Rather Ask My Doctor	1%	3%	1%	1%	1%	1%	2%	1%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%
The Advice They Give Me Was Different To What My Doctor Told Me	0%	0%	0%	1%	0%	0%	0%	0%
I do not Trust Their Advice	0%	1%	0%	0%	0%	1%	1%	0%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	0%	0%	0%	0%	0%	0%	0%
They Did not Give/ Offer Any Advice	0%	0%	0%	0%	0%	0%	0%	0%
I do not Need Their Advice/ I do not Need Any Advice/ I Have Never Asked For Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	0%
Like To Do My Own Research About Medications	0%	0%	0%	0%	0%	0%	0%	0%
They Give Conflicting Advice From My Doctor/ The Doctor Gave Different Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get A Second Opinion/ I Like To Get Advice From Somewhere Else	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get My Advice From A Health Care Professional/ Specialist	0%	0%	0%	0%	0%	0%	0%	0%
I will/ I Have Followed That Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/	0%	0%	0%	0%	0%	0%	0%	0%

Q33B. Why do you choose not to follow the advice your pharmacist gave you on over-the-counter medicines?	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
Condition/Advice								
I do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like Taking More Drugs/ Medications To Heal My Condition	0%	0%	0%	0%	0%	0%	0%	0%
I do not/ Rarely Use These Medicines	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	0%	0%	1%	1%	1%	0%

Figure 63: Q33B. Why do you choose not to follow the advice your pharmacist gave on over-the-counter medicines? (by location and SEIFA)

Q33B. Why do you choose not to follow the advice your pharmacist gave you on over-the-counter medicines?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I do not Believe They Are Qualified	0%	0%	0%	0%	0%	1%	0%	0%	0%
I do not Believe They Know That Type Of Information	0%	0%	0%	0%	0%	0%	0%	0%	0%
They do not Know My Health Condition Or Past Medical History	0%	0%	0%	0%	0%	0%	0%	1%	0%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	0%	1%	1%	1%	1%	1%	1%	2%	1%
I Would Rather Ask My Doctor	1%	1%	1%	0%	1%	1%	2%	2%	1%
I Could Not Remember The Advice That Was Given To Me	1%	0%	0%	0%	0%	0%	0%	0%	0%
The Advice They Give Me Was Different To What My Doctor Told Me	0%	0%	0%	0%	0%	1%	0%	0%	0%
I do not Trust Their Advice	0%	0%	0%	0%	0%	0%	0%	1%	0%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Did not Give/ Offer Any Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Need Their Advice/ I do not Need Any Advice/ I Have Never Asked For Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	0%	0%
Like To Do My Own	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q33B. Why do you choose not to follow the advice your pharmacist gave you on over-the-counter medicines?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Research About Medications									
They Give Conflicting Advice From My Doctor/ The Doctor Gave Different Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get A Second Opinion/ I Like To Get Advice From Somewhere Else	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get My Advice From A Health Care Professional/ Specialist	0%	0%	0%	0%	0%	0%	0%	0%	0%
I will/ I Have Followed That Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/Advice	0%	0%	0%	1%	0%	0%	0%	0%	0%
I do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like Taking More Drugs/ Medications To Heal My Condition	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not/ Rarely Use These Medicines	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	0%	0%	0%	0%	0%	0%	0%	0%	0%

Do participants expect the pharmacy staff to give them advice on their OTC medicines even when they don't ask for it?

Figure 64: Q44B. Do you expect the pharmacy staff to give advice on your OTC medicines (by age and gender)

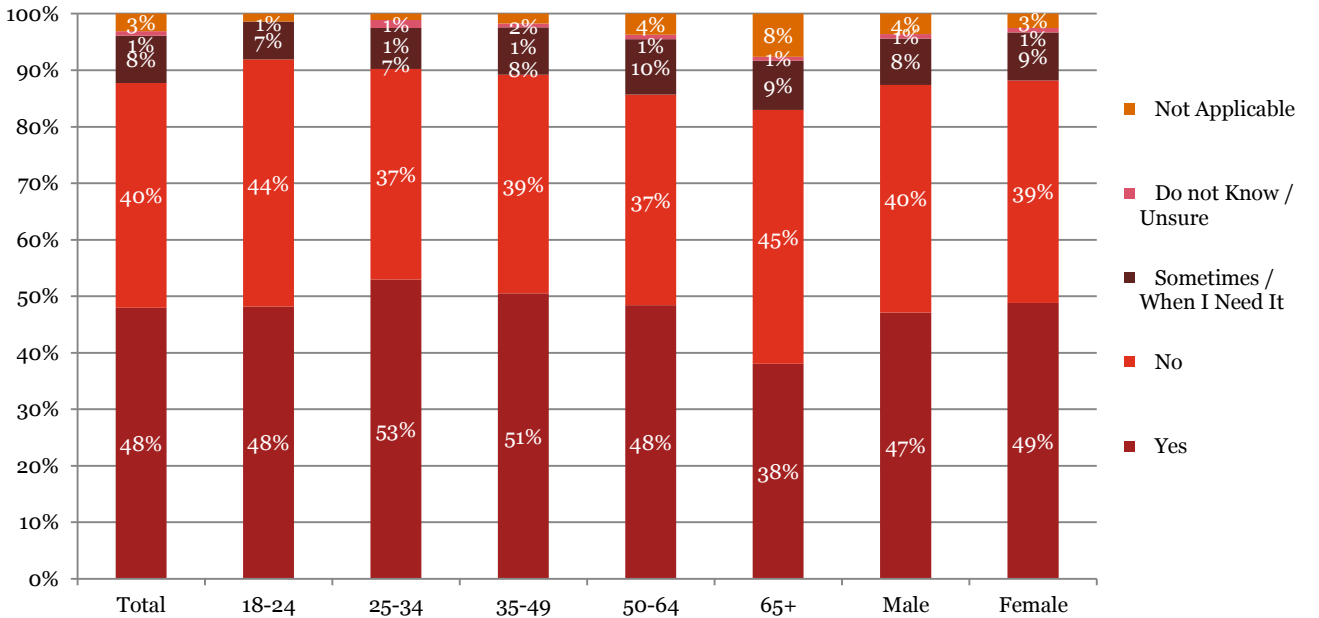
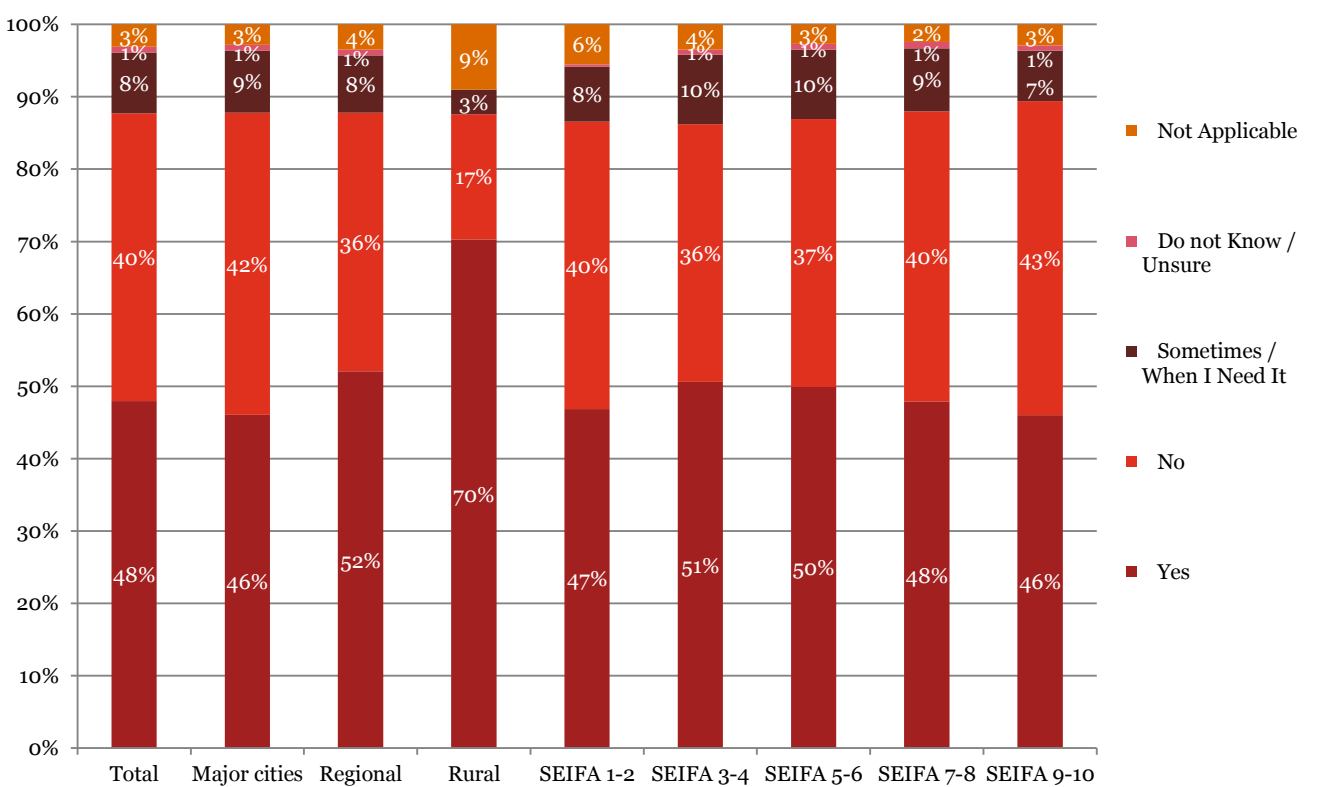


Figure 65: Q44B. Do you expect the pharmacy staff to give advice on your OTC medicines (by location and SEIFA)



Do participants follow the pharmacy staff's advice on OTC and complementary medicines?

Figure 66: Q41B. Generally, do you follow the advice that the pharmacy staff give you on OTC and complementary medicines? (by age and gender)

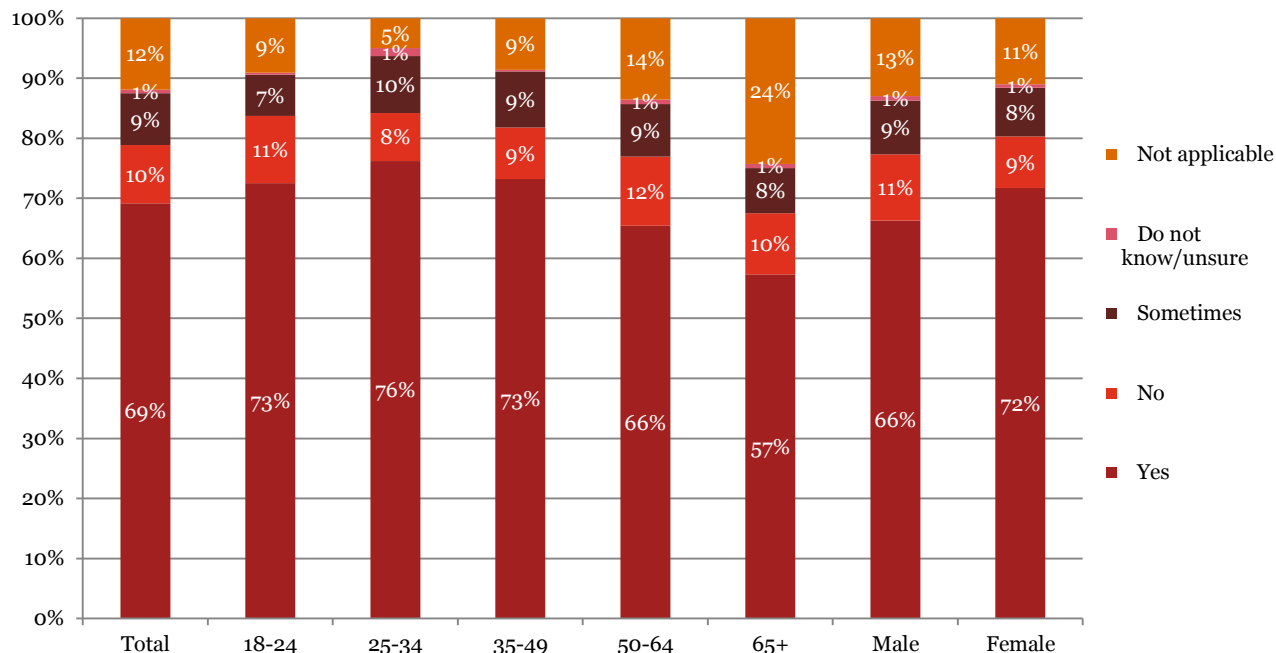


Figure 67: Q41B. Generally, do you follow the advice that the pharmacy staff give you on OTC and complementary medicines? (by location and SEIFA)

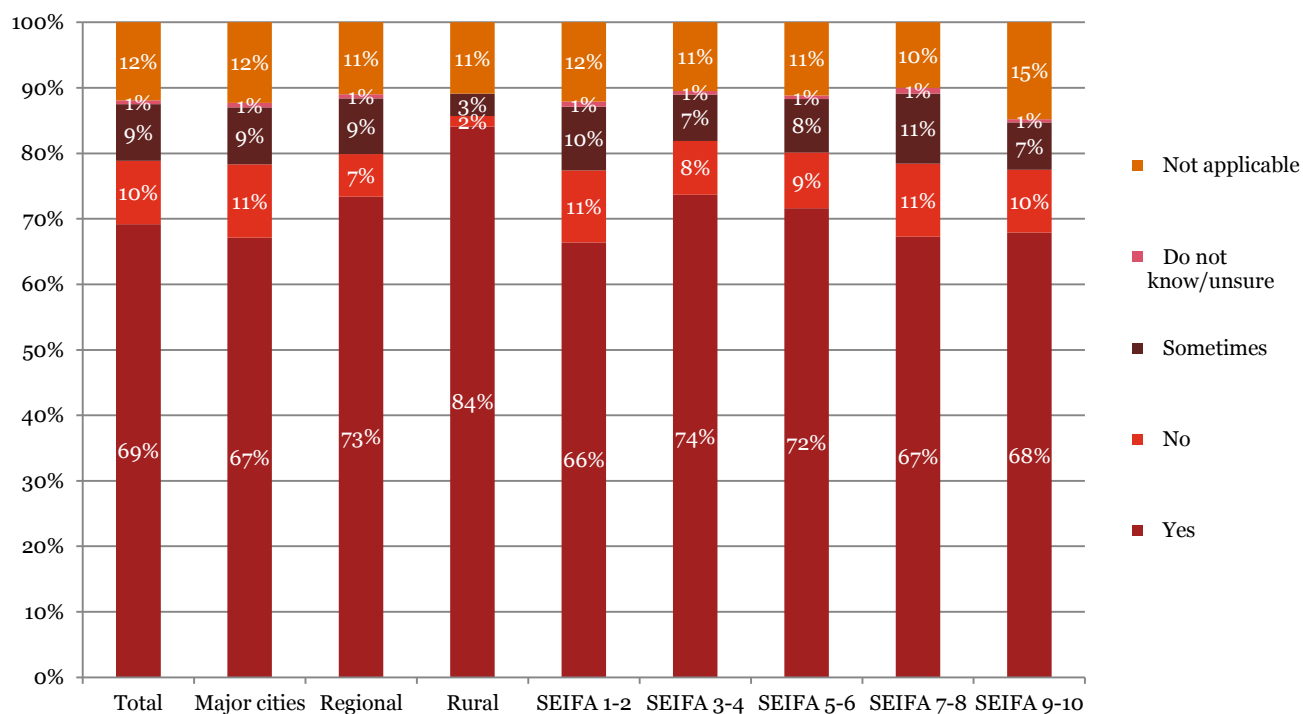


Figure 68: Q42B. Why do you choose not to follow the advice the pharmacy staff gave you on over-the-counter medicines? (by age and gender)

Q42B. Why do you choose not to follow the advice the pharmacy staff gave you on over-the-counter medications or complementary medicines?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
I Do not Believe They Are Qualified	6%	5%	6%	6%	7%	6%	7%	6%
I Do not Believe They Know That Type Of Information	2%	1%	3%	1%	4%	2%	2%	2%
They Do not Know My Health Condition Or Past Medical History	1%	0%	1%	1%	1%	0%	1%	1%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	3%	2%	3%	4%	4%	2%	3%	3%
I Would Rather Ask My Doctor	3%	3%	3%	2%	3%	3%	3%	2%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%
I Do not Trust Their Advice	1%	1%	2%	1%	1%	1%	1%	1%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	1%	1%	1%	1%	1%	0%	1%	1%
I Would Rather Ask The Pharmacist	2%	2%	2%	2%	1%	2%	2%	2%
They Did not Give/ Offer Any Advice	0%	1%	0%	0%	0%	1%	0%	0%
I Do not Need Their Advice/ I Do not Need Any Advice/ I Have Never Asked For Advice	1%	2%	0%	0%	1%	1%	1%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	1%	1%	1%	1%	1%	0%	1%	1%
It is Not Applicable To Me/ It Was Not Appropriate For Me/ It Did Not Relate To Me	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/ Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%
They Are Too Young To Know Anything/ They Are Inexperience About These Things	0%	0%	1%	0%	0%	0%	0%	0%
They Are Just Trying To Push/ Sell Other Products	0%	0%	0%	1%	0%	0%	0%	0%
I Do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	2%	1%	0%	1%	1%	1%	1%
Do not Know / Unsure	1%	2%	2%	1%	1%	2%	2%	1%

Figure 69: Q42B. Why do you choose not to follow the advice the pharmacy staff gave you on over-the-counter medicines? (by location and SEIFA)

Q42B. Why do you choose not to follow the advice the pharmacy staff gave you on over-the-counter medications or complementary medicines?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I Do not Believe They Are Qualified	6%	7%	4%	0%	5%	5%	6%	7%	7%
I Do not Believe They Know That Type Of Information	2%	2%	2%	3%	3%	2%	2%	2%	2%
They Do not Know My Health Condition Or Past Medical History	1%	1%	1%	0%	1%	1%	1%	1%	1%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	3%	3%	3%	0%	4%	2%	3%	4%	2%
I Would Rather Ask My Doctor	3%	3%	2%	0%	4%	2%	2%	3%	3%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Do not Trust Their Advice	1%	1%	1%	0%	0%	1%	1%	2%	1%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	1%	1%	1%	0%	2%	1%	1%	1%	1%
I Would Rather Ask The Pharmacist	2%	2%	2%	0%	1%	1%	2%	3%	2%
They Did not Give/ Offer Any Advice	0%	1%	0%	0%	1%	1%	0%	0%	1%
I Do not Need Their Advice/ I Do not Need Any Advice/ I Have Never Asked For Advice	1%	1%	0%	0%	0%	0%	1%	1%	1%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	1%	1%	1%	2%	1%	1%	0%	1%	1%
It is Not Applicable To Me/ It Was Not Appropriate For Me/ It Did Not Relate To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/ Advice	0%	0%	0%	0%	0%	1%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Are Too Young To Know Anything/ They Are Inexperience About These Things	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Are Just Trying To Push/ Sell Other Products	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q42B. Why do you choose not to follow the advice the pharmacy staff gave you on over-the-counter medications or complementary medicines?

	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Other (Specify)	1%	1%	0%	0%	1%	1%	0%	1%	1%
Do not Know / Unsure	1%	1%	1%	0%	3%	1%	2%	2%	1%

How do participants prefer to receive information on OTC and complementary medicines

Figure 70: Q55B. How do you generally prefer to receive information on your OTC or on complementary medicines? (by age and gender)

Q55B. How do you generally prefer to receive information on your over-the-counter medications or on complementary medicines?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Through Talking With The Pharmacist	55%	54%	54%	56%	55%	55%	54%	56%
Through Talking With Other Pharmacy Staff	32%	24%	32%	35%	34%	30%	29%	35%
Through Reading A Pamphlet Or Information Leaflet That I Pick Up From The Pharmacy	15%	18%	15%	17%	13%	10%	13%	16%
Through Reading Written Information Given To Me Directly By The Pharmacist Or Pharmacy Staff	9%	6%	10%	9%	10%	8%	8%	10%
Through My GP Or Another Health Professional	11%	13%	12%	9%	10%	13%	11%	11%
Through Researching On The Internet	5%	6%	8%	5%	5%	2%	6%	5%
Email (From Who Unspec)	1%	3%	2%	1%	0%	0%	1%	1%
Label On The Packaging/ Information That Comes With It/ Inside The Box	4%	3%	5%	4%	5%	2%	4%	3%
Word Of Mouth/ Ask Family Or Friends	1%	1%	2%	2%	1%	1%	2%	1%
Ask/ Verbally/ Face To Face (Unspec Who)	1%	1%	0%	1%	1%	0%	1%	1%
Other (Specify)	4%	7%	5%	3%	3%	5%	4%	4%
Do not Know / Unsure	7%	5%	5%	5%	7%	13%	9%	5%

Figure 71: Q55B. How do you generally prefer to receive information on your OTC or on complementary medicines? (by location and SEIFA)

Q55B. How do you generally prefer to receive information on your over-the-counter medications or on complementary medicines?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Through Talking With The Pharmacist	55%	55%	56%	44%	52%	55%	58%	53%	56%
Through Talking With Other Pharmacy Staff	32%	30%	36%	40%	36%	36%	33%	32%	29%
Through Reading A Pamphlet Or Information Leaflet That I Pick Up From The Pharmacy	15%	14%	15%	21%	17%	15%	16%	12%	15%
Through Reading Written Information Given To Me Directly By The Pharmacist Or Pharmacy Staff	9%	9%	10%	8%	9%	11%	10%	8%	8%
Through My GP Or Another Health Professional	11%	12%	9%	9%	8%	10%	11%	12%	12%
Through Researching On The Internet	5%	6%	5%	3%	5%	5%	5%	5%	7%
Email (From Who Unspec)	1%	1%	1%	0%	2%	1%	0%	1%	1%
Label On The Packaging/ Information That Comes With It/ Inside The Box	4%	4%	3%	3%	3%	5%	4%	2%	5%
Word Of Mouth/ Ask Family Or Friends	1%	1%	1%	7%	1%	2%	2%	1%	0%
Ask/ Verbally/ Face To Face (Unspec Who)	1%	1%	1%	0%	1%	0%	0%	1%	1%
Other (Specify)	4%	5%	4%	0%	3%	5%	2%	6%	4%
Do not Know / Unsure	7%	7%	8%	5%	8%	8%	6%	8%	6%

1.3.4 Complementary Medicines

When participants need complementary medicines, how often do they purchase them from a pharmacy?

Figure 72: Frequency of purchasing OTC medicines from pharmacy? (by age and gender)

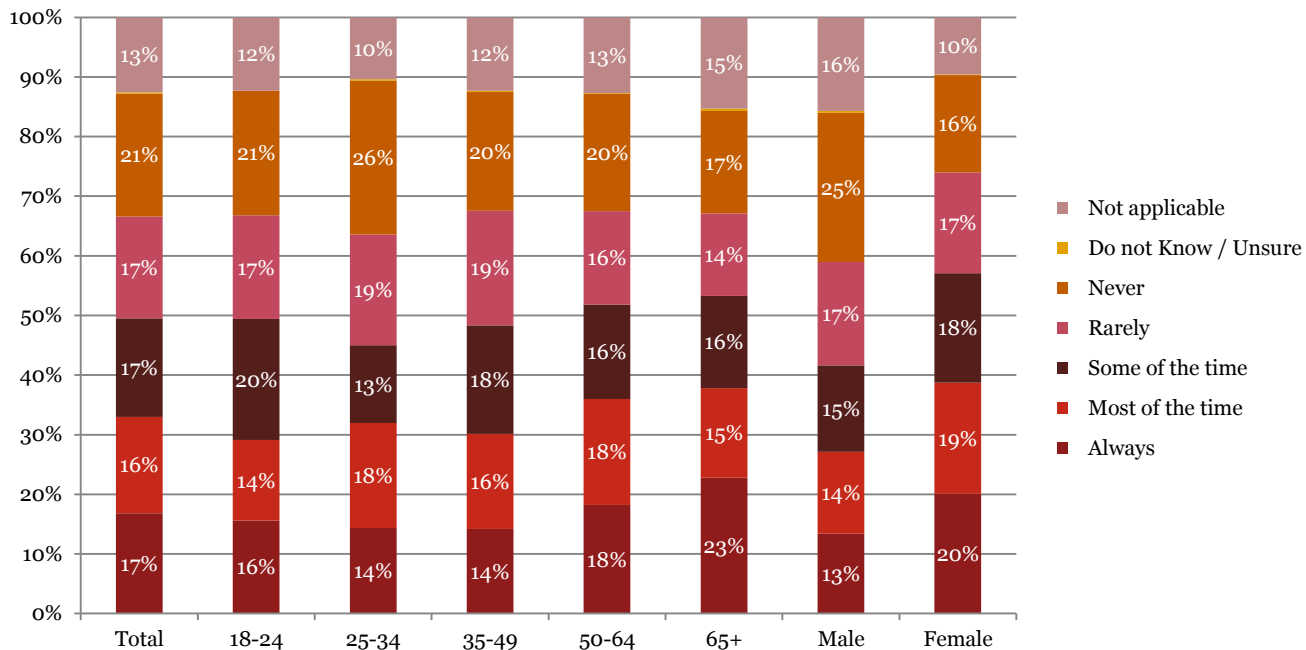
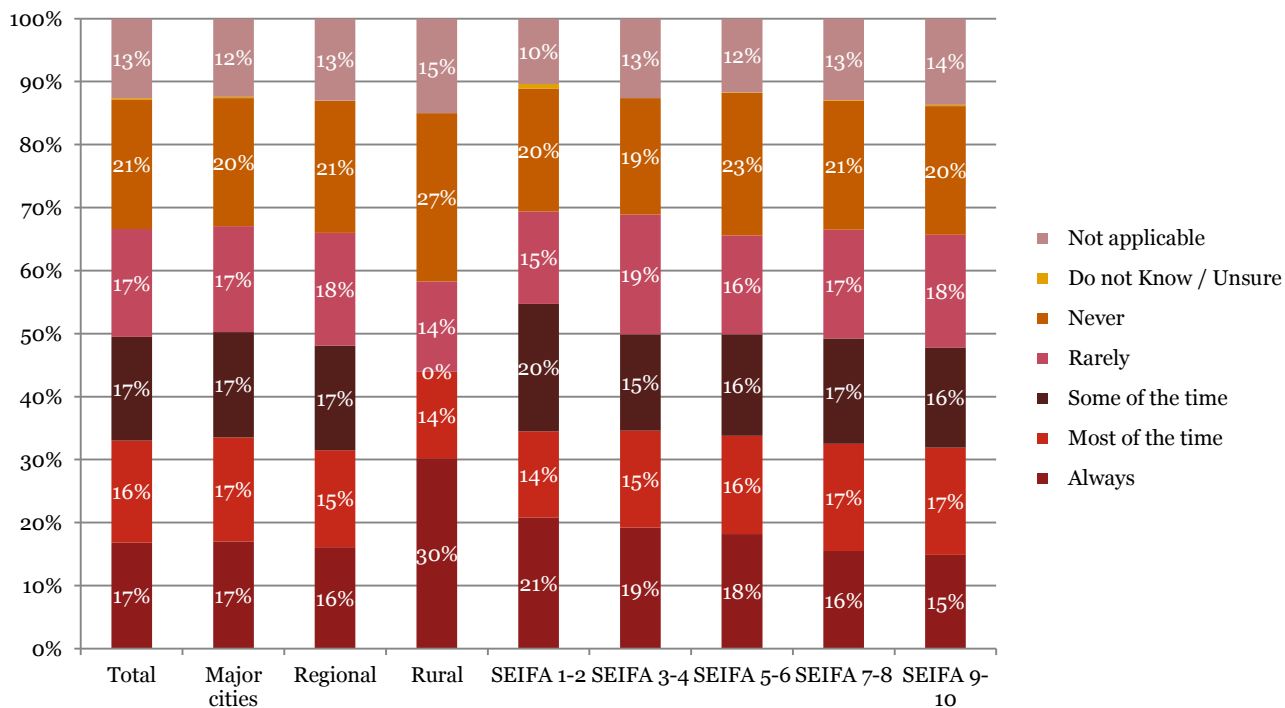


Figure 73: Frequency of purchasing OTC medicines from pharmacy? (by location and SEIFA)



If not purchased from a pharmacy, where do participants purchase their complementary medicines?

Figure 74: Q24. If not from a pharmacy, where do you purchase your complementary medicines? (by age and gender)

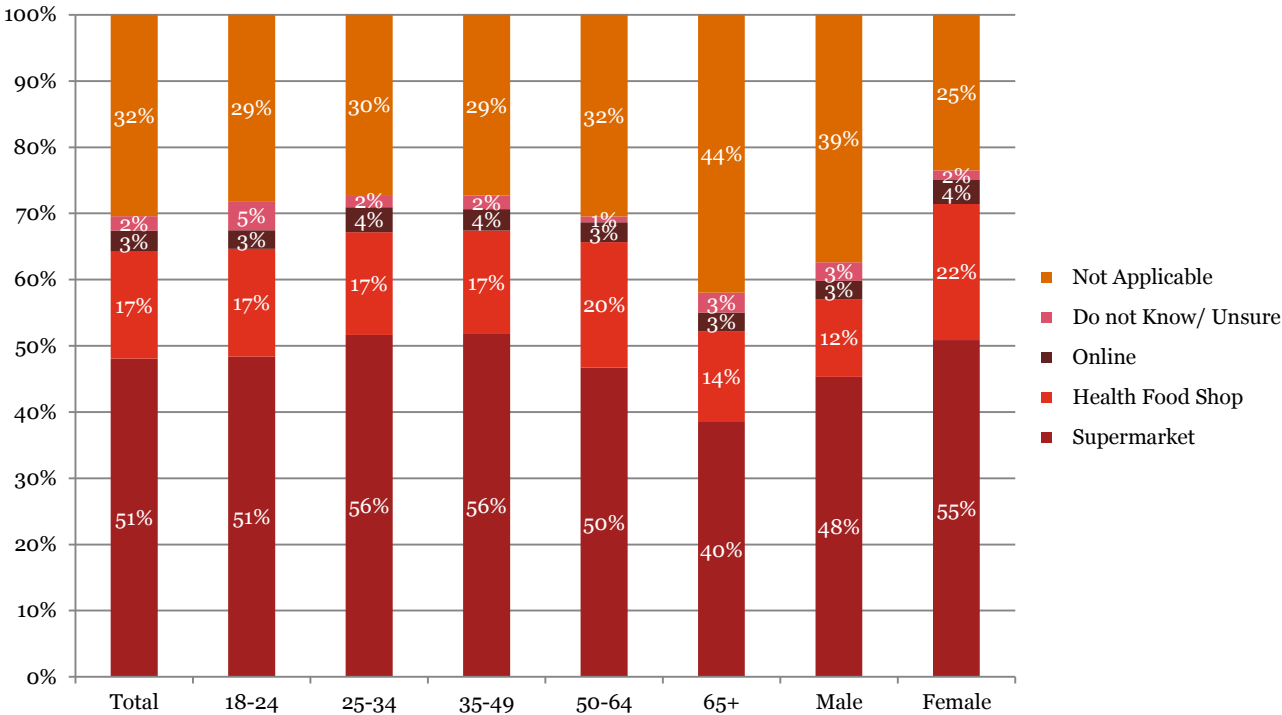


Figure 75: Q24. If not from a pharmacy, where do you purchase your complementary medicines? (by location and SEIFA)

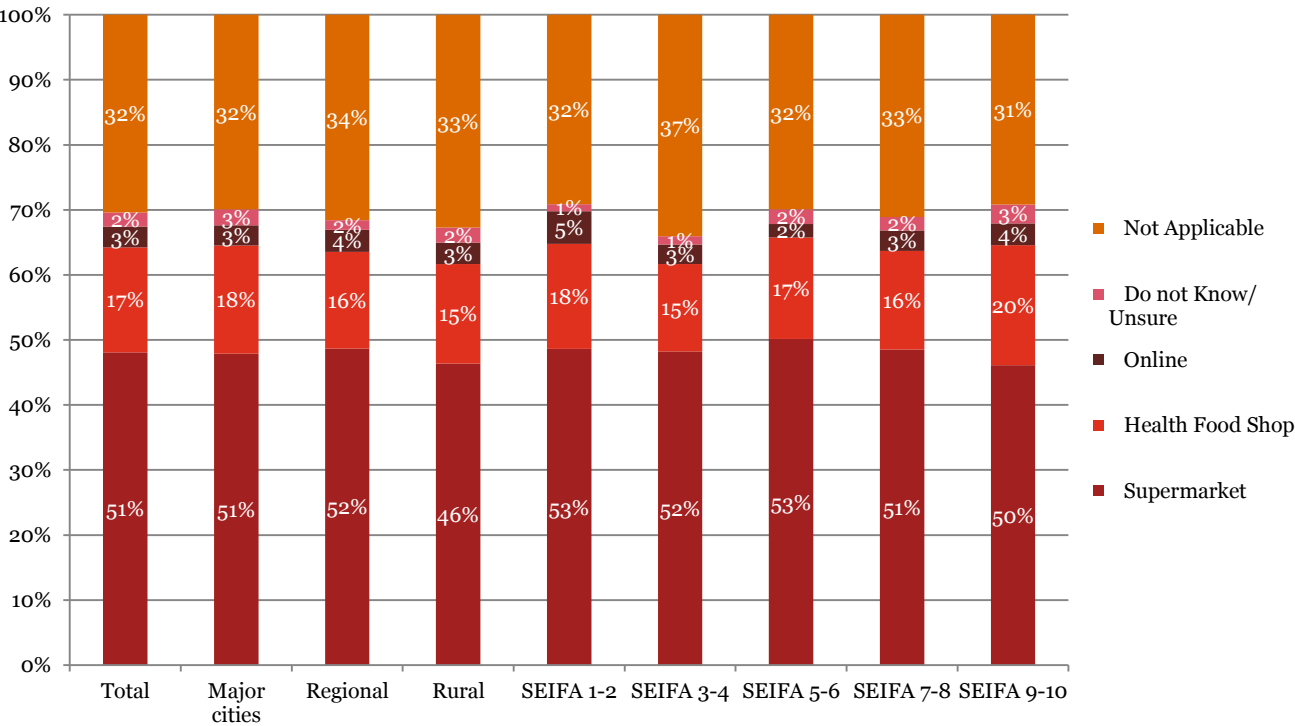


Figure 76: Q25B. Why do you purchase complementary medicines from a supermarket? (by age and gender)

Q25B. Why do you purchase complementary medicines, for either yourself or others , from a supermarket?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
It Is Cheaper	19%	11%	18%	21%	20%	19%	17%	21%
There Is A Better Variety	1%	1%	1%	0%	1%	0%	1%	0%
It Is More Convenient	28%	33%	38%	32%	24%	14%	28%	28%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	0%	0%	1%	0%	0%	0%	0%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	3%	5%	3%	4%	2%	2%	3%	3%
No Specific Reason	0%	0%	0%	0%	1%	0%	0%	0%
Do not Know / Unsure	0%	0%	0%	0%	0%	0%	0%	0%

Figure 77:Q25B. Why do you purchase complementary medicines from a supermarket? (by location and SEIFA)

Q25B. Why do you purchase complementary medicines, for either yourself or others , from a supermarket?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
It Is Cheaper	19%	18%	21%	11%	20%	20%	20%	19%	17%
There Is A Better Variety	1%	0%	1%	3%	1%	1%	1%	1%	0%
It Is More Convenient	28%	28%	28%	19%	26%	27%	27%	28%	30%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	0%	1%	0%	0%	0%	0%	1%	0%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	3%	3%	2%	1%	3%	3%	2%	4%	4%
No Specific Reason	0%	0%	0%	0%	0%	0%	1%	0%	0%
Do not Know / Unsure	0%	0%	0%	0%	0%	0%	0%	0%	1%

Figure 78: Q25. Why do you purchase complementary medicines from a health food shop? (by age and gender)

Q25C. Why do you purchase complementary medicines, for either yourself or others , from a health food shop?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
It Is Cheaper	3%	3%	3%	3%	3%	3%	3%	3%
There Is A Better Variety	4%	4%	4%	4%	5%	3%	3%	5%
It Is More Convenient	3%	4%	3%	3%	3%	3%	3%	4%
The Desired Product / Medication Is Not Available At The Pharmacy	2%	1%	2%	3%	2%	3%	1%	3%
The Advice I Get On How To Use The Product / Medication Is Better	3%	2%	3%	4%	2%	1%	1%	4%
Associate Complementary Medicines With Health Food Shops	0%	0%	1%	0%	1%	0%	0%	0%
Holistic Approach/ They are Complementary/ They Do not Just Push Traditional Medicines	0%	0%	0%	0%	0%	0%	0%	0%
Natural/ Organic Products/ No Harmful Chemicals In Them	0%	0%	0%	0%	0%	0%	0%	0%
They Have A Natural Practitioner/ Naturopath In Store	0%	0%	0%	0%	0%	0%	0%	0%
Good Service/ Helpful/ Friendly	0%	0%	0%	0%	0%	0%	0%	0%
A More Trusted Source/ More Reputable/ Credible	0%	1%	0%	0%	0%	0%	0%	0%
Quality Of Products And Brands/ Better Products	0%	0%	0%	0%	0%	0%	0%	0%
Always Go There/ Habit	0%	0%	0%	0%	0%	0%	0%	0%
Recommended/ Advised To Go There	0%	0%	0%	0%	0%	0%	0%	0%
Know Someone Who Works There/ Owns It	0%	0%	1%	0%	0%	0%	0%	0%
Impulse Purchases/ Not Planned Purchases/ Just Browsing	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	1%	1%	1%	1%	1%
No Specific Reason	0%	0%	1%	0%	0%	0%	0%	0%

Figure 79: Figure 80: Q25. Why do you purchase complementary medicines from a health food shop? (by location and SEIFA)

Q25C. Why do you purchase complementary medicines, for either yourself or others , from a health food shop?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
It Is Cheaper	3%	3%	3%	2%	3%	2%	3%	2%	4%
There Is A Better Variety	4%	4%	4%	7%	4%	3%	4%	4%	5%
It Is More Convenient	3%	3%	4%	0%	3%	4%	4%	3%	3%
The Desired Product / Medication Is Not Available At The Pharmacy	2%	2%	2%	1%	1%	2%	2%	2%	3%
The Advice I Get On How To Use The Product / Medication Is Better	3%	3%	2%	0%	1%	2%	2%	2%	4%
Associate Complementary Medicines With Health Food Shops	0%	0%	0%	0%	0%	0%	0%	1%	1%
Holistic Approach/ They are Complementary/ They Do not Just Push Traditional Medicines	0%	0%	0%	0%	0%	0%	0%	0%	0%
Natural/ Organic Products/ No Harmful Chemicals In Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Have A Natural Practitioner/ Naturopath In Store	0%	0%	0%	0%	0%	0%	0%	0%	0%
Good Service/ Helpful/ Friendly	0%	0%	0%	0%	0%	1%	0%	0%	0%
A More Trusted Source/ More Reputable/ Credible	0%	0%	0%	0%	0%	0%	0%	0%	0%
Quality Of Products And Brands/ Better Products	0%	0%	0%	0%	1%	0%	0%	0%	0%
Always Go There/ Habit	0%	0%	0%	0%	0%	0%	0%	0%	1%
Recommended/ Advised To Go There	0%	0%	0%	0%	0%	0%	0%	0%	0%
Know Someone Who Works There/ Owns It	0%	0%	0%	0%	1%	0%	0%	0%	0%
Impulse Purchases/ Not Planned Purchases/ Just Browsing	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	0%	0%	1%	1%	1%	1%
No Specific Reason	0%	0%	1%	0%	0%	0%	1%	1%	0%

Figure 81: Q25D. Why do you purchase complementary medicines online? (by age and gender)

Q25D. Why do you purchase complementary medicines, for either yourself or others online?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
It Is Cheaper	2%	2%	2%	2%	2%	1%	2%	2%
There Is A Better Variety	0%	0%	1%	0%	0%	0%	0%	0%
It Is More Convenient	1%	0%	1%	1%	1%	0%	1%	1%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	0%	1%	0%	0%	0%	0%	0%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	1%	0%	1%	0%	1%
No Specific Reason	0%	0%	0%	0%	0%	0%	0%	0%

Figure 82: Q25D. Why do you purchase complementary medicines online? (by location and SEIFA)

Q25D. Why do you purchase complementary medicines, for either yourself or others online?	All participants	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
It Is Cheaper	2%	2%	2%	2%	3%	2%	1%	2%	2%
There Is A Better Variety	0%	0%	0%	0%	1%	0%	0%	0%	0%
It Is More Convenient	1%	1%	0%	2%	1%	1%	1%	1%	1%
The Desired Product / Medication Is Not Available At The Pharmacy	0%	0%	0%	0%	1%	0%	0%	0%	0%
The Desired Product / Medication Is Not Available In Australia	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Advice I Get On How To Use The Product / Medication Is Better	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	0%	0%	0%	1%	1%	1%
No Specific Reason	0%	0%	0%	0%	0%	0%	0%	0%	0%

Do participants expect their pharmacist to give them advice on complementary medicines even when they don't ask for it?

Figure 83: Q35C. Do you expect your pharmacist advice even if you don't ask for it on complementary medicines? (by age and gender)

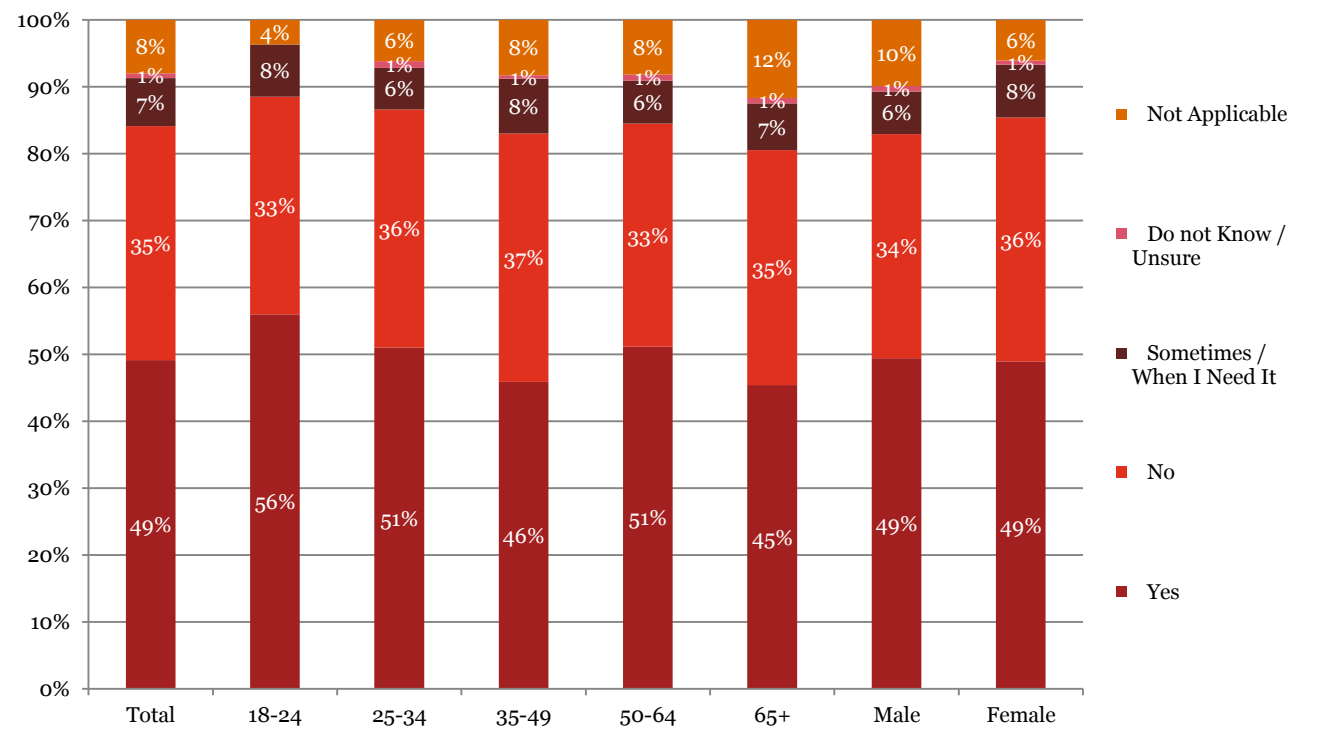
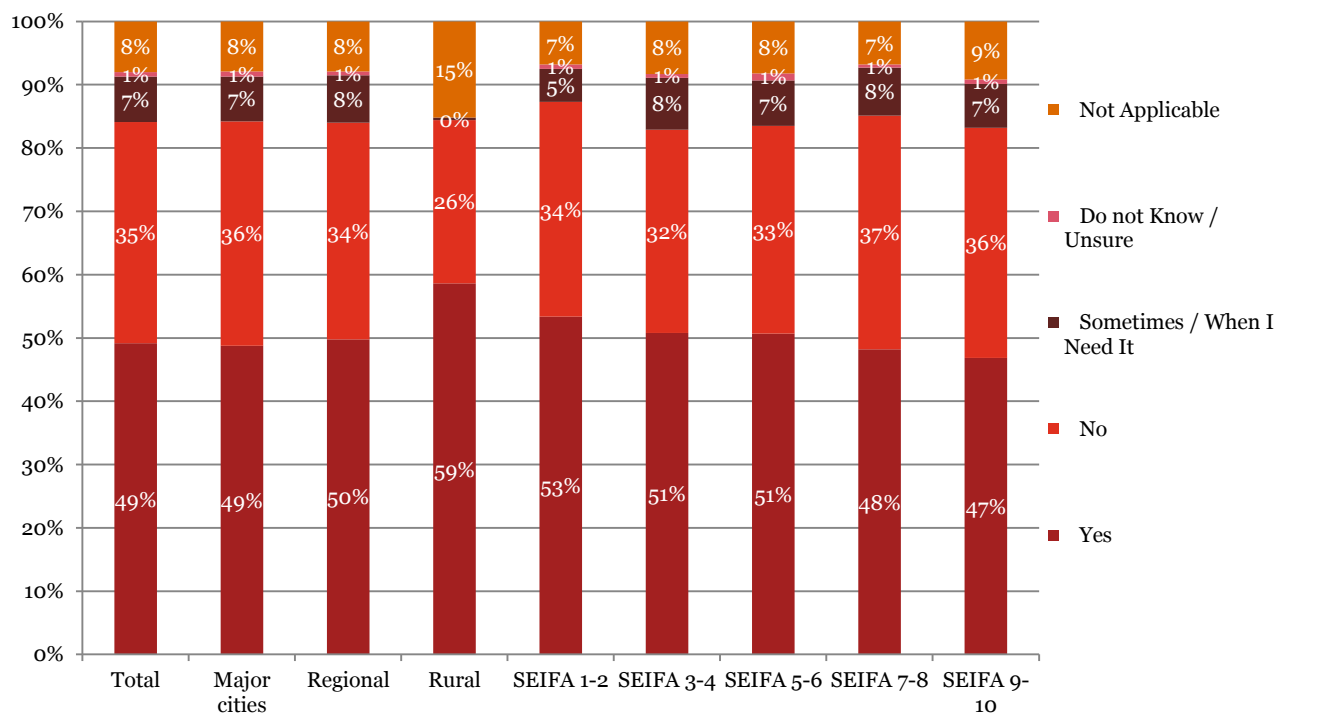


Figure 84:Q35C. Do you expect your pharmacist advice even if you don't ask for it on complementary medicines? (by location and SEIFA)



Do participants receive advice on complementary medicines from the pharmacist?

Figure 85: Q31C. In general, when you visit a pharmacy does the pharmacist provide you with advice on complementary medicines? (by age and gender)

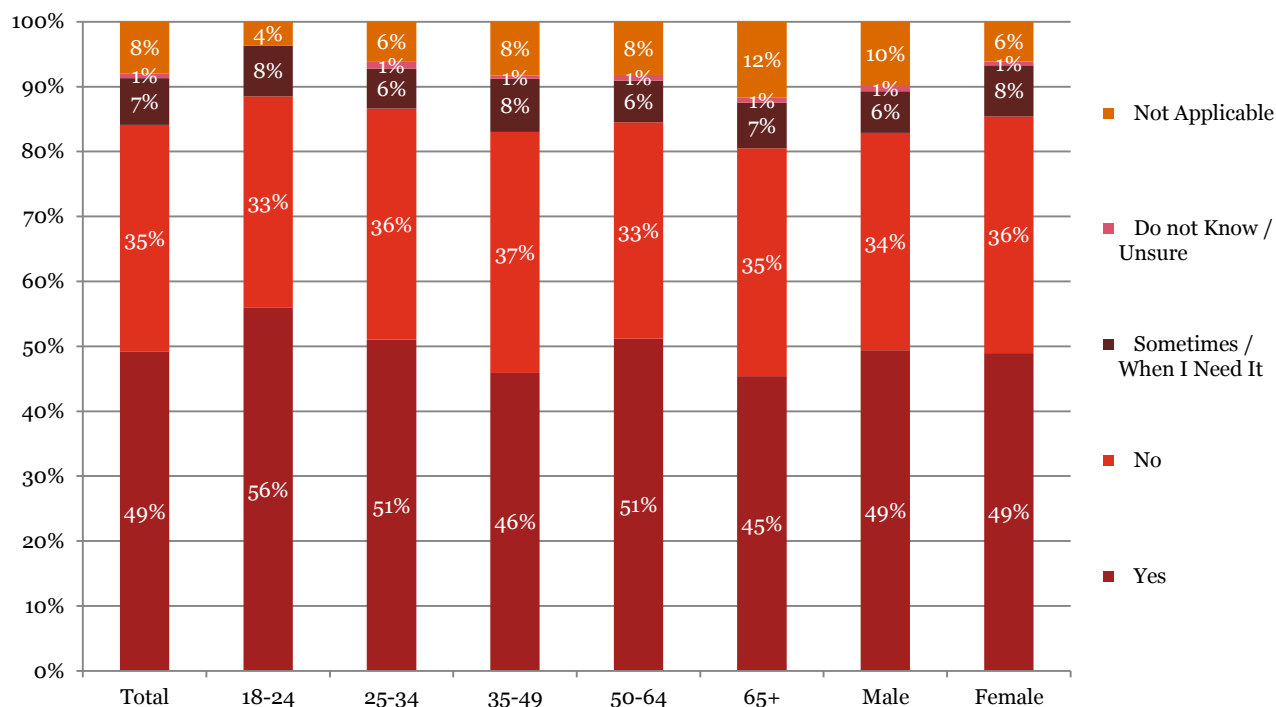
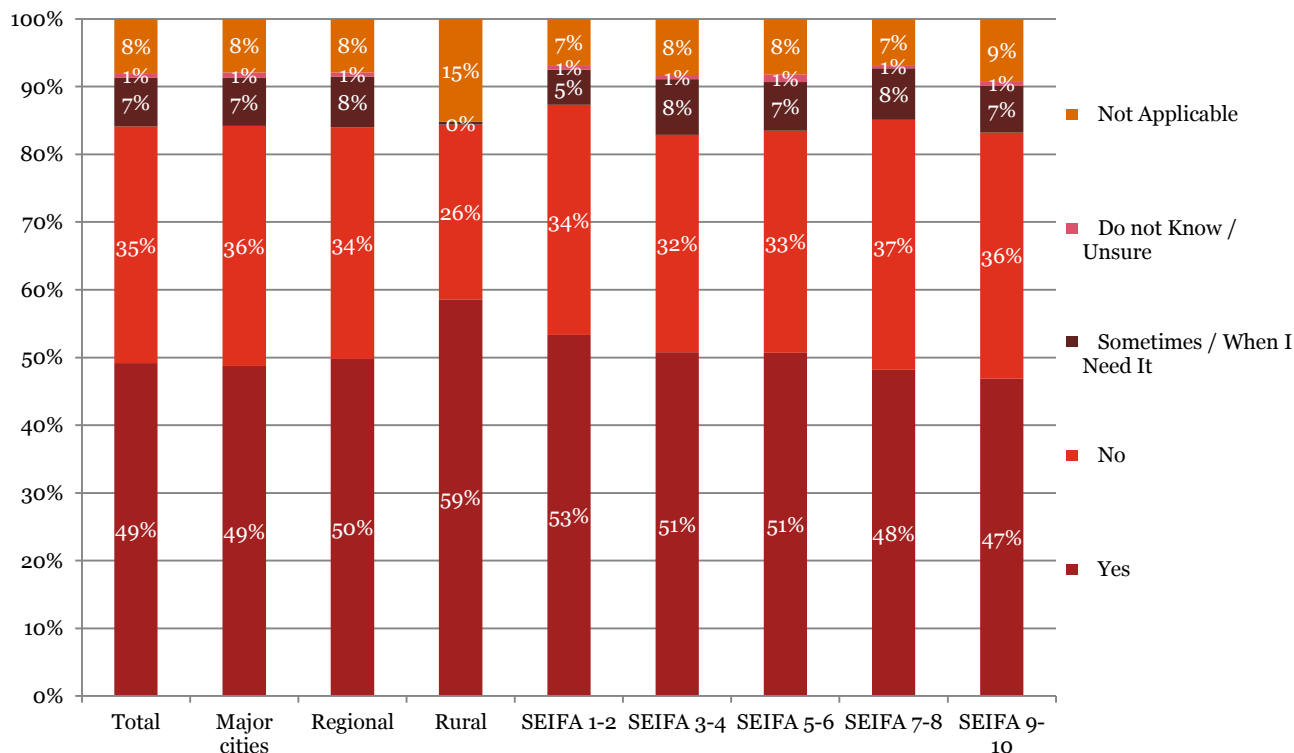


Figure 86: Q31C. In general, when you visit a pharmacy does the pharmacist provide you with advice on complementary medicines? (by location and SEIFA)



Do participants follow the pharmacist's advice on complementary medicines?

Figure 87: Q32C. Generally, do you follow the advice your pharmacist gives you on complementary medicines? (by age and gender)

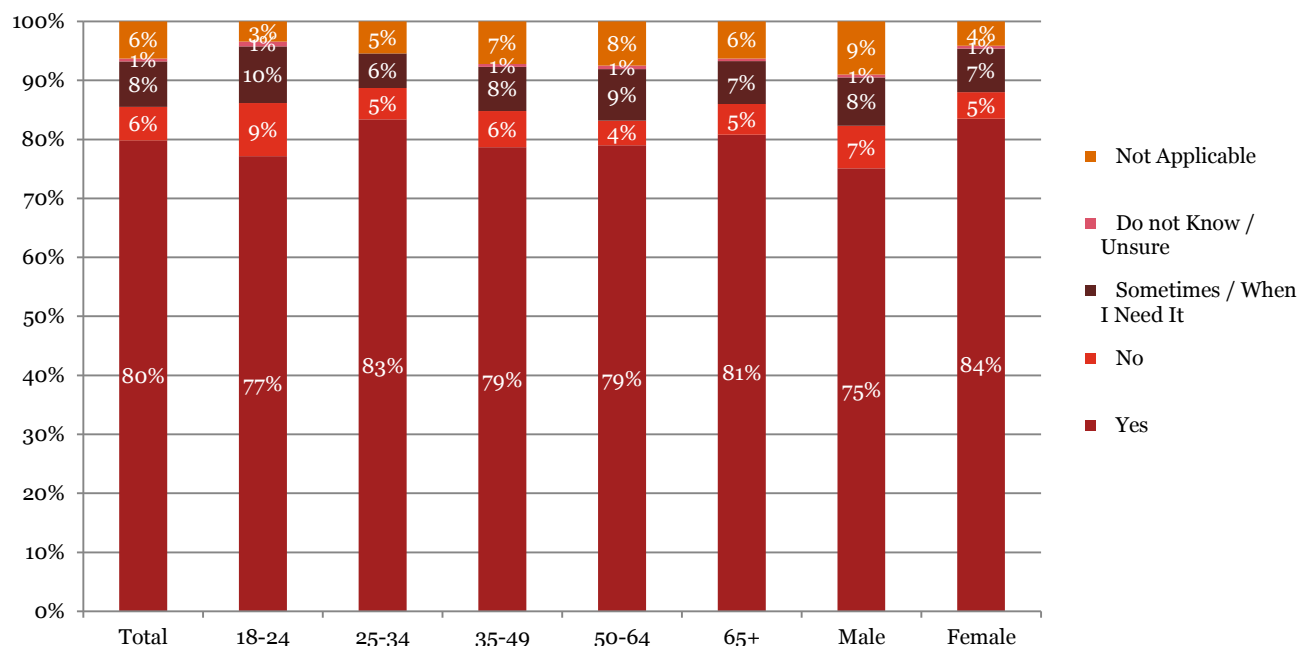


Figure 88: Q32C. Generally, do you follow the advice your pharmacist gives you on complementary medicines? (by location and SEIFA)

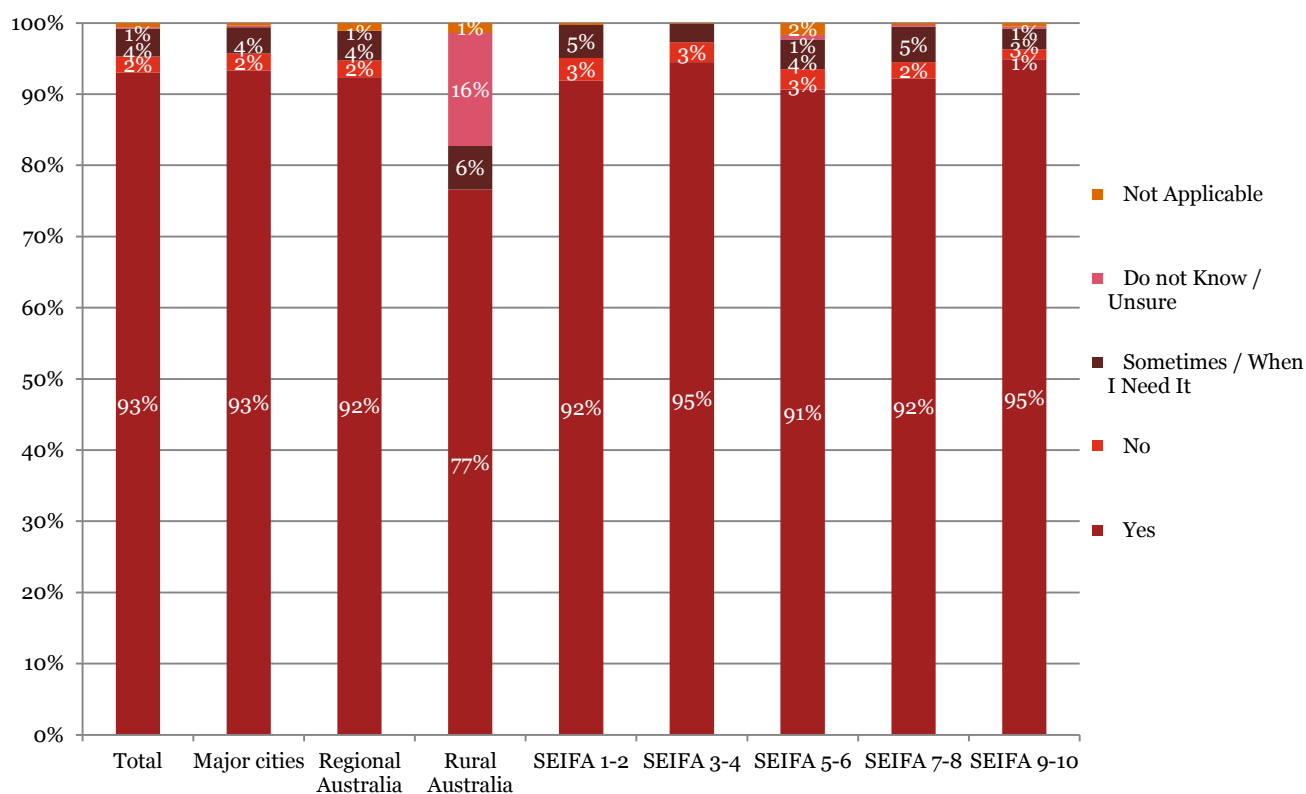


Figure 89: Q33C. Why do you choose not to follow the advice your pharmacist gave on complementary medicines? (by age and gender)

Q33C. Why do you choose not to follow the advice your pharmacist gave you on complementary medicines?	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
I do not Believe They Are Qualified	0%	0%	1%	0%	0%	1%	1%	0%
I do not Believe They Know That Type Of Information	0%	1%	0%	0%	0%	1%	0%	1%
They do not Know My Health Condition Or Past Medical History	0%	0%	0%	1%	0%	0%	0%	0%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	2%	2%	2%	2%	2%	1%	2%	2%
I Would Rather Ask My Doctor	1%	2%	1%	1%	1%	1%	1%	0%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%
The Advice They Give Me Was Different To What My Doctor Told Me	0%	1%	0%	1%	0%	0%	0%	0%
I do not Trust Their Advice	1%	0%	1%	0%	1%	1%	1%	0%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	1%	0%	1%	0%	0%	0%	0%
They Did not Give/ Offer Any Advice	0%	0%	0%	0%	0%	0%	0%	0%
I do not Need Their Advice/ I do not Need Any Advice/ I Have Never Asked For Advice	0%	1%	0%	0%	0%	0%	0%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	0%
Like To Do My Own Research About Medications	0%	0%	0%	0%	0%	0%	0%	0%
They Give Conflicting Advice From My Doctor/ The Doctor Gave Different Advice	0%	1%	0%	0%	0%	0%	0%	0%
I Like To Get A Second Opinion/ I Like To Get Advice From Somewhere Else	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get My Advice From A Health Care Professional/ Specialist	0%	0%	0%	0%	0%	0%	0%	0%
I will/ I Have Followed That Advice	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/	0%	0%	0%	0%	0%	0%	0%	0%

Q33C. Why do you choose not to follow the advice your pharmacist gave you on complementary medicines?	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
Condition/Advice								
I do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like Taking More Drugs/ Medications To Heal My Condition	0%	0%	1%	0%	0%	0%	0%	0%
I do not/ Rarely Use These Medicines	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	2%	0%	1%	1%	1%	1%	1%

Figure 90: Q33C. Why do you choose not to follow the advice your pharmacist gave on complementary medicines? (by location and SEIFA)

Q33C. Why do you choose not to follow the advice your pharmacist gave you on complementary medicines?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I do not Believe They Are Qualified	0%	0%	0%	0%	0%	0%	0%	0%	1%
I do not Believe They Know That Type Of Information	0%	0%	0%	0%	0%	1%	1%	0%	0%
They do not Know My Health Condition Or Past Medical History	0%	0%	0%	0%	0%	1%	0%	1%	0%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	2%	2%	1%	4%	1%	1%	2%	2%	2%
I Would Rather Ask My Doctor	1%	1%	1%	0%	2%	1%	1%	1%	1%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Advice They Give Me Was Different To What My Doctor Told Me	0%	0%	0%	0%	0%	0%	1%	0%	0%
I do not Trust Their Advice	1%	1%	0%	0%	0%	0%	0%	0%	1%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	0%	1%	0%	0%	1%	0%	0%	0%	1%
They Did not Give/ Offer Any Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Need Their Advice/ I do not Need Any Advice/ I Have Never Asked For Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	1%	0%	0%	0%
Like To Do My Own	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q33C. Why do you choose not to follow the advice your pharmacist gave you on complementary medicines?	Total	Major cities of Australia	Regional Australia	Rural Australia	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Research About Medications									
They Give Conflicting Advice From My Doctor/ The Doctor Gave Different Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get A Second Opinion/ I Like To Get Advice From Somewhere Else	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Like To Get My Advice From A Health Care Professional/ Specialist	0%	0%	0%	0%	0%	0%	0%	0%	0%
I will/ I Have Followed That Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/Advice	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not/ Have Never Bought It From There	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like Taking More Drugs/ Medications To Heal My Condition	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not/ Rarely Use These Medicines	0%	0%	1%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	0%	2%	1%	1%	0%	1%

1.3.5 Health advice on the treatment and management of health conditions

Do participants expect to receive advice on health conditions from the pharmacist?

Figure 91: Q35D. Do you expect your pharmacist advice even if you don't ask for it on treatment/management of your health condition? (by age and gender)

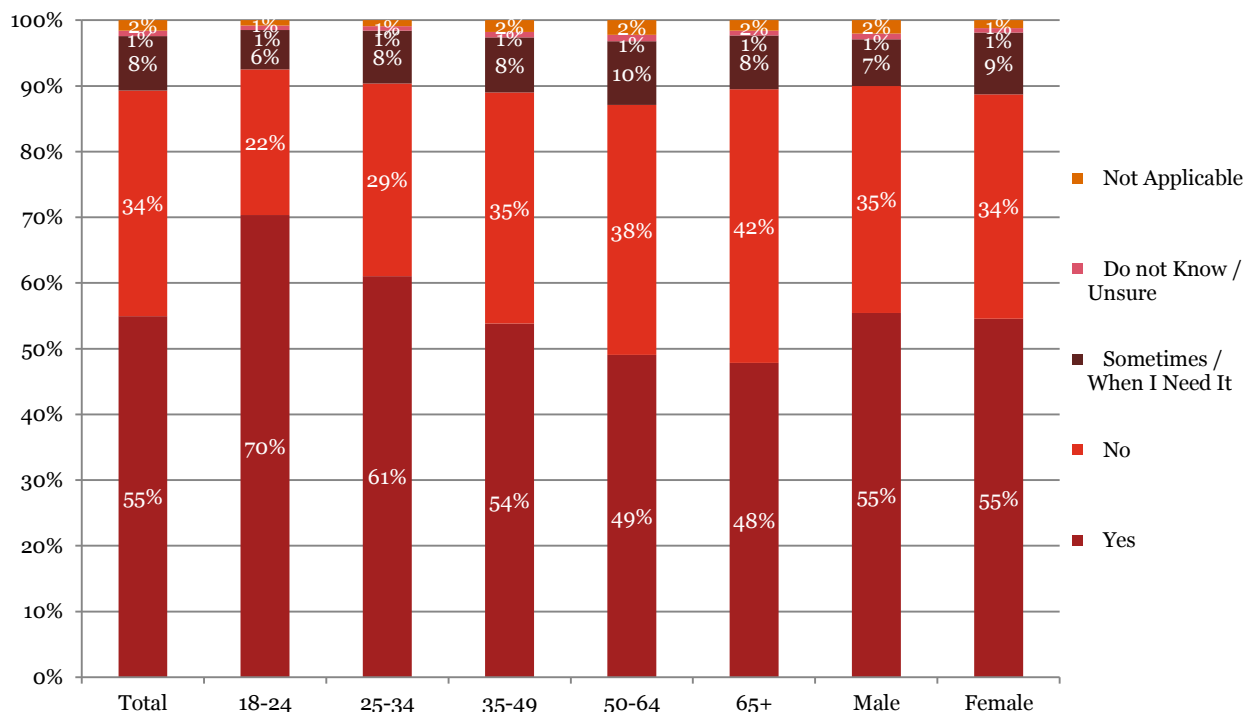
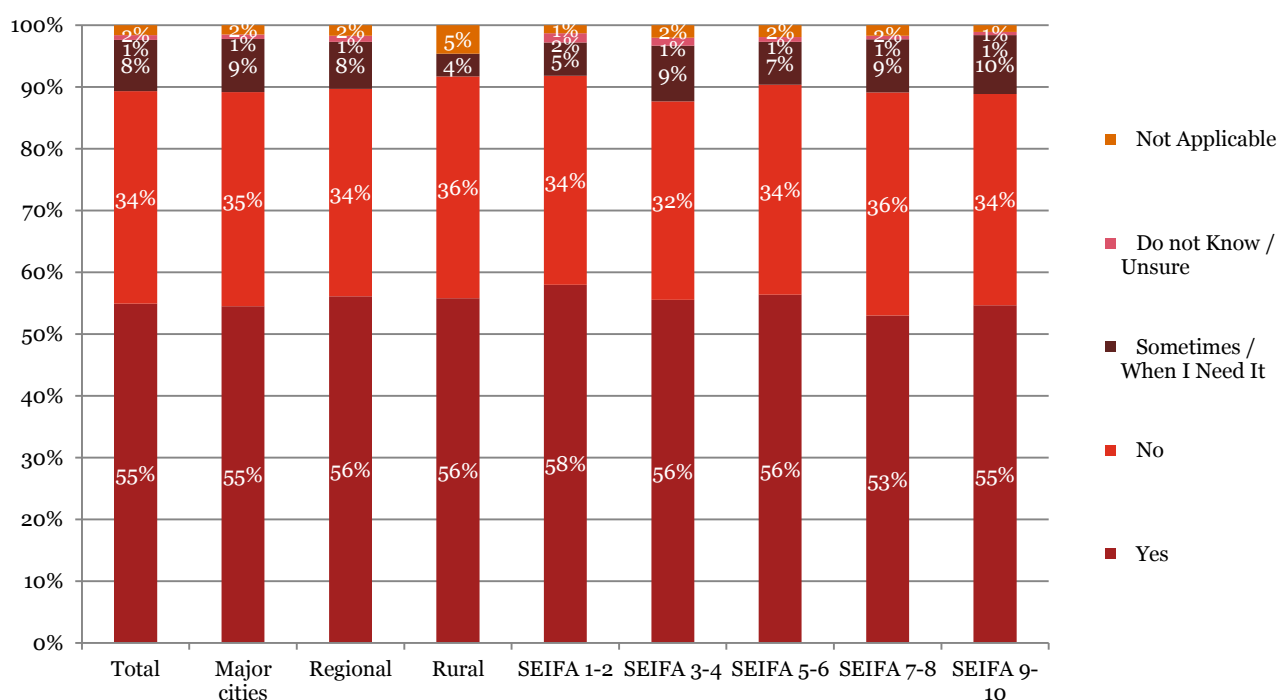


Figure 92: Q35D. Do you expect your pharmacist advice even if you don't ask for it on treatment/management of your health condition? (by location and SEIFA)



Do participants receive advice about the treatment and management of health conditions from the pharmacist?

Figure 93: Q31D. In general, when you visit a pharmacy does the pharmacist provide you with advice on treatment/management of your health condition? (by age and gender)

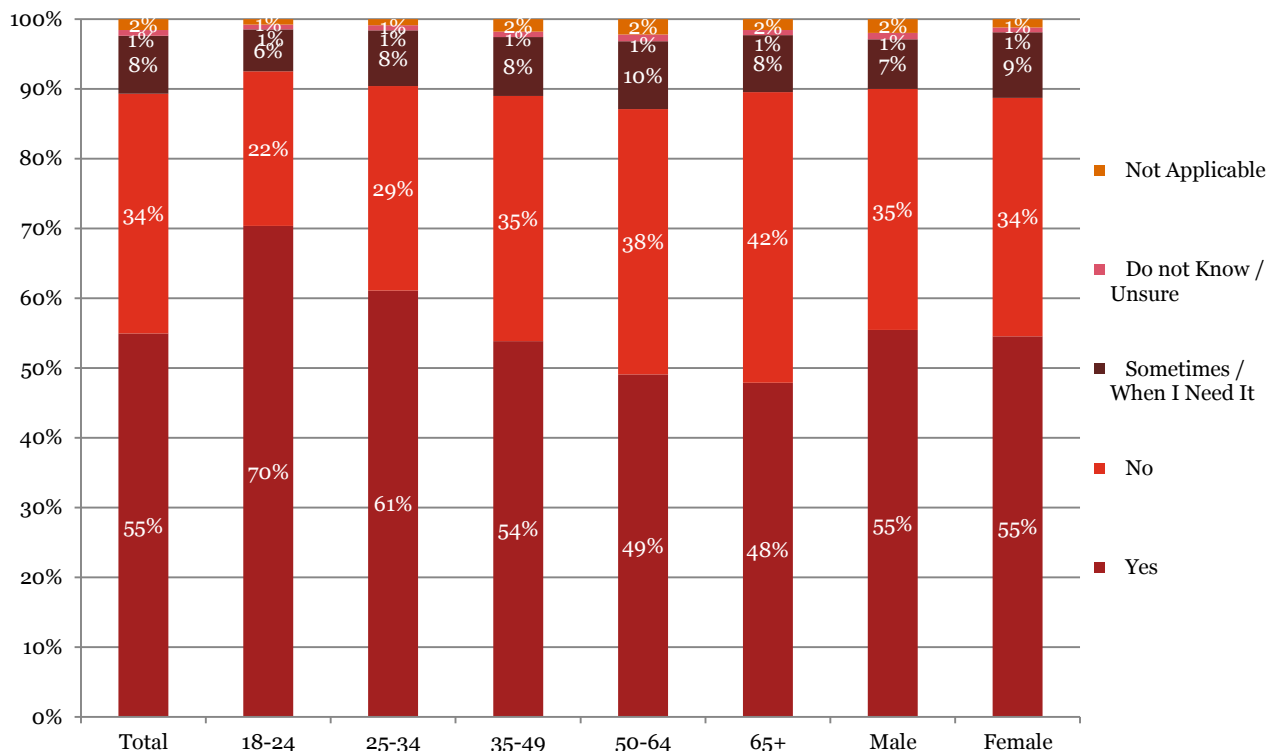
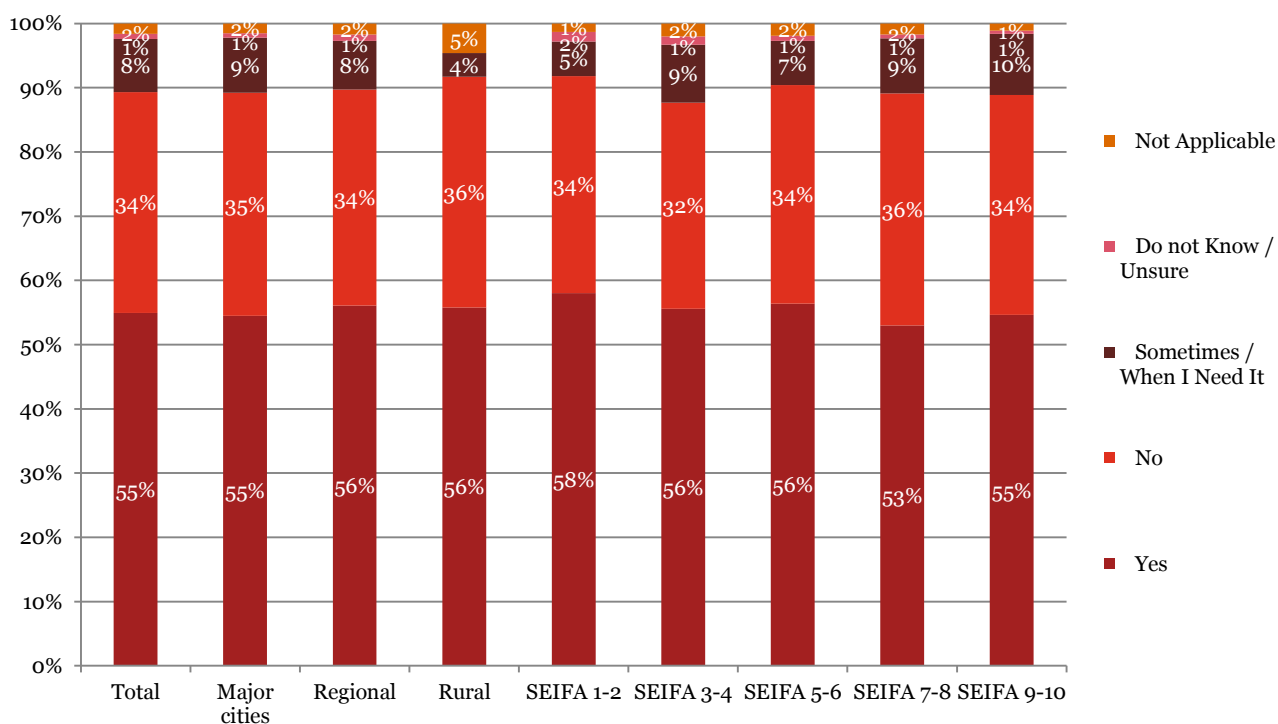


Figure 94: Q31D. In general, when you visit a pharmacy does the pharmacist provide you with advice on treatment/management of your health condition? (by location and SEIFA)



Do participants follow the pharmacist's advice on complementary medicines?

Figure 95: Q32D. Generally, do you follow the advice your pharmacist gives you on treatment/management of your health condition? (by age and gender)

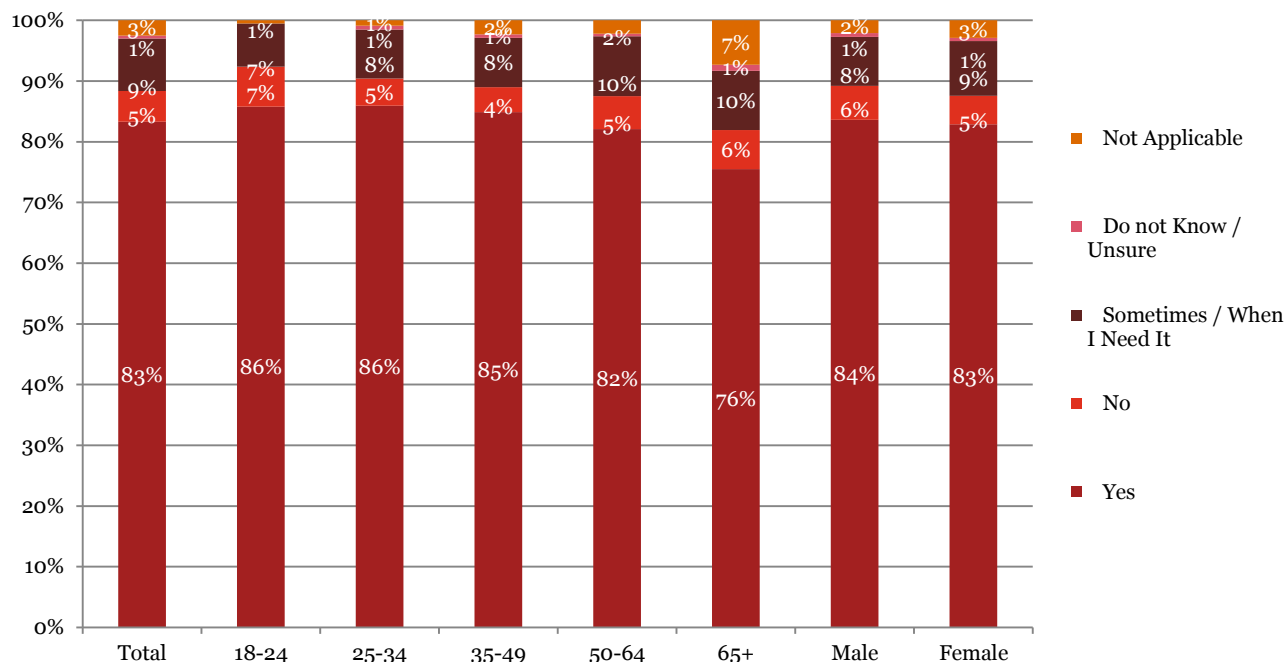
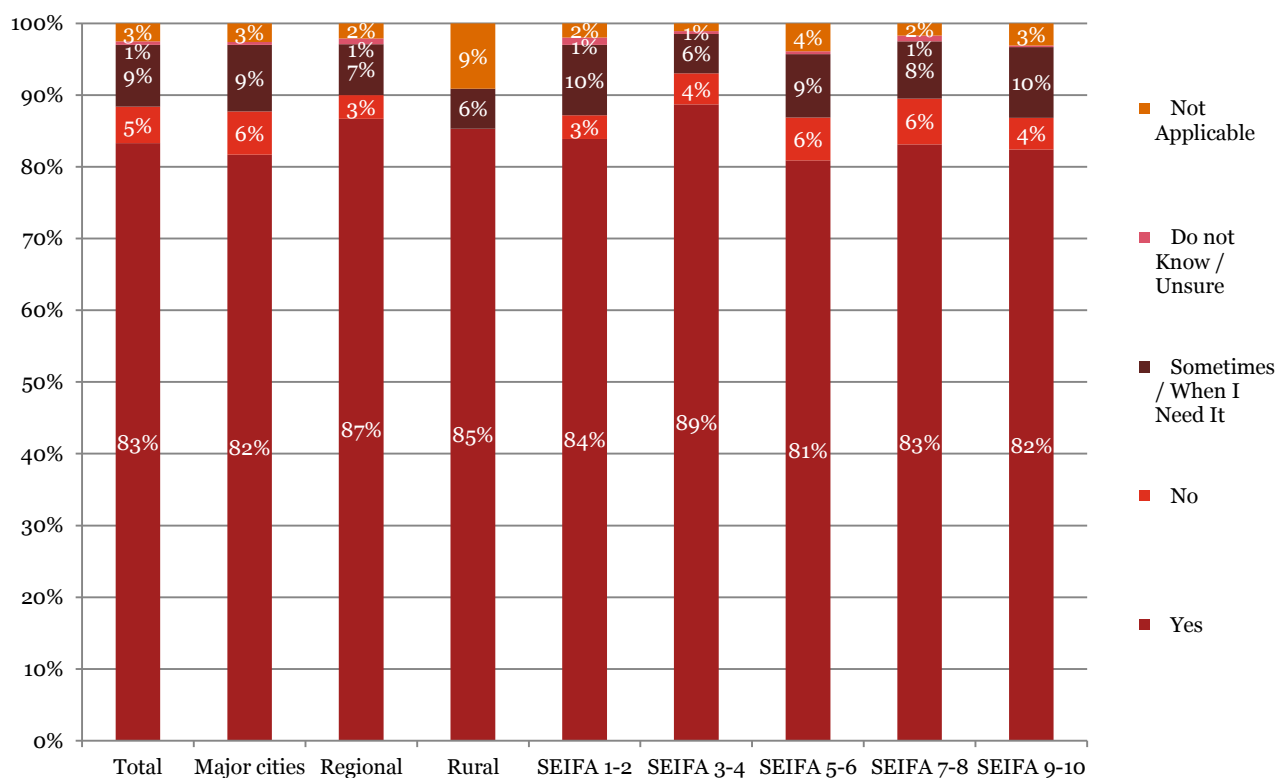


Figure 96: Q32D. Generally, do you follow the advice your pharmacist gives you on treatment/management of your health condition? (by location and SEIFA)



Do participants expect to receive advice on health conditions from the pharmacy staff?

Figure 97: Q44D. Do you expect the pharmacy staff to give advice on your treatment/management of your health condition? (by age and gender)

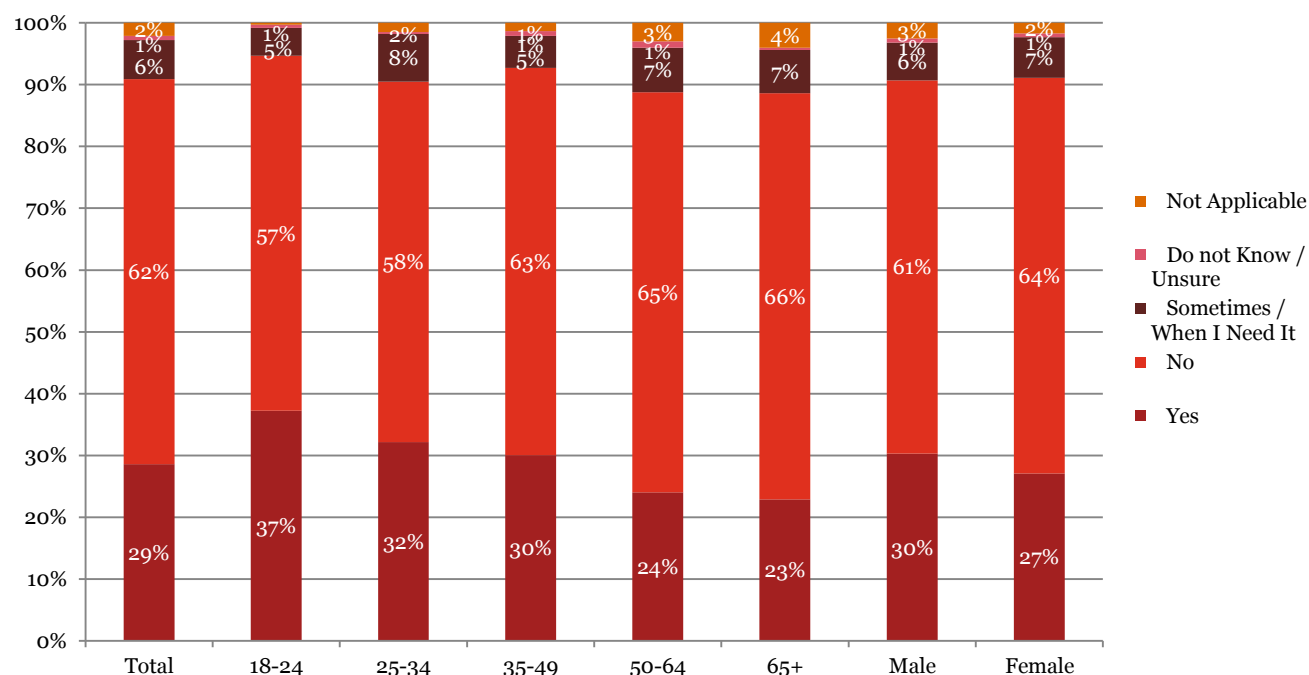
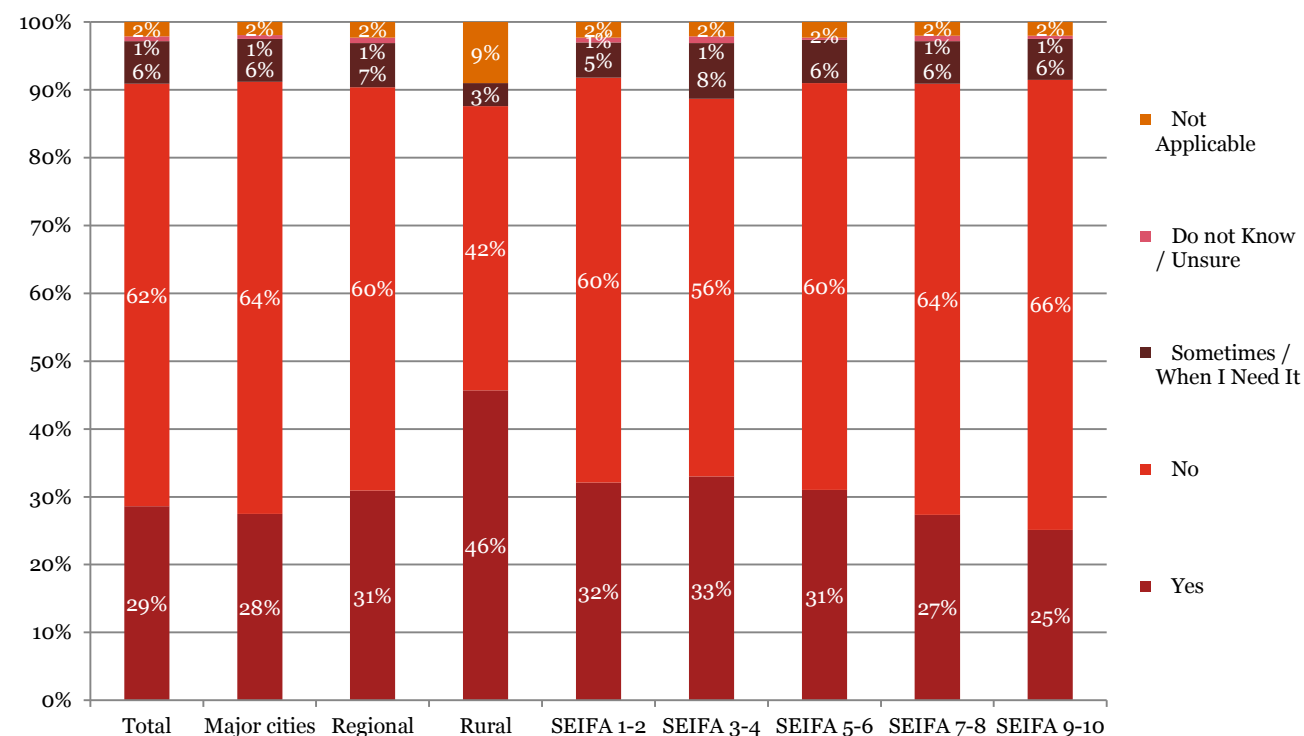


Figure 98: Q44D. Do you expect the pharmacy staff to give advice on your treatment/management of your health condition? (by location and SEIFA)



Do participants follow advice about the treatment and management of health conditions from the pharmacy staff?

Figure 99: Q41D. Generally, do you follow the advice that the pharmacy staff give you on treatment/management of your health condition? (by age and gender)

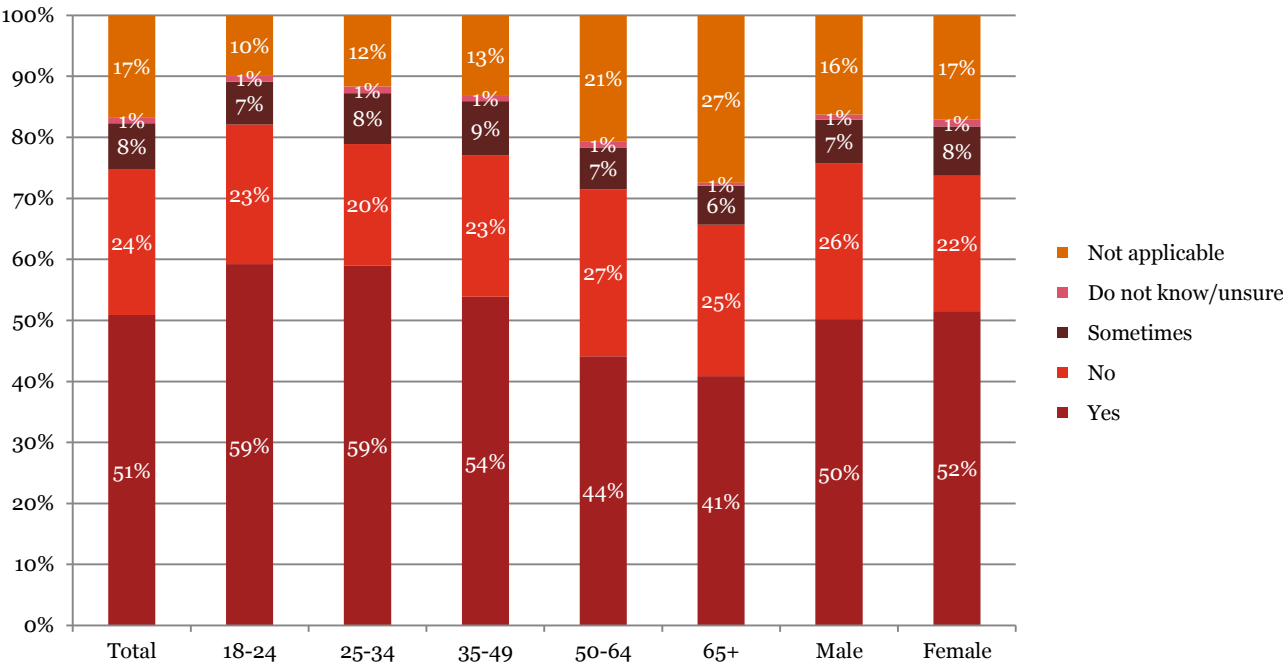


Figure 100: Q41D. Generally, do you follow the advice that the pharmacy staff give you on treatment/management of your health condition? (by location and SEIFA)

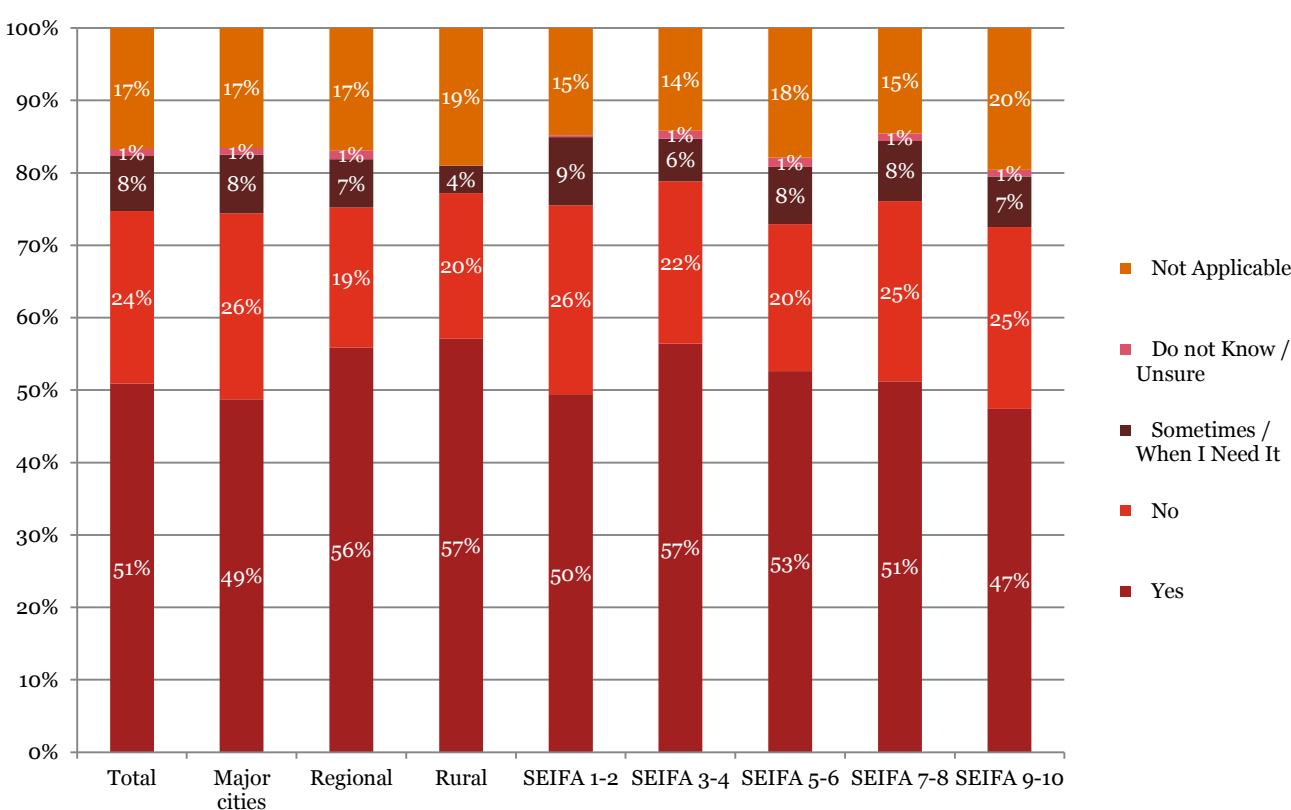


Figure 101: Q42D. Why do you choose not to follow the advice the pharmacy staff gave you on treatment or management of your health condition? (by age and gender)

Q42D. Why do you choose not to follow the advice the pharmacy staff gave you on the treatment or management of your health condition?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
I Do not Believe They Are Qualified	13%	13%	11%	14%	15%	11%	14%	12%
I Do not Believe They Know That Type Of Information	3%	2%	4%	3%	5%	3%	3%	4%
They Do not Know My Health Condition Or Past Medical History	2%	1%	2%	2%	2%	2%	1%	2%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	2%	1%	1%	3%	2%	2%	2%	3%
I Would Rather Ask My Doctor	10%	10%	10%	9%	11%	12%	12%	9%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%
I Do not Trust Their Advice	1%	1%	2%	1%	1%	1%	1%	2%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	1%	1%	1%	1%	1%	0%	1%	1%
I Would Rather Ask The Pharmacist	3%	3%	3%	4%	3%	3%	3%	3%
They Did not Give/ Offer Any Advice	1%	1%	1%	1%	1%	1%	1%	1%
I Do not Need Their Advice/ I Do not Need Any Advice/ I Have Never Asked For Advice	1%	1%	1%	1%	1%	1%	1%	0%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	0%
It is Not Applicable To Me/ It Was Not Appropriate For Me/ It Did Not Relate To Me	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/ Advice	0%	0%	1%	0%	0%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	1%	0%	0%	0%	0%	0%
They Are Too Young To Know Anything/ They Are Inexperience About These Things	0%	0%	0%	0%	0%	0%	0%	0%
They Are Just Trying To Push/ Sell Other Products	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	2%	1%	2%	2%	2%	1%	1%	2%
Do not Know / Unsure	2%	3%	1%	2%	2%	2%	2%	2%

Figure 102: Q42D. Why do you choose not to follow the advice the pharmacy staff gave you on treatment or management of your health condition? (by location and SEIFA)

Q42D. Why do you choose not to follow the advice the pharmacy staff gave you on the treatment or management of your health condition?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I Do not Believe They Are Qualified	13%	14%	10%	3%	15%	11%	12%	13%	14%
I Do not Believe They Know That Type Of Information	3%	4%	3%	3%	5%	4%	2%	4%	3%
They Do not Know My Health Condition Or Past Medical History	2%	2%	1%	0%	2%	1%	2%	1%	2%
I Already Know How To Take The Medication As I Have Been Taking It For Some Time	2%	2%	2%	0%	4%	1%	2%	3%	2%
I Would Rather Ask My Doctor	10%	11%	9%	13%	10%	11%	9%	11%	10%
I Could Not Remember The Advice That Was Given To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Do not Trust Their Advice	1%	2%	1%	0%	1%	1%	2%	1%	2%
The Advice They Gave Me Was Different To What I Had Read Or What Someone Else Told Me	1%	1%	1%	0%	1%	1%	1%	1%	1%
I Would Rather Ask The Pharmacist	3%	3%	3%	2%	3%	2%	3%	3%	4%
They Did not Give/ Offer Any Advice	1%	1%	1%	2%	1%	1%	1%	0%	1%
I Do not Need Their Advice/ I Do not Need Any Advice/ I Have Never Asked For Advice	1%	1%	1%	0%	1%	1%	1%	1%	1%
I Prefer To Read The Instructions On The Box/ Bottle/ Packaging	0%	0%	0%	0%	0%	0%	0%	0%	0%
It is Not Applicable To Me/ It Was Not Appropriate For Me/ It Did Not Relate To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Depends On The Product/ Medication/ Condition/ Advice	0%	0%	0%	0%	0%	1%	0%	0%	0%
I Am A Health Professional So I Know More Than Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Are Too Young To Know Anything/ They Are Inexperience About These Things	0%	0%	0%	0%	0%	0%	0%	0%	0%
They Are Just Trying	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q42D. Why do you choose not to follow the advice the pharmacy staff gave you on the treatment or management of your health condition?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
To Push/ Sell Other Products									
Other (Specify)	2%	2%	1%	3%	1%	3%	1%	2%	2%
Do not Know / Unsure	2%	2%	1%	0%	3%	1%	1%	2%	2%

How do participants prefer to receive information on their health condition?

Figure 103: Q55D. How do you generally prefer to receive information on your Health condition? (by age and gender)

Q55D. How do you generally prefer to receive information on your Health condition?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Through Talking With The Pharmacist	32%	41%	35%	36%	30%	21%	33%	32%
Through Talking With Other Pharmacy Staff	8%	10%	10%	10%	8%	4%	8%	9%
Through Reading A Pamphlet Or Information Leaflet That I Pick Up From The Pharmacy	6%	8%	8%	8%	5%	2%	5%	8%
Through Reading Written Information Given To Me Directly By The Pharmacist Or Pharmacy Staff	6%	5%	9%	6%	5%	2%	5%	6%
Through My GP Or Another Health Professional	63%	52%	55%	61%	67%	78%	63%	63%
Through Researching On The Internet	4%	5%	6%	4%	5%	1%	4%	5%
Email (From Who Unspec)	1%	3%	3%	0%	0%	0%	1%	1%
Label On The Packaging/ Information That Comes With It/ Inside The Box	0%	0%	0%	0%	0%	0%	0%	0%
Word Of Mouth/ Ask Family Or Friends	0%	0%	1%	1%	0%	1%	1%	0%
Ask/ Verbally/ Face To Face (Unspec Who)	1%	1%	1%	1%	1%	0%	0%	1%
Other (Specify)	2%	3%	3%	2%	2%	1%	3%	2%
Do not Know / Unsure	4%	6%	3%	4%	3%	4%	4%	3%

Figure 104: Q55D. How do you generally prefer to receive information on your Health condition? (by location and SEIFA)

Q55D. How do you generally prefer to receive information on your Health condition?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Through Talking With The Pharmacist	32%	31%	36%	38%	32%	40%	34%	30%	30%
Through Talking With Other Pharmacy Staff	8%	8%	10%	27%	12%	9%	12%	7%	6%
Through Reading A Pamphlet Or Information Leaflet That I Pick Up From The Pharmacy	6%	6%	6%	7%	8%	5%	6%	6%	7%
Through Reading Written Information Given To Me Directly By The Pharmacist Or	6%	6%	6%	8%	5%	5%	7%	6%	5%

Q55D. How do you generally prefer to receive information on your Health condition?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Pharmacy Staff									
Through My GP Or Another Health Professional	63%	64%	62%	56%	67%	64%	60%	64%	63%
Through Researching On The Internet	4%	5%	3%	0%	3%	4%	4%	3%	6%
Email (From Who Unspec)	1%	1%	1%	0%	1%	1%	1%	1%	1%
Label On The Packaging/ Information That Comes With It/ Inside The Box	0%	0%	0%	0%	0%	0%	0%	0%	0%
Word Of Mouth/ Ask Family Or Friends	0%	0%	0%	7%	0%	1%	0%	1%	0%
Ask/ Verbally/ Face To Face (Unspec Who)	1%	1%	1%	0%	0%	0%	0%	1%	1%
Other (Specify)	2%	2%	2%	1%	2%	3%	3%	2%	2%
Do not Know / Unsure	4%	4%	4%	11%	2%	3%	4%	4%	4%

1.3.6 Health services

Figure 105: Q13. Have you used the following health services in the last 12 months at a pharmacy? (by age and gender)

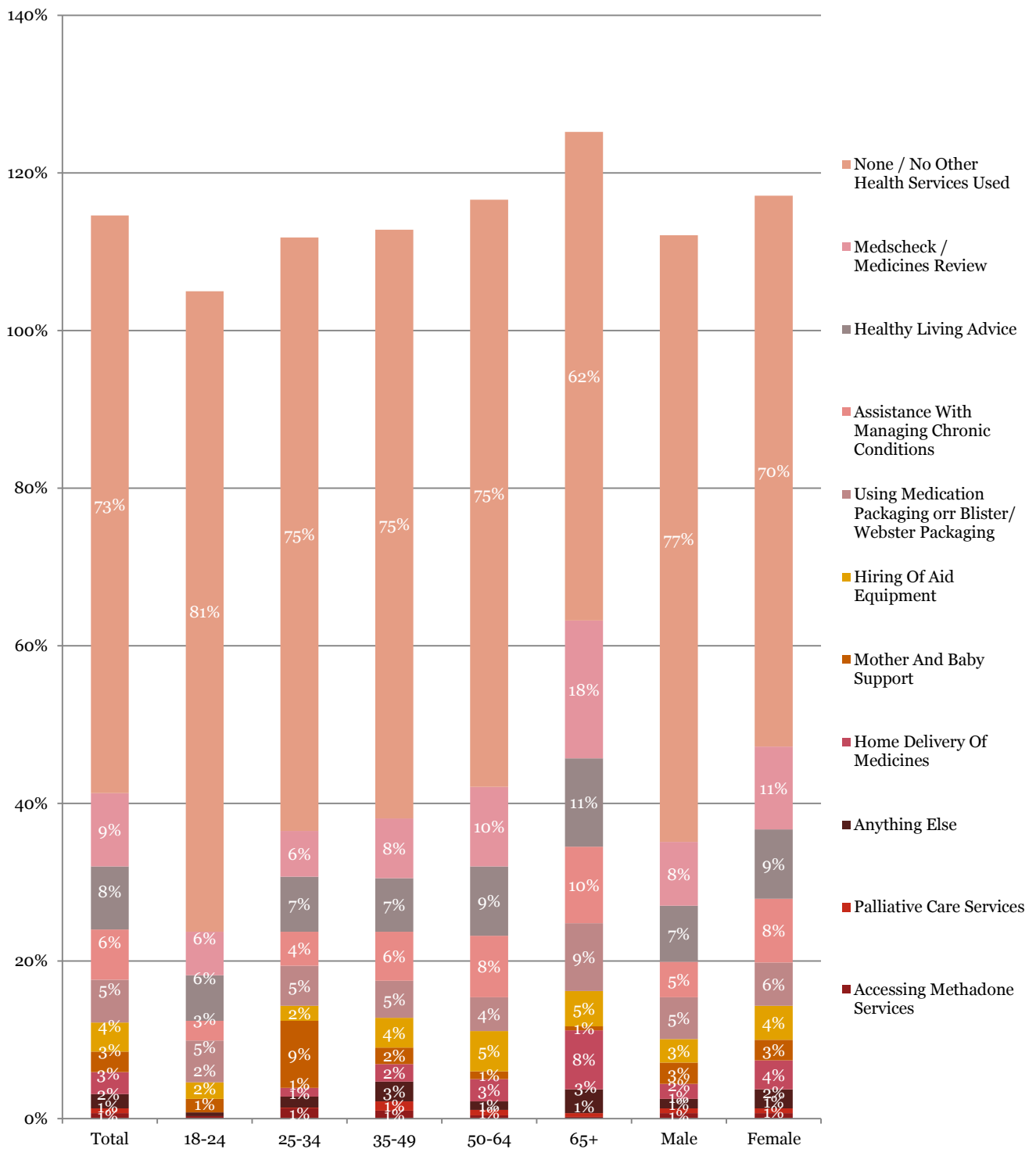
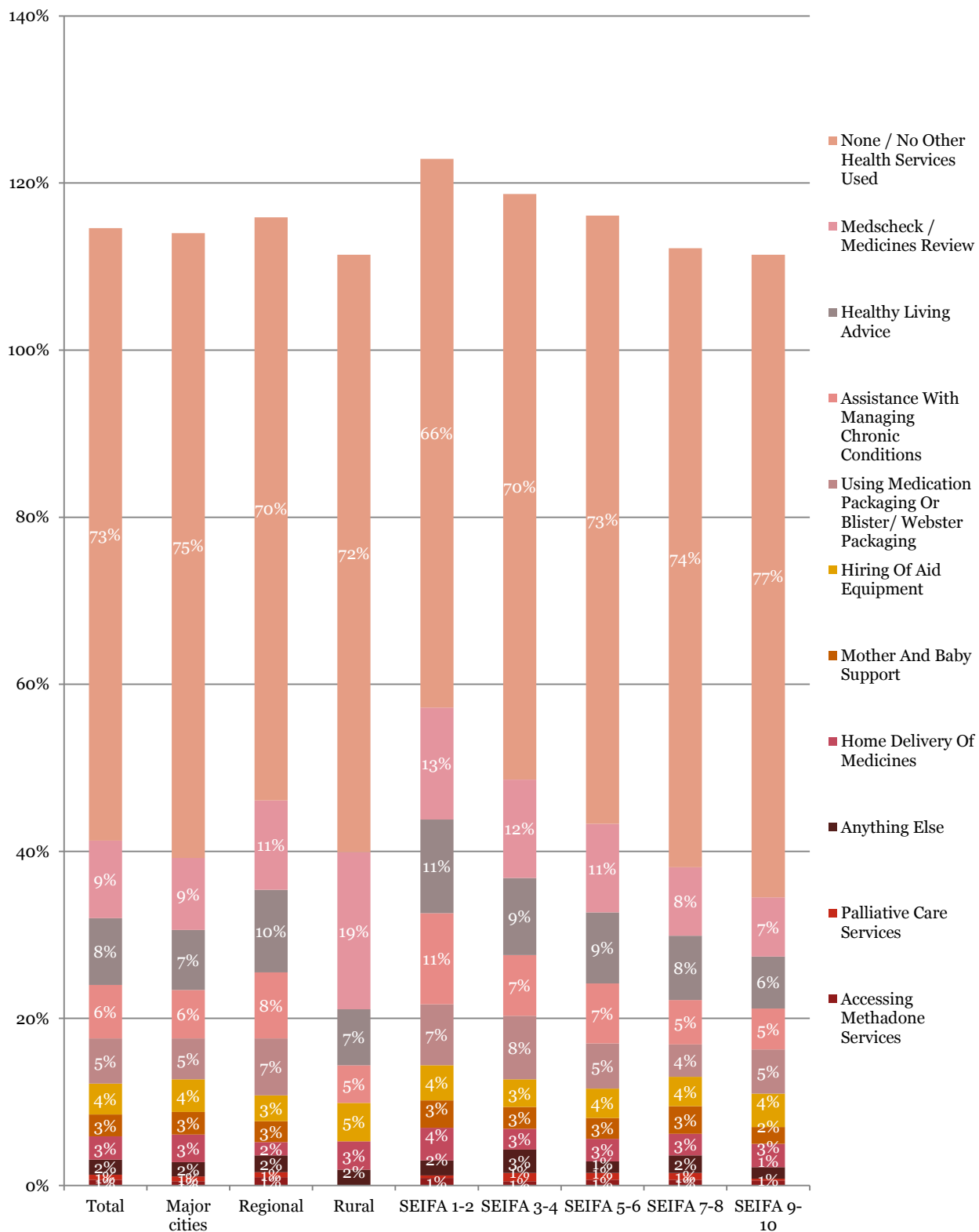


Figure 106: Q13. Have you used the following health services in the last 12 months at a pharmacy? (by location and SEIFA)



Would participants use health services now or in the future if they were available?

Figure 107: Q16. Would you access the following services now or in the future if it was available at the pharmacy that you go to? (by age and gender)

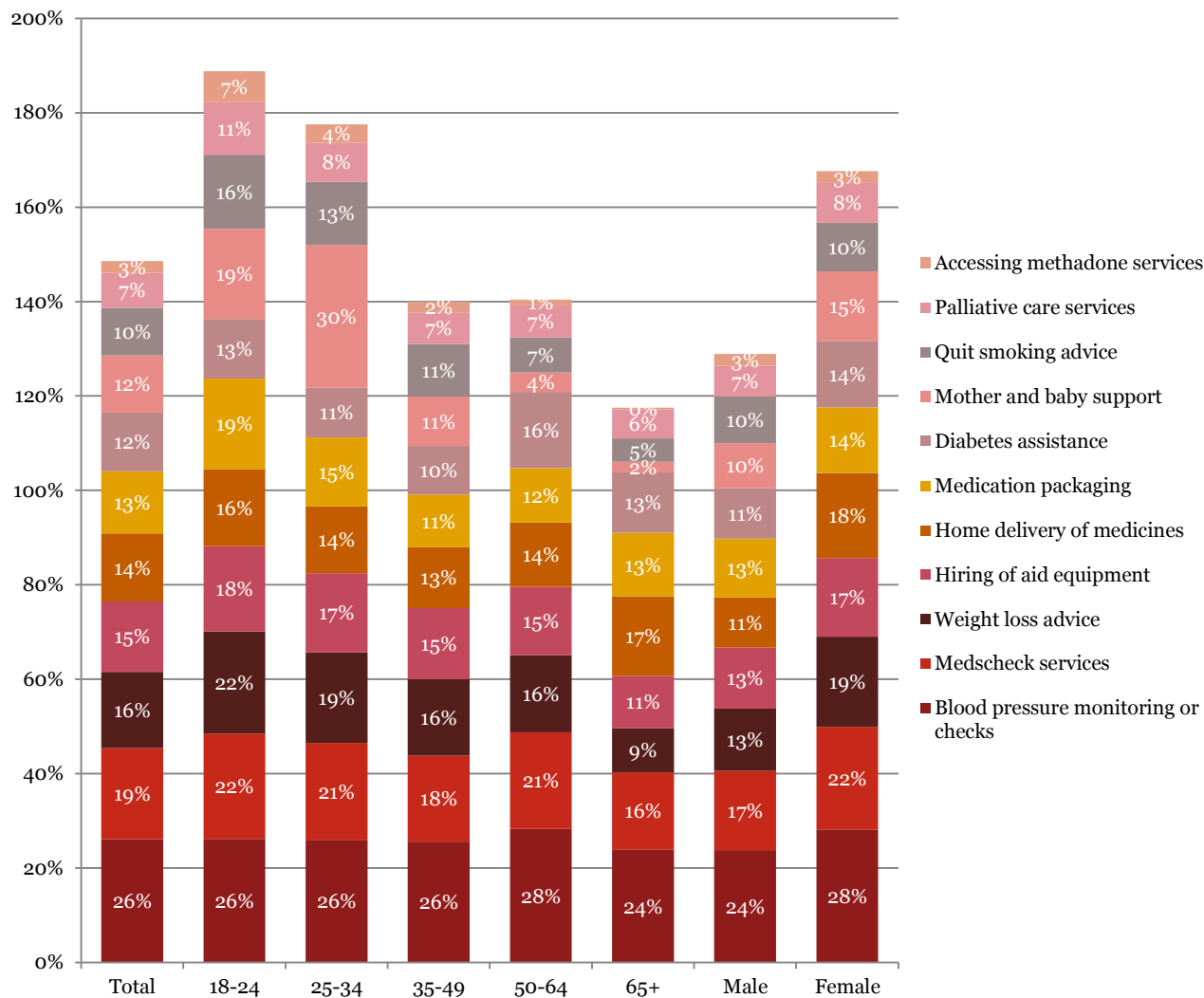
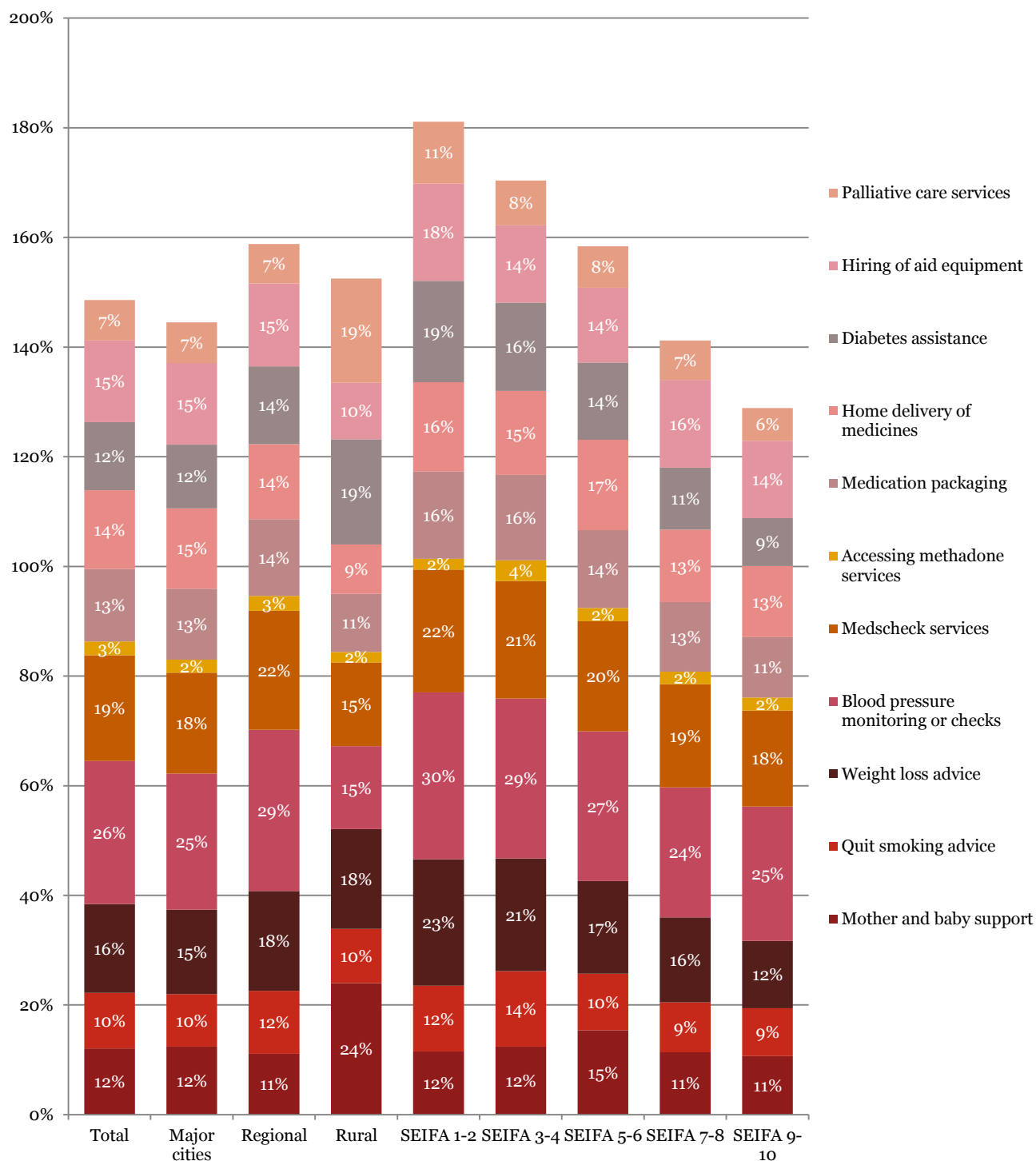


Figure 108: Q16. Would you access the following services now or in the future if it was available at the pharmacy that you go to? (by age and gender)



How satisfied are participants with the health services that they have used at a pharmacy?

Figure 109: Q15. Overall, on a scale of 1 to 5 (where 1 means very dissatisfied and 5 means very satisfied), how satisfied are you with the health services you have used? (by age and gender)

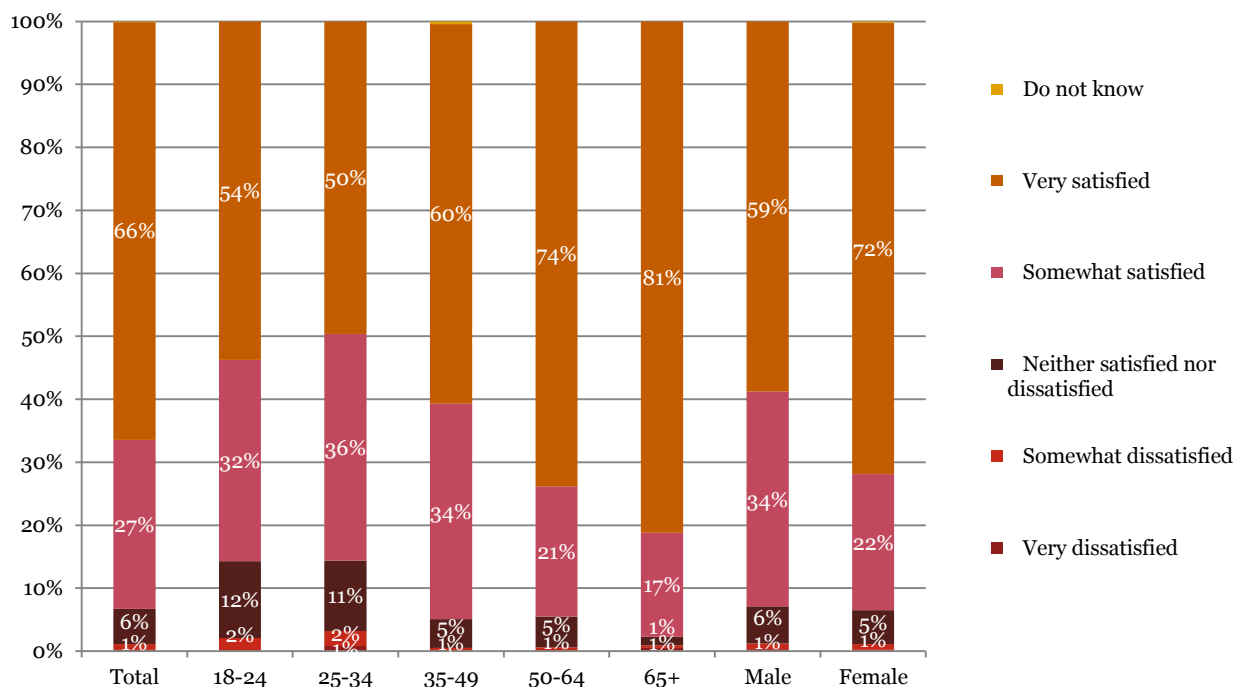
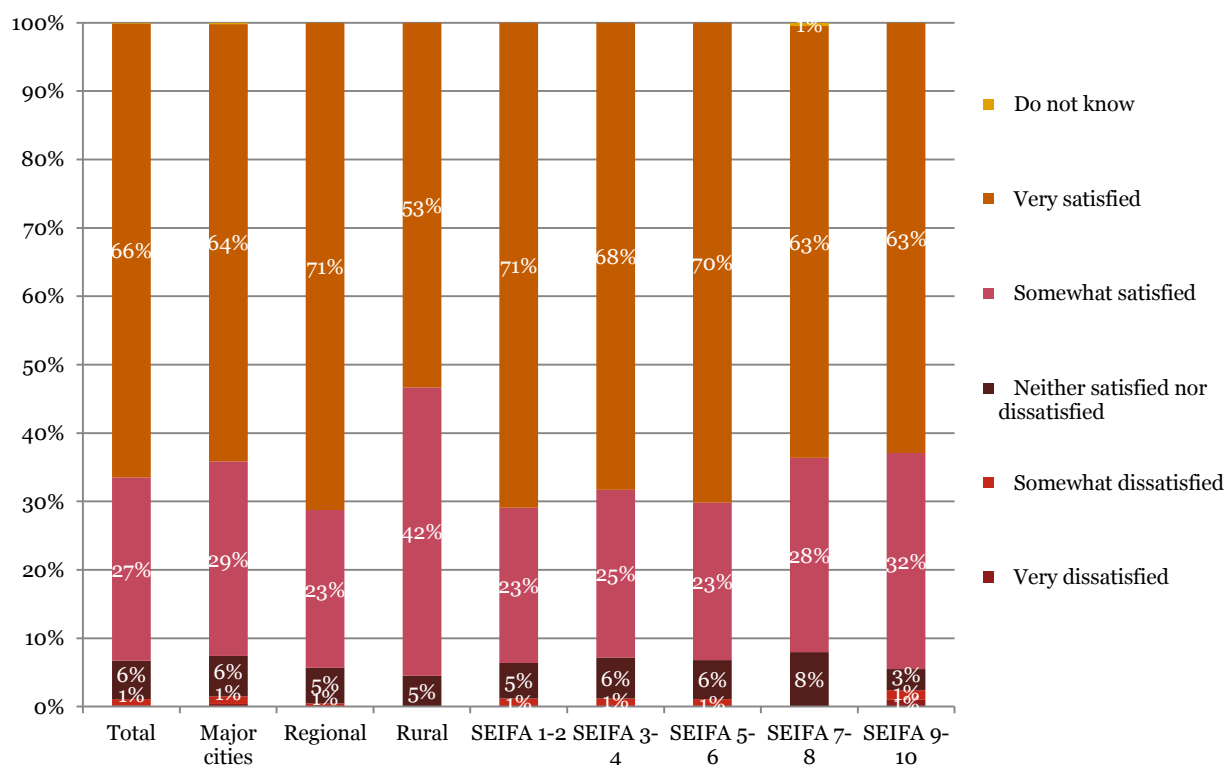


Figure 110: Q15. Overall, on a scale of 1 to 5 (where 1 means very dissatisfied and 5 means very satisfied), how satisfied are you with the health services you have used? (by location and SEIFA)



1.4 What do participants see the role of the pharmacist being?

1.4.1 To provide advice on prescription medicines, minor ailments and OTC medicines

How often do participants access the pharmacy first for information on prescription medicines, minor ailments and OTC medicines?

Figure 111: Q61A: How often do you go to the pharmacy first before consulting another health professional for information on prescription medicines? (by age and gender)

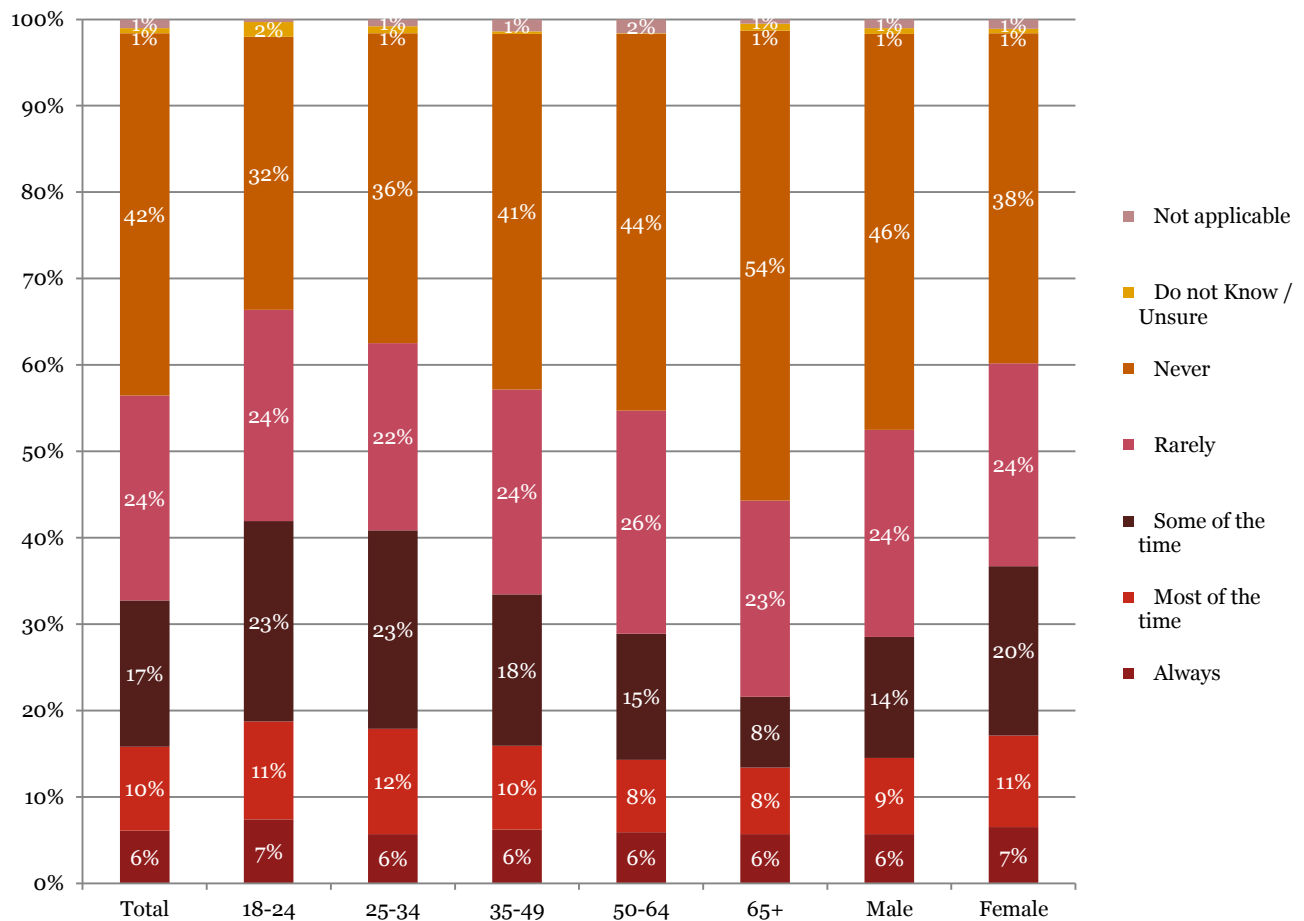


Figure 112: Q61A: How often do you go to the pharmacy first before consulting another health professional for information on prescription medicines? (by location and SEIFA)

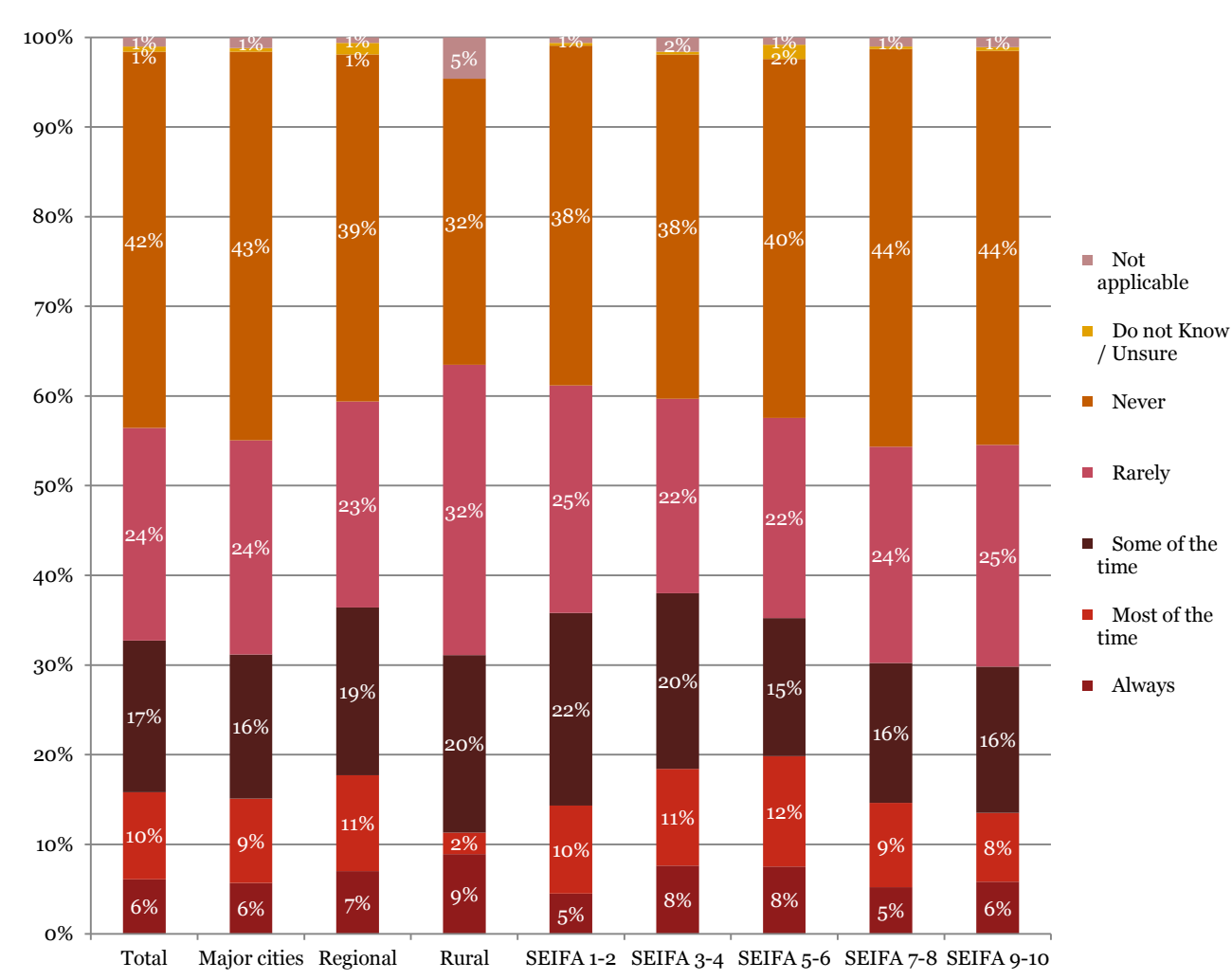


Figure 113: Q61B: How often do you go to the pharmacy first before consulting another health professional for information on over-the-counter or complementary medicines? (by age and gender)

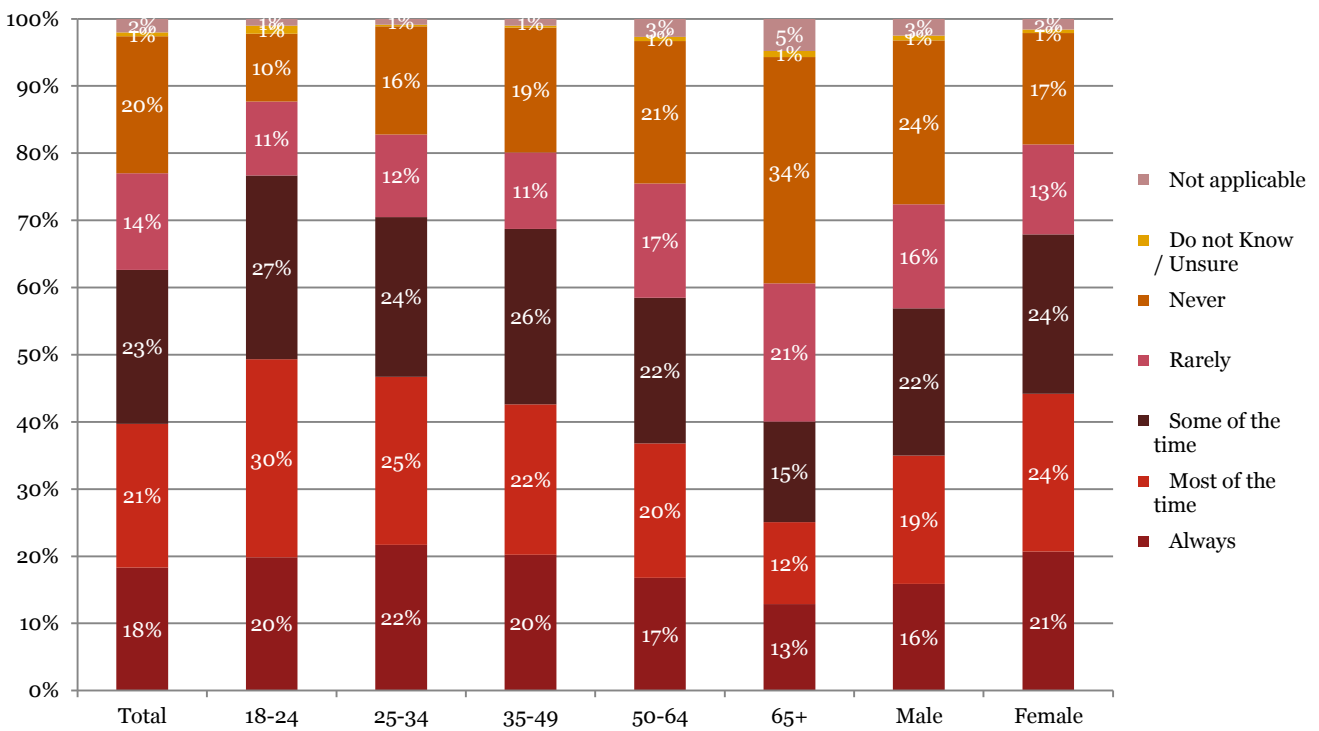


Figure 114:Q61B: How often do you go to the pharmacy first before consulting another health professional for information on over-the-counter or complementary medicines? (by location and SEIFA)

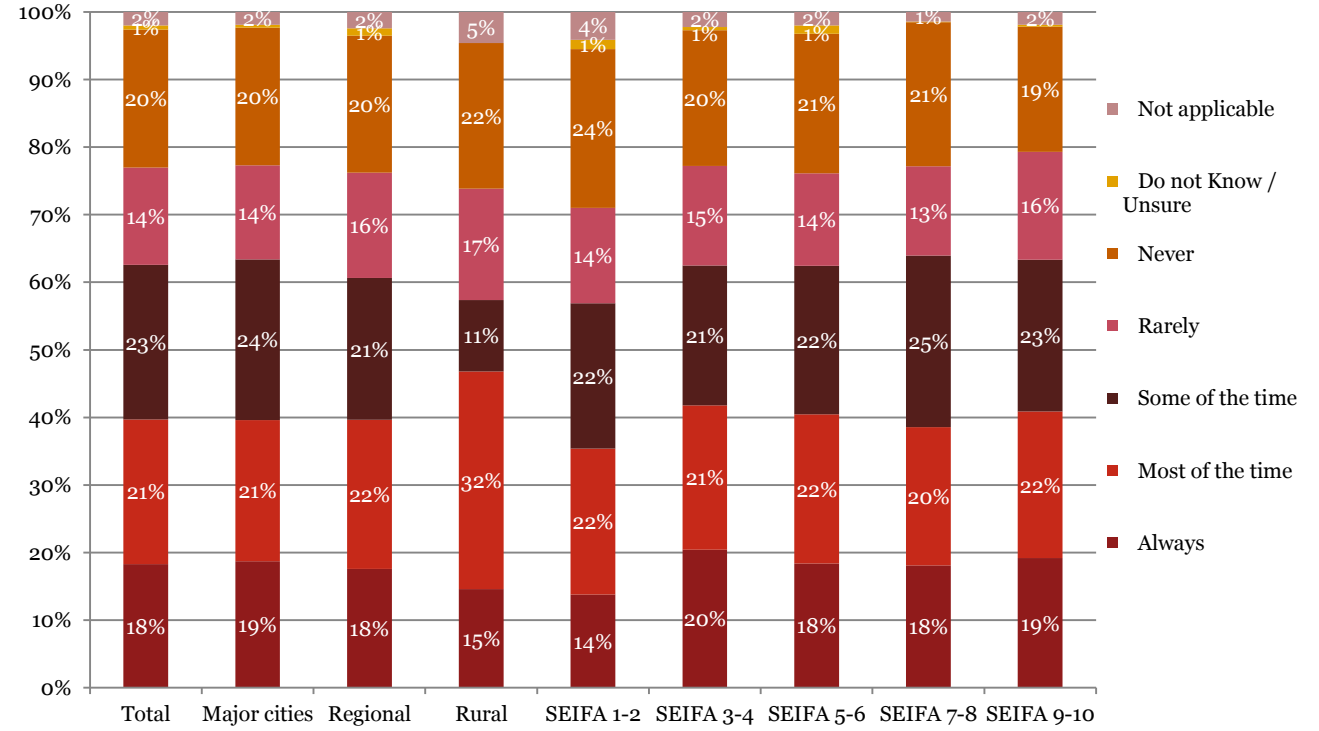


Figure 115: Q61D. How often do you go to the pharmacy first before consulting another health professional for information on minor ailments? (by age and gender)

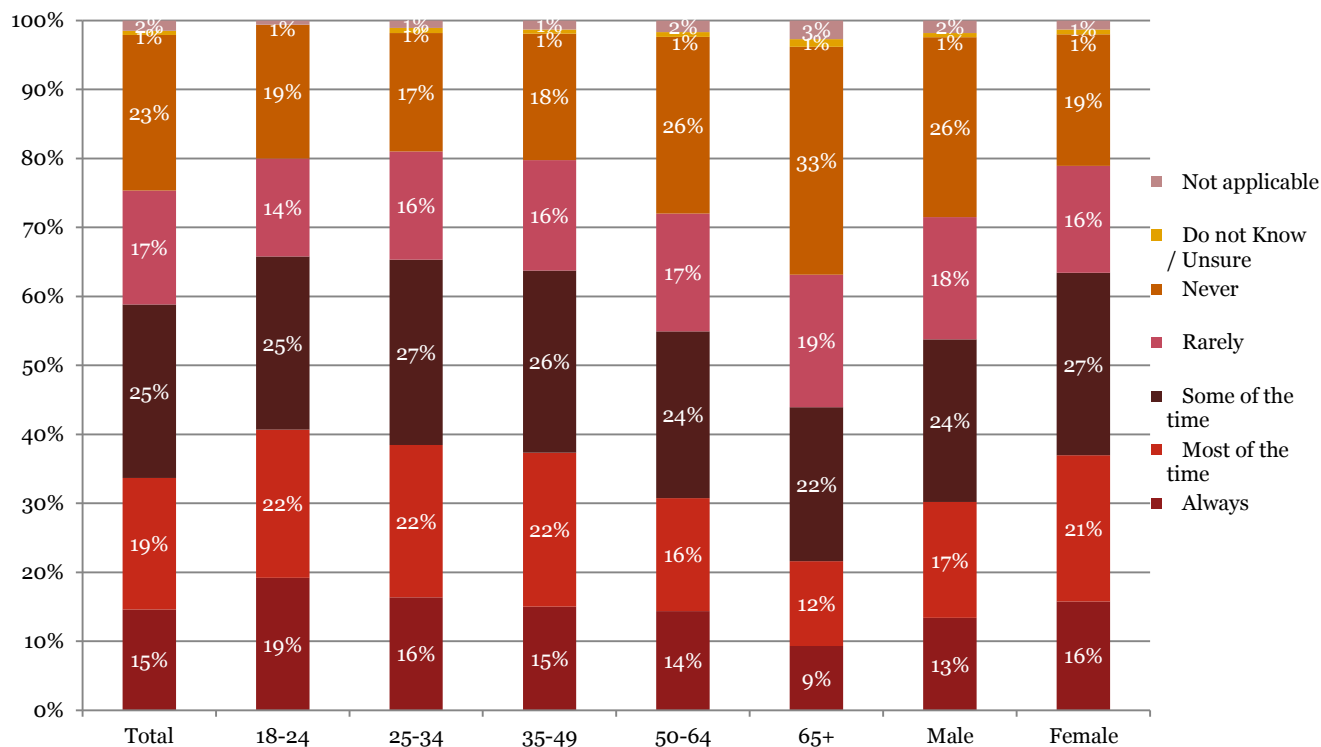
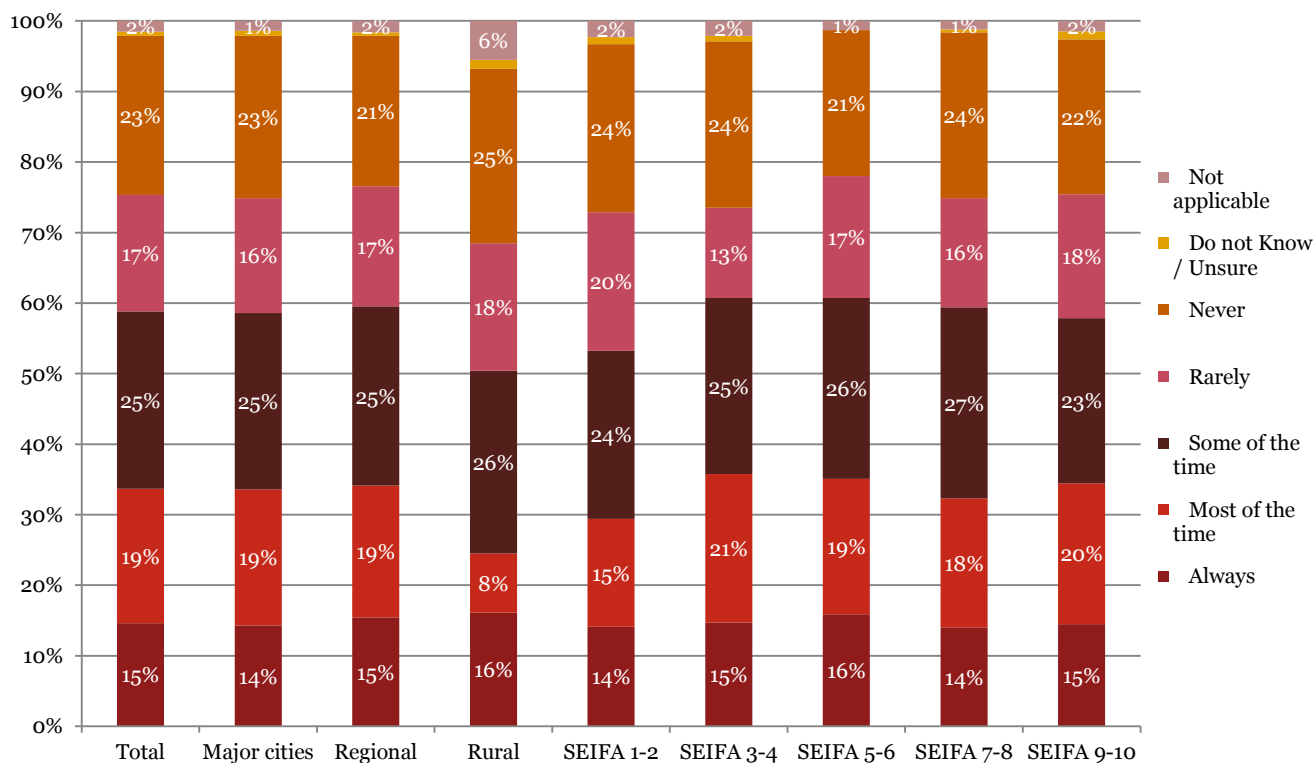


Figure 116: Q61D. How often do you go to the pharmacy first before consulting another health professional for information on minor ailments? (by location and SEIFA)



Why do participants choose to go to the pharmacy first for information on prescription medicines?

Figure 117: Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications? (by age and gender)

Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
I Know The Pharmacist And Other Staff Well	3%	2%	3%	3%	3%	3%	2%	4%
I Trust The Advice / Information The Pharmacist And / Or Other Staff Give Me In That My Health Safety Will Be Ensured	11%	14%	13%	12%	11%	7%	9%	13%
It Is A Cheaper Alternative Than Going Elsewhere (For Example Straight To The Doctor In The First Instance)	4%	5%	5%	4%	2%	2%	3%	4%
I do not Need To Make An Appointment	7%	9%	10%	9%	5%	4%	6%	9%
I do not Like Doctors/ do not Like Going To The Doctors/ Doctors do not Know Enough About Medication	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Go To The Doctor For Prescriptions First	0%	1%	0%	0%	1%	0%	0%	0%
I Prefer To Go To A Doctor/ GP/ Health Professional (Unspecified)	0%	0%	0%	0%	1%	0%	0%	0%
The Doctor Has/ Will Probably Refer/ Send Me To The Chemist Anyway/ Will Give Me Scripts	0%	1%	0%	0%	0%	0%	0%	0%
I do not Like To Bother The Doctor/ The Doctors Time Is Too Valuable To Bother Them	0%	0%	0%	1%	0%	0%	0%	0%
I could not Get In To See A Doctor/ There Were No Doctors Available/ Doctor Was Busy	1%	1%	2%	1%	1%	1%	1%	1%
I do not Like Waiting At The Doctors/ I do not Like Wasting My Time At The Doctors/ Hospitals	1%	2%	1%	0%	1%	0%	1%	1%
If it is Too Serious I Would Go To A Doctor/ They Can Recommend Me To A Doctor If It Is Serious	1%	1%	1%	0%	1%	1%	1%	1%
It Was A Minor Ailment/ do not Need To See Doctor For This/ it is Not That Serious/ do not	2%	3%	2%	2%	2%	1%	2%	2%

Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Need A Script/ Only Need Over The Counter Medication								
I Have Used This Medication Before/ I Know What It Is/ I Self Diagnosed My Problem	1%	2%	1%	1%	1%	0%	1%	1%
That is The Only Place I Can Fill My Prescription/ Only Place That Sells Medicine	1%	1%	1%	1%	1%	0%	1%	1%
That is Where They Have The Things I Need/ I can not Buy Them Anywhere Else (Unspecified)	1%	1%	1%	1%	1%	1%	1%	1%
They Have A Wide/ Better Variety/ Range Of Products/ More To Choose From	0%	0%	0%	0%	0%	0%	0%	0%
It Is Local/ Closer To Me/ I do not Have To Travel Very Far	1%	1%	1%	0%	0%	1%	1%	0%
They Are Open Longer/ Their Opening Hours Are More Convenient/ The Doctors Were Closed	0%	0%	0%	0%	0%	0%	0%	0%
It Is Convenient/ Handy/ Easy/ Available/ Easily Accessible (Unspecified)	5%	7%	8%	4%	3%	3%	4%	5%
They Are Faster/ Quicker/ Saves Me Time/ Faster Service/ Quicker Than The Doctors/ No Waiting	1%	2%	2%	1%	0%	1%	1%	1%
They Give Personal/ One On One/ Friendly/ Better Service	0%	0%	0%	0%	0%	0%	0%	1%
It is A Habit/ I Always Go There	0%	0%	0%	0%	0%	0%	0%	0%
I Was Already There/ I Was Going There Anyway/ I Was Already In The Street (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%
I would not Go There/ I Rarely/ Never Go There	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	1%	1%	0%	1%	1%
Do not Know / Unsure	3%	3%	5%	3%	3%	3%	3%	4%

Figure 118: Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications? (by location and SEIFA)

Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I Know The Pharmacist And Other Staff Well	3%	3%	3%	1%	5%	2%	2%	3%	3%
I Trust The Advice / Information The Pharmacist And / Or Other Staff Give Me In That My Health Safety Will Be Ensured	11%	11%	13%	7%	14%	12%	12%	11%	10%
It Is A Cheaper Alternative Than Going Elsewhere (For Example Straight To The Doctor In The First Instance)	4%	4%	4%	7%	5%	4%	4%	2%	4%
I do not Need To Make An Appointment	7%	7%	8%	6%	6%	9%	9%	7%	7%
I do not Like Doctors/ do not Like Going To The Doctors/ Doctors do not Know Enough About Medication	0%	0%	0%	0%	0%	0%	0%	1%	0%
I Prefer To Go To The Doctor For Prescriptions First	0%	0%	0%	0%	0%	0%	0%	0%	1%
I Prefer To Go To A Doctor/ GP/ Health Professional (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Doctor Has/ Will Probably Refer/ Send Me To The Chemist Anyway/ Will Give Me Scripts	0%	0%	0%	0%	0%	0%	0%	1%	0%
I do not Like To Bother The Doctor/ The Doctors Time Is Too Valuable To Bother Them	0%	0%	0%	0%	0%	0%	0%	0%	0%
I could not Get In To See A Doctor/ There Were No Doctors Available/ Doctor Was Busy	1%	1%	1%	2%	1%	1%	2%	1%	1%
I do not Like Waiting At The Doctors/ I do not Like Wasting My Time At The Doctors/ Hospitals	1%	1%	1%	0%	0%	2%	1%	1%	0%
If it is Too Serious I Would Go To A Doctor/ They Can	1%	1%	1%	1%	1%	1%	1%	1%	1%

Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Recommend Me To A Doctor If It Is Serious									
It Was A Minor Ailment/ do not Need To See Doctor For This/ it is Not That Serious/ do not Need A Script/ Only Need Over The Counter Medication	2%	2%	2%	1%	1%	3%	1%	2%	2%
I Have Used This Medication Before/ I Know What It Is/ I Self Diagnosed My Problem	1%	1%	1%	0%	1%	0%	0%	1%	1%
That is The Only Place I Can Fill My Prescription/ Only Place That Sells Medicine	1%	1%	1%	4%	1%	1%	1%	1%	1%
That is Where They Have The Things I Need/ I can not Buy Them Anywhere Else (Unspecified)	1%	1%	1%	0%	1%	1%	1%	1%	1%
They Have A Wide/ Better Variety/ Range Of Products/ More To Choose From	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Is Local/ Closer To Me/ I do not Have To Travel Very Far	1%	1%	0%	1%	1%	0%	1%	0%	0%
They Are Open Longer/ Their Opening Hours Are More Convenient/ The Doctors Were Closed	0%	0%	0%	0%	0%	0%	1%	0%	0%
It Is Convenient/ Handy/ Easy/ Available/ Easily Accessible (Unspecified)	5%	4%	6%	3%	4%	6%	6%	5%	3%
They Are Faster/ Quicker/ Saves Me Time/ Faster Service/ Quicker Than The Doctors/ No Waiting	1%	1%	1%	0%	1%	0%	2%	1%	1%
They Give Personal/ One On One/ Friendly/ Better Service	0%	0%	0%	0%	1%	0%	0%	0%	0%
It is A Habit/ I Always Go There	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Was Already There/ I Was Going There Anyway/ I Was	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Already In The Street (Unspecified)									
I would not Go There/ I Rarely/ Never Go There	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	1%	1%	1%	4%	0%	1%	1%	1%	1%
Do not Know / Unsure	3%	3%	4%	9%	5%	6%	4%	2%	3%

Why do participants choose to go to the pharmacy first for information on over the counter and complementary medicines and minor ailments?

Figure 119: Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for OTC medications or complementary medicines? (by age and gender)

Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for over-the-counter medications or complementary medicines?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
I Know The Pharmacist And Other Staff Well	4%	3%	3%	4%	4%	4%	3%	4%
I Trust The Advice / Information The Pharmacist And / Or Other Staff Give Me In That My Health Safety Will Be Ensured	25%	27%	25%	26%	27%	17%	22%	27%
It Is A Cheaper Alternative Than Going Elsewhere (For Example Straight To The Doctor In The First Instance)	9%	12%	10%	10%	8%	3%	7%	10%
I do not Need To Make An Appointment	13%	17%	17%	15%	11%	7%	11%	15%
I do not Like Doctors/ do not Like Going To The Doctors/ Doctors do not Know Enough About Medication	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Go To The Doctor For Prescriptions First	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Go To A Doctor/ GP/ Health Professional (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%
The Doctor Has/ Will Probably Refer/ Send Me To The Chemist Anyway/ Will Give Me Scripts	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like To Bother The Doctor/ The Doctor Time Is Too Valuable To Bother Them	1%	0%	1%	1%	1%	1%	0%	1%

Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for over-the-counter medications or complementary medicines?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
I could not Get In To See A Doctor/ There Were No Doctors Available/ Doctor Was Busy	1%	0%	1%	1%	1%	1%	1%	1%
I do not Like Waiting At The Doctors/ I do not Like Wasting My Time At The Doctors/ Hospitals	1%	2%	2%	1%	1%	1%	1%	2%
If it is Too Serious I Would Go To A Doctor/ They Can Recommend Me To A Doctor If It Is Serious	0%	0%	0%	1%	0%	0%	0%	1%
It Was A Minor Ailment/ do not Need To See Doctor For This/ it is Not That Serious/ do not Need A Script/ Only Need Over The Counter Medication	7%	9%	8%	8%	7%	5%	7%	8%
It Depends On The Severity Of The Condition/ Illness/ Problem (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%
I Have Used This Medication Before/ I Know What It Is/ I Self Diagnosed My Problem	3%	4%	3%	3%	2%	2%	2%	3%
That is The Only Place I Can Fill My Prescription/ Only Place That Sells Medicine	0%	1%	0%	0%	0%	0%	0%	0%
That is Where They Have The Things I Need/ I can not Buy Them Anywhere Else (Unspecified)	2%	1%	1%	2%	1%	1%	1%	2%
They Have A Wide/ Better Variety/ Range Of Products/ More To Choose From	1%	1%	1%	2%	1%	0%	1%	1%
It Is Local/ Closer To Me/ I do not Have To Travel Very Far	1%	2%	1%	1%	1%	0%	1%	0%
They Are Open Longer/ Their Opening Hours Are More Convenient/ The Doctors Were Closed	0%	0%	0%	0%	0%	0%	0%	0%
It Is Convenient/ Handy/ Easy/ Available/ Easily Accessible (Unspecified)	8%	13%	11%	9%	6%	4%	8%	8%
They Are Faster/ Quicker/ Saves Me Time/ Faster Service/ Quicker Than The Doctors/ No Waiting	2%	4%	3%	2%	1%	1%	2%	2%
They Give Personal/ One On One/ Friendly/ Better Service	0%	0%	0%	0%	0%	0%	0%	0%
It is A Habit/ I Always Go There	0%	0%	0%	0%	0%	0%	0%	0%
I Have No Choice/ There Is Nowhere Else To Go	0%	0%	0%	0%	0%	0%	0%	0%
I Was Already There/ I Was	0%	0%	0%	0%	0%	0%	0%	0%

Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for over-the-counter medications or complementary medicines?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Going There Anyway/ I Was Already In The Street (Unspecified)								
I would not Go There/ I Rarely/ Never Go There	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	2%	2%	1%	3%	1%	0%	2%	1%
Do not Know / Unsure	3%	3%	4%	3%	4%	3%	3%	4%

Figure 120:Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for OTC medications or complementary medicines? (by location and SEIFA)

Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for over-the-counter medications or complementary medicines?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I Know The Pharmacist And Other Staff Well	4%	3%	0%	4%	5%	3%	3%	4%	4%
I Trust The Advice / Information The Pharmacist And / Or Other Staff Give Me In That My Health Safety Will Be Ensured	25%	26%	22%	25%	26%	26%	23%	25%	25%
It Is A Cheaper Alternative Than Going Elsewhere (For Example Straight To The Doctor In The First Instance)	9%	8%	10%	9%	7%	6%	8%	9%	10%
I do not Need To Make An Appointment	13%	13%	16%	13%	12%	15%	13%	14%	12%
I do not Like Doctors/ do not Like Going To The Doctors/ Doctors do not Know Enough About Medication	0%	0%	0%	0%	0%	1%	0%	0%	0%
I Prefer To Go To The Doctor For Prescriptions First	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Go To A Doctor/ GP/ Health Professional (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Doctor Has/ Will Probably Refer/ Send Me To The Chemist Anyway/ Will Give Me Scripts	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like To Bother The Doctor/ The Doctor Time Is Too Valuable To Bother Them	1%	1%	0%	1%	0%	0%	1%	1%	1%
I could not Get In To See	1%	2%	2%	1%	1%	2%	1%	1%	1%

Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for over-the-counter medications or complementary medicines?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
A Doctor/ There Were No Doctors Available/ Doctor Was Busy									
I do not Like Waiting At The Doctors/ I do not Like Wasting My Time At The Doctors/ Hospitals	1%	0%	0%	1%	1%	1%	1%	1%	1%
If it is Too Serious I Would Go To A Doctor/ They Can Recommend Me To A Doctor If It Is Serious	0%	1%	1%	0%	0%	1%	1%	0%	0%
It Was A Minor Ailment/ do not Need To See Doctor For This/ it is Not That Serious/ do not Need A Script/ Only Need Over The Counter Medication	7%	5%	1%	7%	6%	7%	7%	8%	8%
It Depends On The Severity Of The Condition/ Illness/ Problem (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Have Used This Medication Before/ I Know What It Is/ I Self Diagnosed My Problem	3%	3%	0%	3%	1%	4%	2%	3%	3%
That is The Only Place I Can Fill My Prescription/ Only Place That Sells Medicine	0%	0%	0%	0%	0%	0%	0%	1%	0%
That is Where They Have The Things I Need/ I can not Buy Them Anywhere Else (Unspecified)	2%	2%	0%	2%	1%	1%	3%	1%	2%
They Have A Wide/ Better Variety/ Range Of Products/ More To Choose From	1%	1%	1%	1%	1%	2%	1%	1%	1%
It Is Local/ Closer To Me/ I do not Have To Travel Very Far	1%	1%	0%	1%	2%	1%	1%	1%	1%
They Are Open Longer/ Their Opening Hours Are More Convenient/ The Doctors Were Closed	0%	0%	0%	0%	0%	0%	0%	0%	0%
It Is Convenient/ Handy/ Easy/ Available/ Easily Accessible (Unspecified)	8%	8%	6%	8%	7%	9%	8%	8%	8%
They Are Faster/ Quicker/ Saves Me Time/ Faster Service/ Quicker Than The Doctors/ No Waiting	2%	2%	0%	2%	1%	2%	3%	3%	2%
They Give Personal/ One On One/ Friendly/ Better	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for over-the-counter medications or complementary medicines?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Service									
It is A Habit/ I Always Go There	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Have No Choice/ There Is Nowhere Else To Go	0%	0%	0%	0%	0%	0%	1%	0%	0%
I Was Already There/ I Was Going There Anyway/ I Was Already In The Street (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%	0%
I would not Go There/ I Rarely/ Never Go There	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	2%	1%	13%	2%	1%	1%	1%	2%	2%
Do not Know / Unsure	3%	3%	2%	3%	3%	3%	4%	4%	3%

Where would participants' first point of consultation be for information on prescription medicines, OTC and complementary medicines and minor ailments in the future?

Figure 121: Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions? (by age and gender)

Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
I Know The Pharmacist And Other Staff Well	4%	2%	3%	3%	4%	5%	3%	4%
I Trust The Advice / Information The Pharmacist And / Or Other Staff Give Me In That My Health Safety Will Be Ensured	21%	20%	23%	22%	23%	17%	19%	23%
It Is A Cheaper Alternative Than Going Elsewhere (For Example Straight To The Doctor In The First Instance)	9%	11%	11%	11%	9%	4%	9%	10%
I do not Need To Make An Appointment	16%	19%	16%	18%	14%	10%	12%	18%
I do not Like Doctors/ do not Like Going To The Doctors/ Doctors do not Know Enough About Medication	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Go To The Doctor For Prescriptions First	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Go To A Doctor/ GP/ Health Professional (Unspecified)	0%	0%	0%	0%	0%	1%	0%	0%
The Doctor Has/ Will Probably Refer/ Send Me To	0%	0%	0%	0%	0%	0%	0%	0%

Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
The Chemist Anyway/ Will Give Me Scripts								
I do not Like To Bother The Doctor/ The Doctor Time Is Too Valuable To Bother Them	1%	1%	2%	1%	1%	1%	1%	1%
I could not Get In To See A Doctor/ There Were No Doctors Available/ Doctor Was Busy	1%	1%	1%	1%	1%	0%	1%	1%
I do not Like Waiting At The Doctors/ I do not Like Wasting My Time At The Doctors/ Hospitals	1%	1%	2%	1%	0%	0%	1%	1%
If it is Too Serious I Would Go To A Doctor/ They Can Recommend Me To A Doctor If It Is Serious	1%	0%	2%	1%	2%	1%	1%	2%
It Was A Minor Ailment/ do not Need To See Doctor For This/ it is Not That Serious/ do not Need A Script/ Only Need Over The Counter Medication	7%	6%	8%	7%	6%	5%	6%	7%
It Depends On The Severity Of The Condition/ Illness/ Problem (Unspecified)	0%	1%	0%	1%	0%	0%	1%	0%
I Have Used This Medication Before/ I Know What It Is/ I Self Diagnosed My Problem	2%	3%	2%	2%	2%	1%	2%	2%
That is The Only Place I Can Fill My Prescription/ Only Place That Sells Medicine	1%	1%	1%	1%	0%	0%	1%	1%
That is Where They Have The Things I Need/ I can not Buy Them Anywhere Else (Unspecified)	1%	0%	1%	1%	1%	1%	1%	1%
They Have A Wide/ Better Variety/ Range Of Products/ More To Choose From	1%	2%	1%	1%	1%	0%	1%	1%
It Is Local/ Closer To Me/ I do not Have To Travel Very Far	1%	2%	1%	1%	1%	0%	1%	0%
They Are Open Longer/ Their Opening Hours Are More Convenient/ The Doctors Were Closed	0%	1%	1%	0%	0%	0%	0%	0%
It Is Convenient/ Handy/ Easy/ Available/ Easily Accessible (Unspecified)	8%	12%	10%	9%	6%	5%	8%	8%
They Are Faster/ Quicker/ Saves Me Time/ Faster Service/ Quicker Than The Doctors/ No Waiting	3%	4%	3%	3%	2%	2%	3%	3%
They Give Personal/ One On One/ Friendly/ Better Service	0%	0%	0%	0%	0%	0%	0%	0%
It is A Habit/ I Always Go	0%	0%	0%	0%	0%	0%	0%	0%

Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
There								
I Have No Choice/ There Is Nowhere Else To Go	0%	0%	0%	0%	0%	0%	0%	0%
I Was Already There/ I Was Going There Anyway/ I Was Already In The Street (Unspecified)	0%	0%	0%	0%	0%	0%	0%	0%
I would not Go There/ I Rarely/ Never Go There	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	2%	3%	2%	2%	1%	1%	2%	2%
Do not Know / Unsure	3%	4%	3%	3%	3%	2%	3%	3%

Figure 122: Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions? (by location and SEIFA)

Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
I Know The Pharmacist And Other Staff Well	4%	4%	4%	0%	7%	3%	4%	4%	3%
I Trust The Advice / Information The Pharmacist And / Or Other Staff Give Me In That My Health Safety Will Be Ensured	21%	21%	22%	20%	22%	23%	21%	20%	21%
It Is A Cheaper Alternative Than Going Elsewhere (For Example Straight To The Doctor In The First Instance)	9%	10%	9%	4%	6%	8%	10%	8%	11%
I do not Need To Make An Appointment	16%	15%	16%	14%	11%	17%	16%	16%	15%
I do not Like Doctors/ do not Like Going To The Doctors/ Doctors do not Know Enough About Medication	0%	0%	0%	0%	0%	0%	0%	0%	1%
I Prefer To Go To The Doctor For Prescriptions First	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Prefer To Go To A Doctor/ GP/ Health Professional (Unspecified)	0%	0%	0%	2%	1%	0%	0%	1%	0%
The Doctor Has/ Will Probably Refer/ Send Me To The Chemist Anyway/ Will Give Me Scripts	0%	0%	0%	0%	0%	0%	0%	0%	0%
I do not Like To Bother The Doctor/ The Doctor Time Is Too Valuable To Bother Them	1%	1%	1%	0%	0%	2%	1%	1%	1%
I could not Get In To See	1%	1%	1%	3%	1%	1%	1%	1%	1%

Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
A Doctor/ There Were No Doctors Available/ Doctor Was Busy									
I do not Like Waiting At The Doctors/ I do not Like Wasting My Time At The Doctors/ Hospitals	1%	1%	0%	0%	1%	1%	1%	1%	0%
If it is Too Serious I Would Go To A Doctor/ They Can Recommend Me To A Doctor If It Is Serious	1%	1%	1%	0%	1%	1%	1%	1%	2%
It Was A Minor Ailment/ do not Need To See Doctor For This/ it is Not That Serious/ do not Need A Script/ Only Need Over The Counter Medication	7%	7%	6%	3%	5%	5%	6%	8%	7%
It Depends On The Severity Of The Condition/ Illness/ Problem (Unspecified)	0%	0%	1%	0%	0%	0%	0%	0%	1%
I Have Used This Medication Before/ I Know What It Is/ I Self Diagnosed My Problem	2%	2%	2%	0%	2%	2%	1%	2%	3%
That is The Only Place I Can Fill My Prescription/ Only Place That Sells Medicine	1%	1%	0%	6%	1%	1%	1%	1%	1%
That is Where They Have The Things I Need/ I can not Buy Them Anywhere Else (Unspecified)	1%	1%	0%	4%	1%	1%	1%	1%	1%
They Have A Wide/ Better Variety/ Range Of Products/ More To Choose From	1%	1%	1%	0%	2%	1%	1%	1%	1%
It Is Local/ Closer To Me/ I do not Have To Travel Very Far	1%	1%	1%	0%	1%	0%	2%	1%	0%
They Are Open Longer/ Their Opening Hours Are More Convenient/ The Doctors Were Closed	0%	0%	0%	0%	0%	0%	0%	1%	0%
It Is Convenient/ Handy/ Easy/ Available/ Easily Accessible (Unspecified)	8%	8%	9%	0%	8%	8%	9%	9%	8%
They Are Faster/ Quicker/ Saves Me Time/ Faster Service/ Quicker Than The Doctors/ No Waiting	3%	3%	3%	0%	2%	2%	4%	3%	2%
They Give Personal/ One On One/ Friendly/ Better Service	0%	0%	0%	0%	0%	0%	0%	0%	0%
It is A Habit/ I Always Go	0%	0%	0%	0%	0%	0%	0%	0%	0%

Q62D. What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
There									
I Have No Choice/ There Is Nowhere Else To Go	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Was Already There/ I Was Going There Anyway/ I Was Already In The Street (Unspecified)	0%	0%	1%	0%	0%	0%	1%	0%	0%
I would not Go There/ I Rarely/ Never Go There	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	2%	2%	1%	3%	2%	2%	2%	1%	2%
Do not Know / Unsure	3%	3%	3%	2%	3%	3%	4%	3%	2%

Where would participants' first point of consultation be for information on prescription medicines, OTC and complementary medicines and minor ailments in the future?

Figure 123:Q79D. In the future, where would you likely go in the first instance for health advice and information for prescription Medications? (by age and gender)

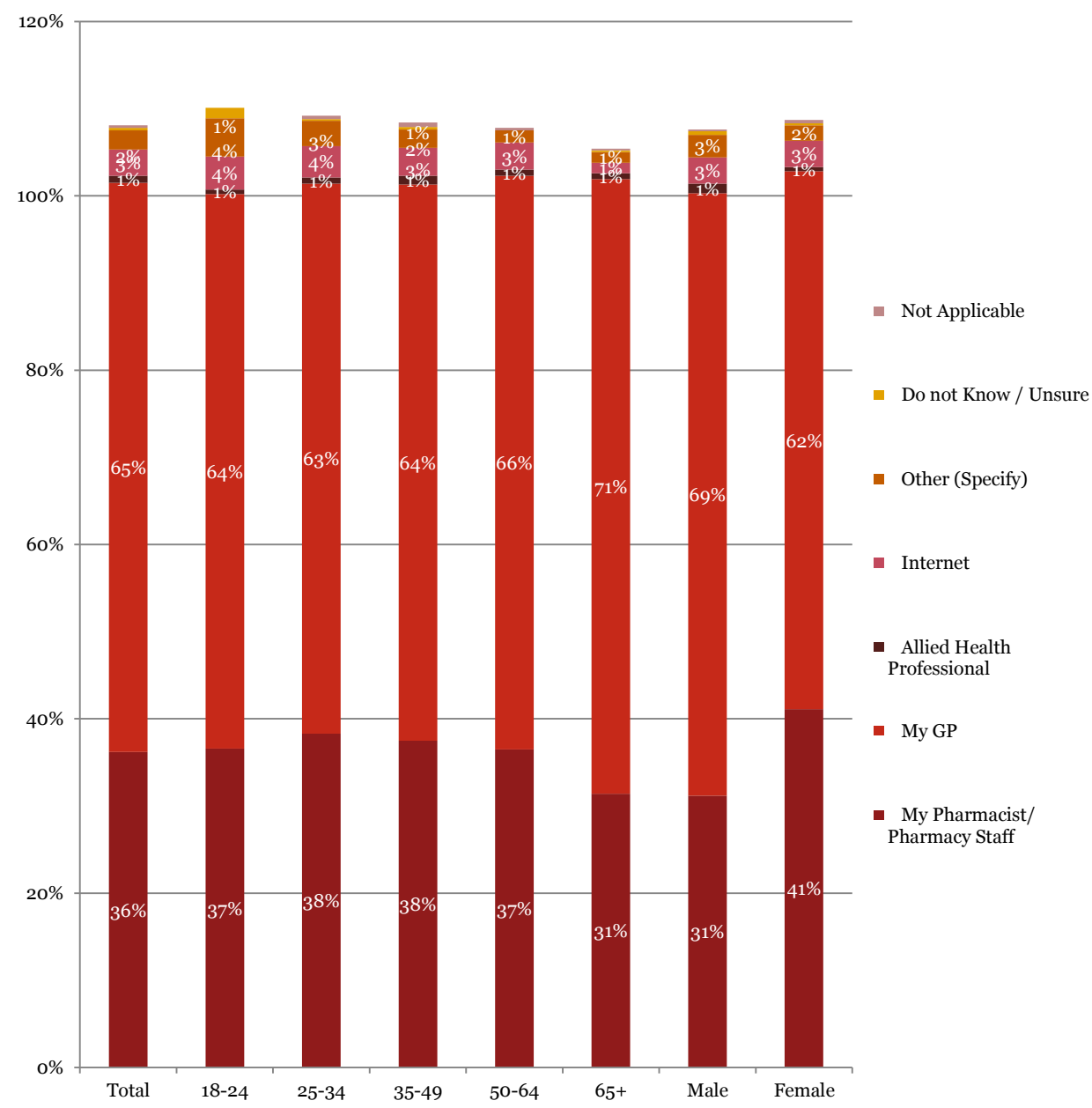


Figure 124: Q79D. In the future, where would you likely go to in the first instance for health advice and information for prescription Medications? (by location and SEIFA)

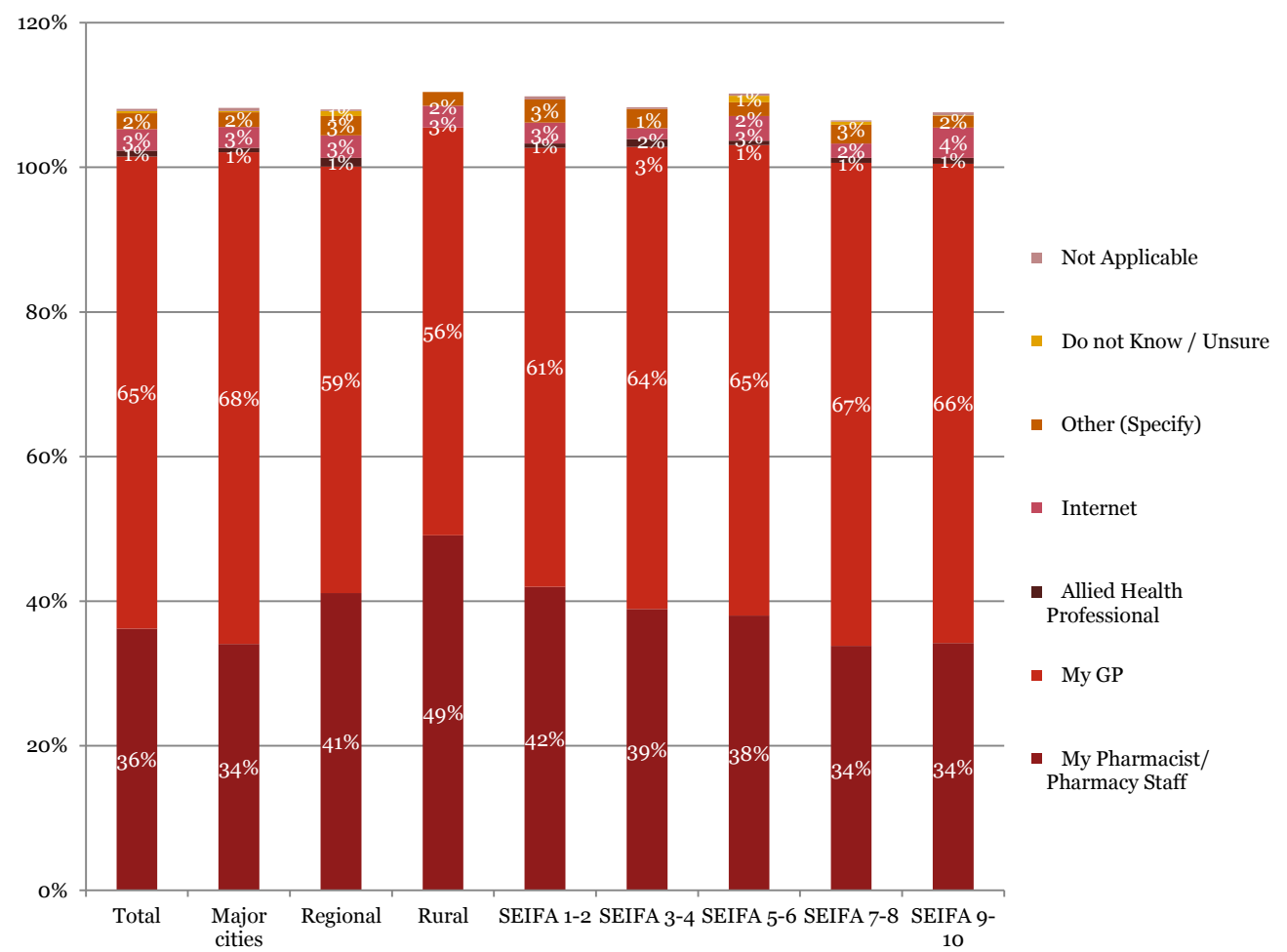
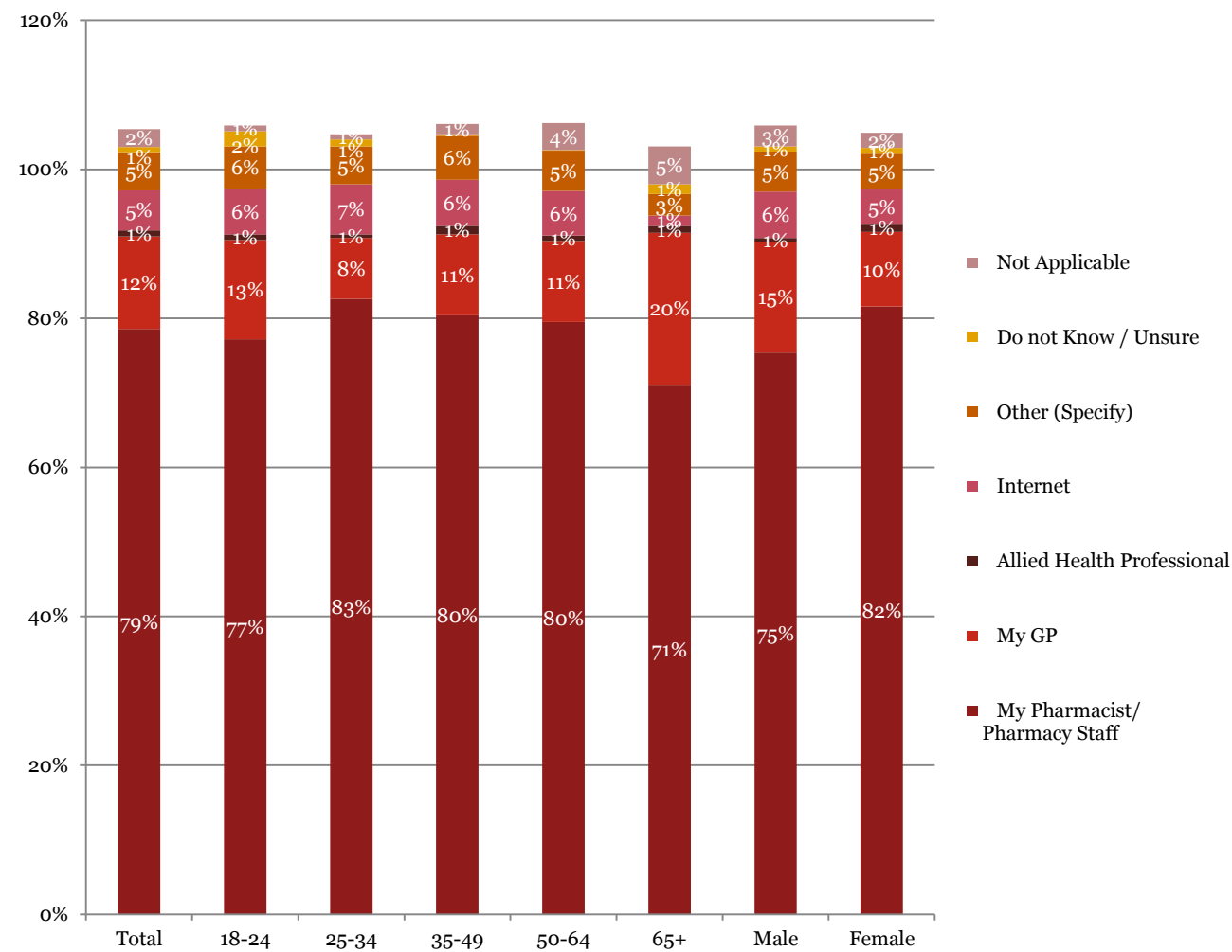


Figure 125: Q79E. In the future, where would you likely go in the first instance for health advice and information for OTC medications and complementary medicines? (by age and gender)



Q79E. In the future, where would you likely go in the first instance for health advice and information for OTC medications and complementary medicines? (by location and SEIFA)

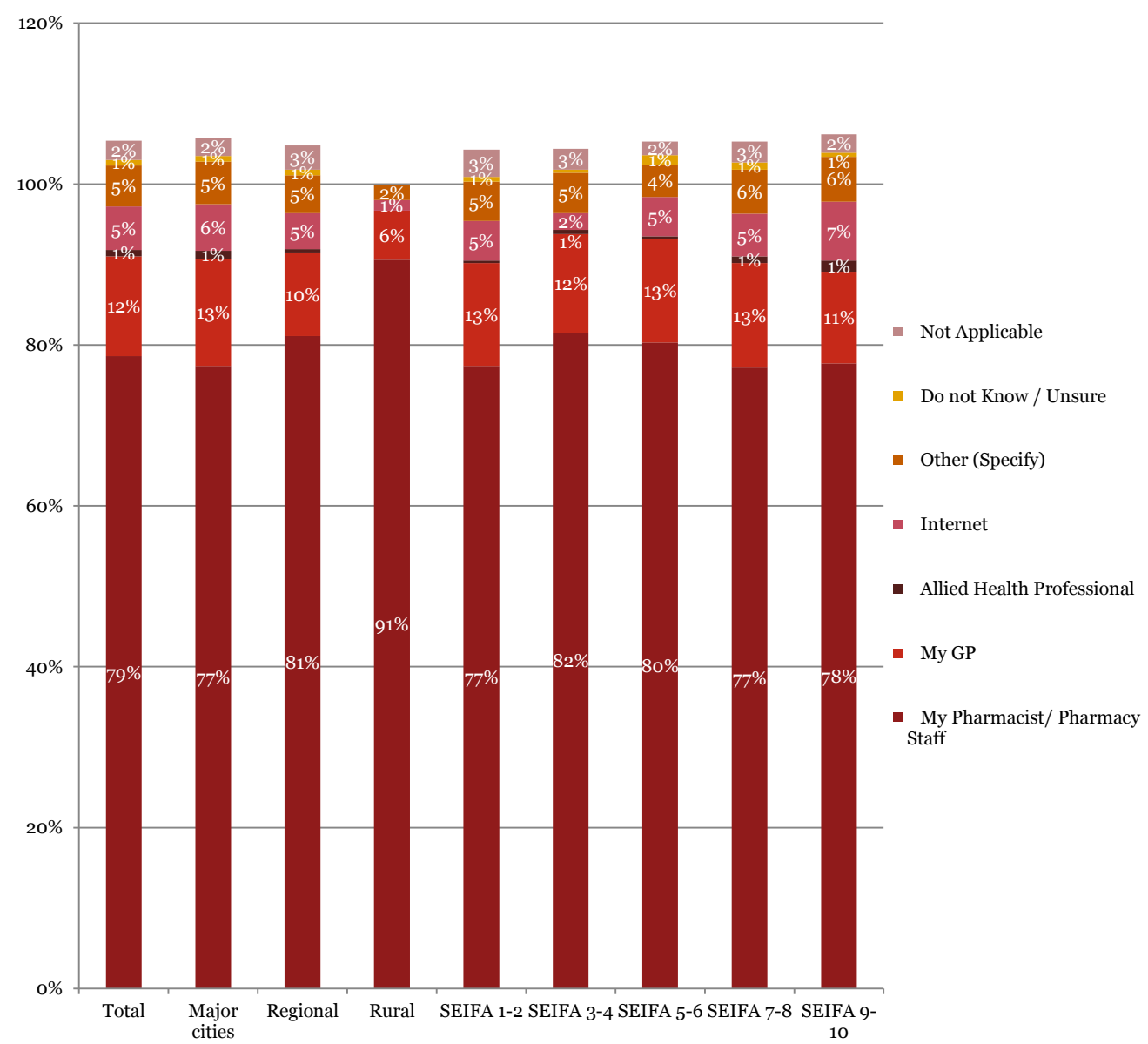


Figure 126: Q79A. In the future, where would you likely go to in the first instance for health advice and information for minor ailments, chronic pain relief or chronic conditions? (by age and gender)

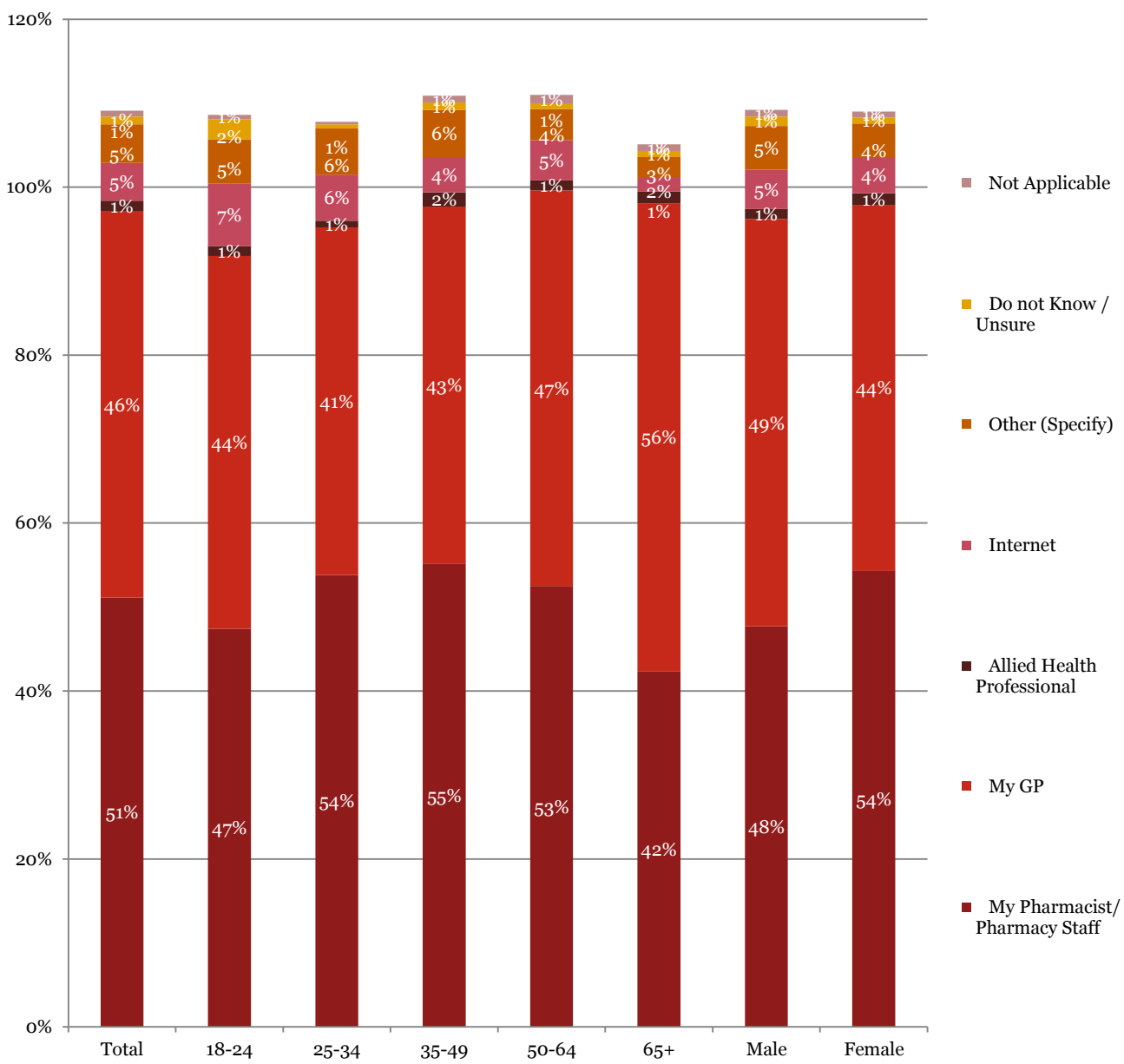
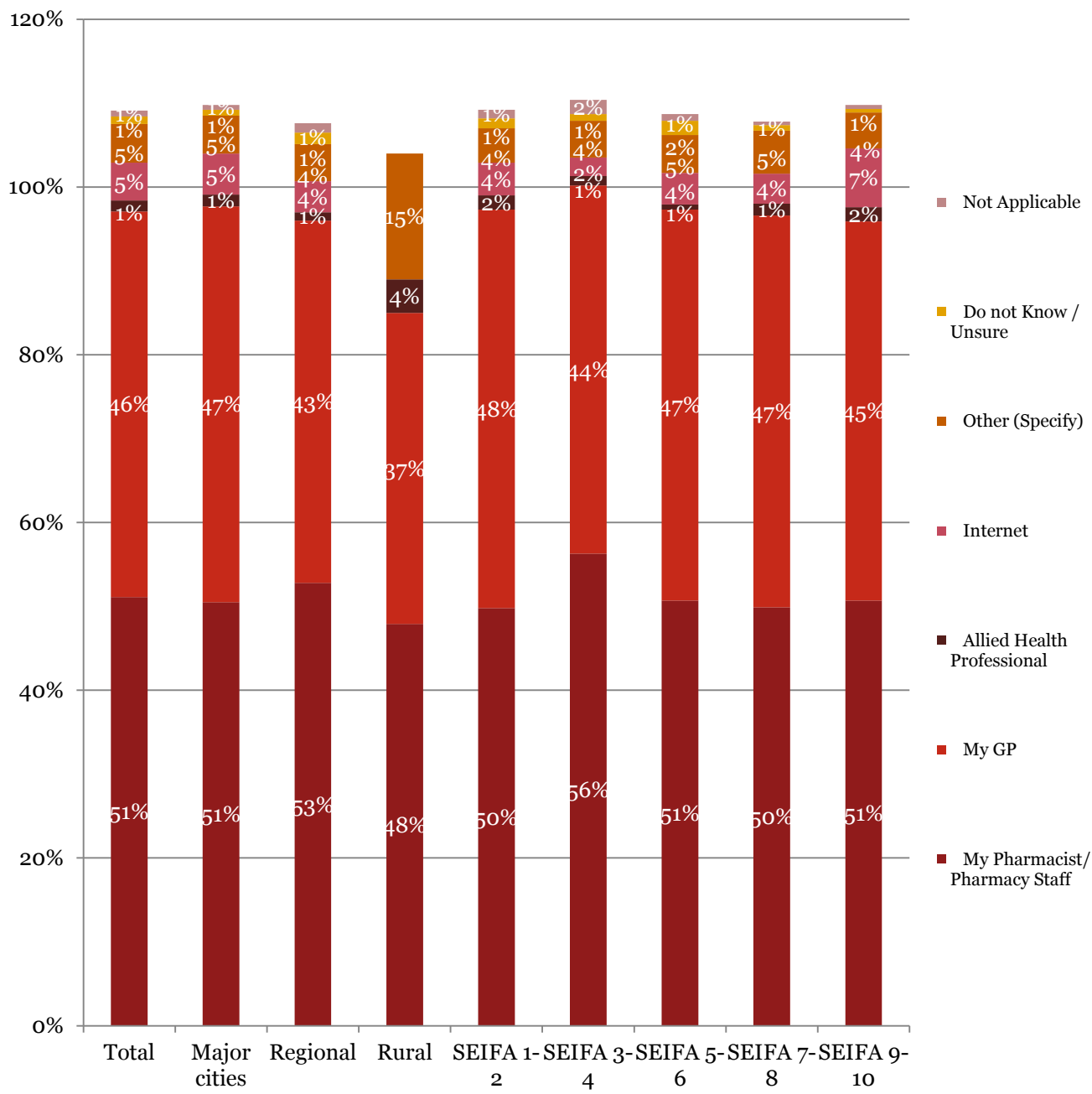


Figure 127: Q79A. In the future, where would you likely go to in the first instance for health advice and information for minor ailments, chronic pain relief or chronic conditions (by location and SEIFA)



1.4.2 To collaborate with the GP if necessary

In what instances do participants expect the pharmacist to contact their GP?

Figure 128: Q66. In what instances would you expect the pharmacist to contact your doctor to discuss your medication and health needs? (by age and gender)

Q66. In what instances would you expect the pharmacist to contact your doctor to discuss your medication and health needs?	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
When Concern Has Been Raised By The Pharmacist Around The Dosage Or Specific Choice Of Medication	70%	73%	72%	72%	70%	61%	68%	72%
If I Have A Bad Reaction To Medication	62%	73%	68%	65%	60%	47%	62%	63%
When My Pharmacist Recommends I Seek Treatment From My Doctor	50%	62%	52%	51%	48%	40%	51%	49%
Only When There Is A Change In My Medications	43%	58%	51%	40%	42%	32%	43%	43%
When There Is A Change In Either My Health Or Health Condition	41%	62%	50%	40%	35%	27%	42%	41%
Never	10%	4%	7%	8%	11%	18%	11%	9%
After Every Time I Consult With My Pharmacist	7%	13%	10%	7%	6%	3%	9%	6%
Do not Know / Unsure	3%	2%	4%	2%	2%	3%	3%	2%
Other (Specify)	2%	2%	1%	3%	1%	1%	2%	2%
If The Pharmacist Thought It Was Necessary	1%	1%	1%	1%	1%	1%	1%	1%
If There Were Possible Contra Indications Between Medications	1%	1%	2%	2%	1%	0%	1%	1%
If Something Is Serious	1%	1%	1%	1%	1%	1%	1%	1%
If The Pharmacist Has Difficulty Reading The Prescription	1%	0%	0%	1%	1%	2%	1%	1%
Only If I Ask The Pharmacist To	1%	0%	1%	0%	1%	0%	1%	1%

Figure 129: Q66. In what instances would you expect the pharmacist to contact your doctor to discuss your medication and health needs? (by location and SEIFA)

Q66. In what instances would you expect the pharmacist to contact your doctor to discuss your medication and health needs?	All participants	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
When Concern Has Been Raised By The Pharmacist Around The Dosage Or Specific Choice Of Medication	70%	69%	71%	78%	67%	75%	73%	69%	67%
If I Have A Bad Reaction To Medication	62%	61%	65%	67%	63%	67%	63%	64%	58%
When My Pharmacist Recommends I Seek Treatment From My Doctor	50%	48%	53%	63%	52%	54%	54%	48%	46%
Only When There Is A Change In My Medications	43%	42%	45%	52%	46%	51%	48%	42%	37%
When There Is A Change In Either My Health Or Health Condition	41%	41%	42%	47%	45%	46%	46%	38%	37%
Never	10%	11%	9%	10%	10%	8%	8%	10%	12%
After Every Time I Consult With My Pharmacist	7%	7%	7%	5%	11%	11%	9%	6%	5%
Do not Know / Unsure	3%	2%	3%	0%	2%	3%	2%	3%	2%
Other (Specify)	2%	2%	1%	0%	2%	0%	1%	3%	2%
If The Pharmacist Thought It Was Necessary	1%	1%	2%	0%	1%	1%	3%	0%	1%
If There Were Possible Contra Indications Between Medications	1%	1%	1%	2%	2%	1%	1%	1%	1%
If Something Is Serious	1%	1%	1%	0%	1%	2%	1%	1%	0%
If The Pharmacist Has Difficulty Reading The Prescription	1%	1%	0%	0%	0%	1%	1%	0%	1%
Only If I Ask The Pharmacist To	1%	1%	1%	0%	0%	1%	1%	0%	1%

In what instances do participants expect the pharmacist to contact other health providers, excluding the GP?

Figure 130: Q67. In what instances would you expect the pharmacist to contact your other health providers, for example your physio or your nurse to discuss your medication and health needs? (by age and gender)

Q67. In what instances would you expect the pharmacist to contact your other health providers, for example your physio or your nurse to discuss your medication and health needs?	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
After Every Time I Consult With My Pharmacist	2%	5%	4%	2%	2%	2%	3%	2%
Only When There Is A Change In My Medications	11%	19%	12%	10%	10%	8%	11%	11%
When There Is A Change In Either My Health Or Health Condition	15%	26%	17%	14%	14%	8%	15%	15%
When Concern Has Been Raised By The Pharmacist Around The Dosage Or Specific Choice Of Medication	22%	31%	23%	23%	20%	13%	22%	21%
When My Pharmacist Recommends I Seek Treatment From My Doctor	11%	16%	13%	11%	10%	9%	11%	12%
If I Have A Bad Reaction To Medication	16%	21%	19%	18%	15%	10%	17%	16%
If There Were Possible Contra Indications Between Medications	1%	2%	0%	1%	0%	0%	0%	1%
If The Pharmacist Thought It Was Necessary	3%	3%	4%	4%	4%	2%	4%	3%
If Something is Serious	2%	2%	4%	3%	1%	0%	2%	2%
Only If I Ask The Pharmacist To	2%	1%	2%	2%	2%	1%	2%	1%
If The Pharmacist Has Difficulty Reading The Prescription	0%	0%	0%	0%	0%	0%	0%	0%
Other	1%	1%	1%	2%	1%	1%	2%	1%
Never	44%	30%	39%	41%	48%	57%	43%	45%
Do not Know / Unsure	14%	15%	13%	13%	13%	15%	12%	15%

Figure 131: Q67. In what instances would you expect the pharmacist to contact your other health providers, for example your physio or your nurse to discuss your medication and health needs? (by location and SEIFA)

Q67. In what instances would you expect the pharmacist to contact your other health providers, for example your physio or your nurse to discuss your medication and health needs?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
After Every Time I Consult With My Pharmacist	2%	2%	3%	6%	3%	4%	2%	2%	2%
Only When There Is A Change In My Medications	11%	11%	12%	5%	13%	13%	13%	10%	9%
When There Is A Change In Either My Health Or Health Condition	15%	14%	18%	5%	19%	17%	15%	16%	12%
When Concern Has Been Raised By The Pharmacist Around The Dosage Or Specific Choice Of Medication	22%	22%	22%	12%	20%	22%	22%	22%	22%
When My Pharmacist Recommends I Seek Treatment From My Doctor	11%	10%	13%	5%	10%	14%	11%	11%	11%
If I Have A Bad Reaction To Medication	16%	16%	18%	9%	16%	18%	15%	17%	16%
If There Were Possible Contra Indications Between Medications	1%	1%	0%	0%	0%	0%	1%	0%	1%
If The Pharmacist Thought It Was Necessary	3%	3%	3%	21%	4%	2%	4%	4%	4%
If Something is Serious	2%	2%	2%	0%	2%	3%	2%	2%	2%
Only If I Ask The Pharmacist To	2%	1%	2%	0%	2%	2%	1%	1%	2%
If The Pharmacist Has Difficulty Reading The Prescription	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other	1%	1%	1%	0%	1%	1%	1%	1%	1%
Never	44%	45%	40%	45%	42%	43%	42%	46%	45%
Do not Know / Unsure	14%	13%	15%	16%	14%	15%	14%	12%	14%

Do participants expect their pharmacist to refer them to seek treatment from a health provider (e.g. GP/nurse/other) if they believe it is necessary?

Figure 132:Q73. Expect pharmacist to refer you to seek treatment from health professional (by age and gender)

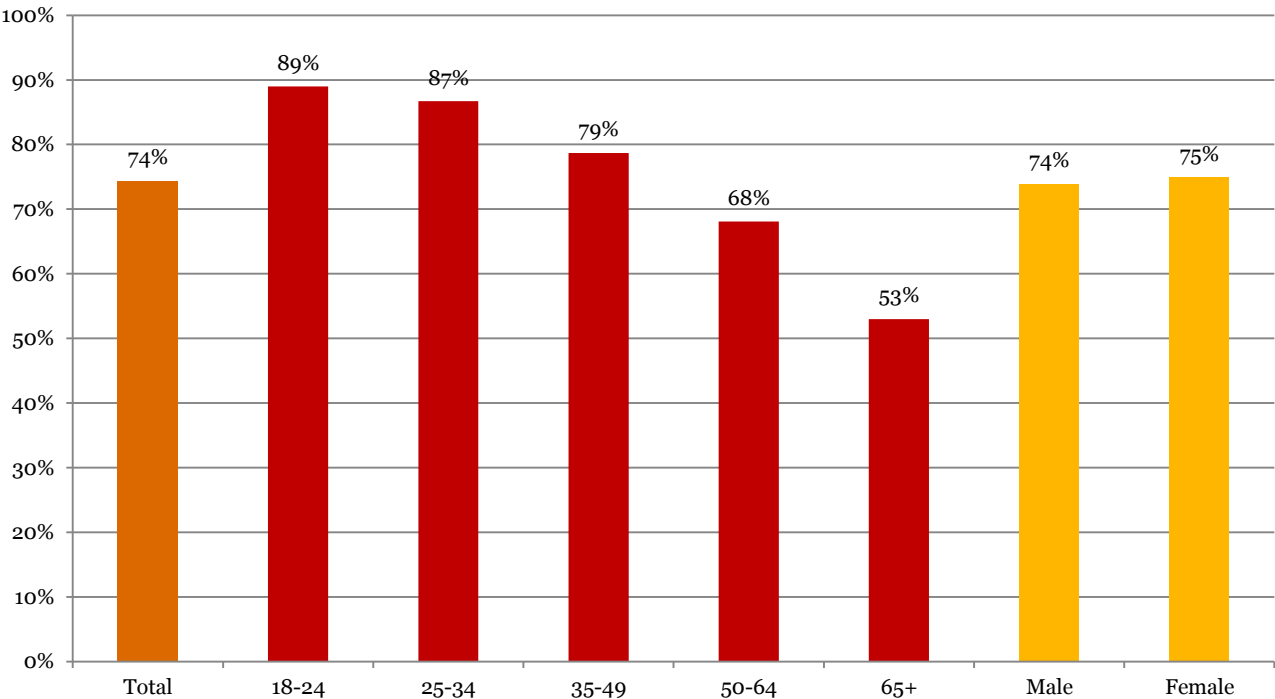


Figure 133: Q73. Expect pharmacist to refer you to seek treatment from health professional (by location and SEIFA)

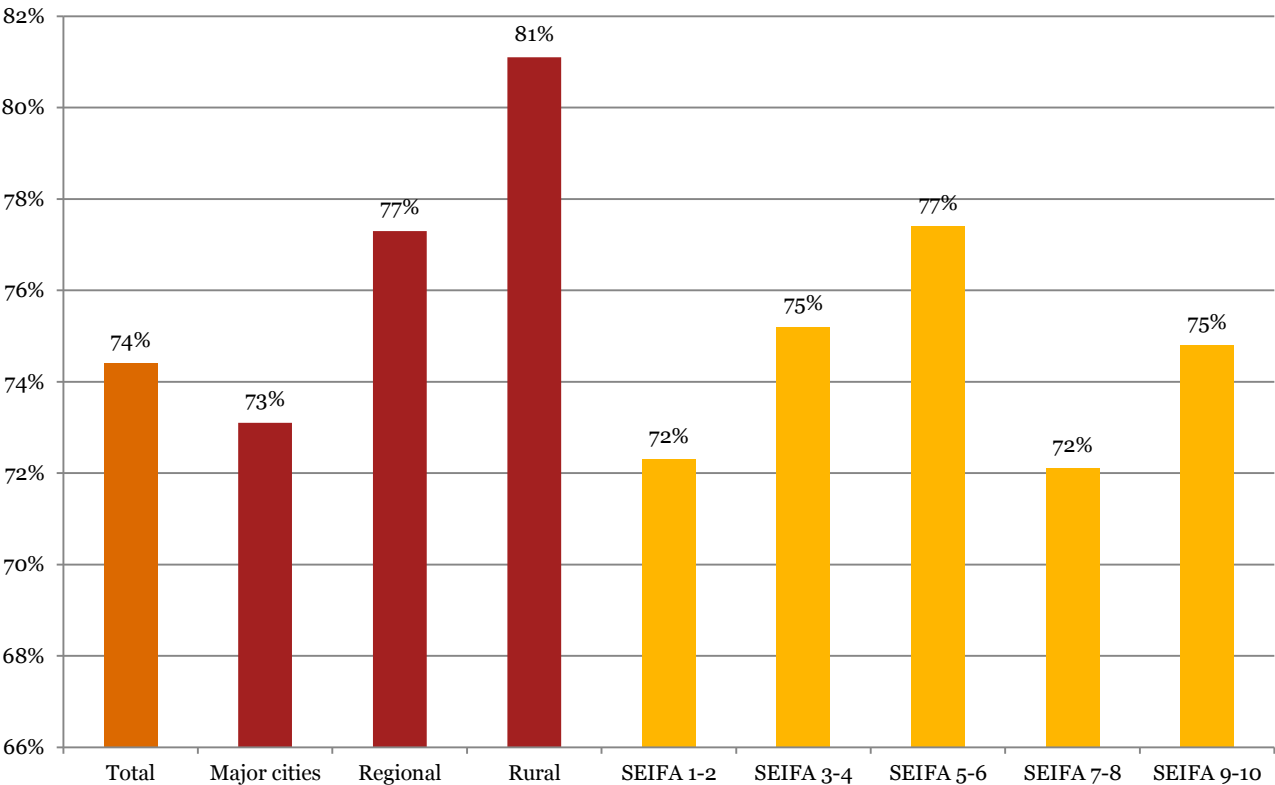


Figure 134: Q72. Whether pharmacist recommended you to seek treatment from health professional in last 3 months (by age and gender)

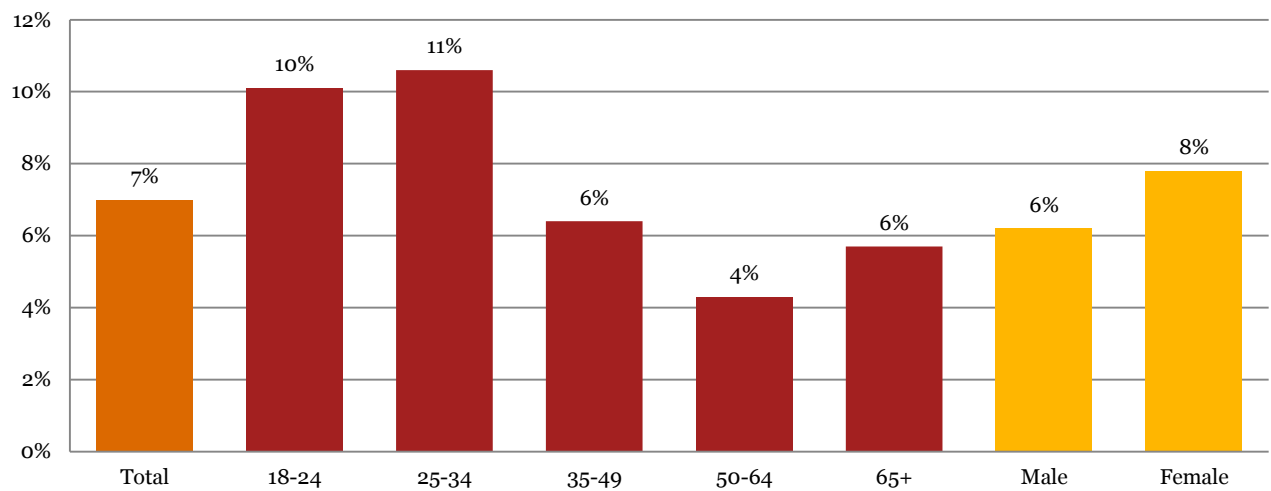
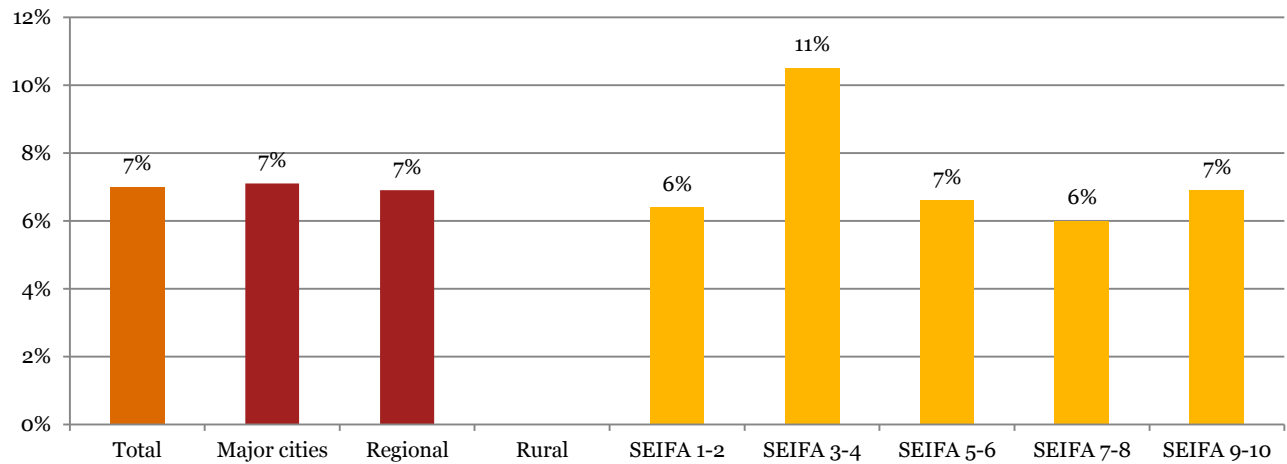


Figure 135: Q72. Whether pharmacist recommended you to seek treatment from health professional in last 3 months (by location and SEIFA)



1.4.3 *To inform consumers when updated information becomes available on medicines*

Do participants believe it is important for pharmacists to provide updated information on new and existing medicines that they are taking?

Figure 136: Q58. Importance of pharmacists providing updated information on new and existing medications (by age and gender)

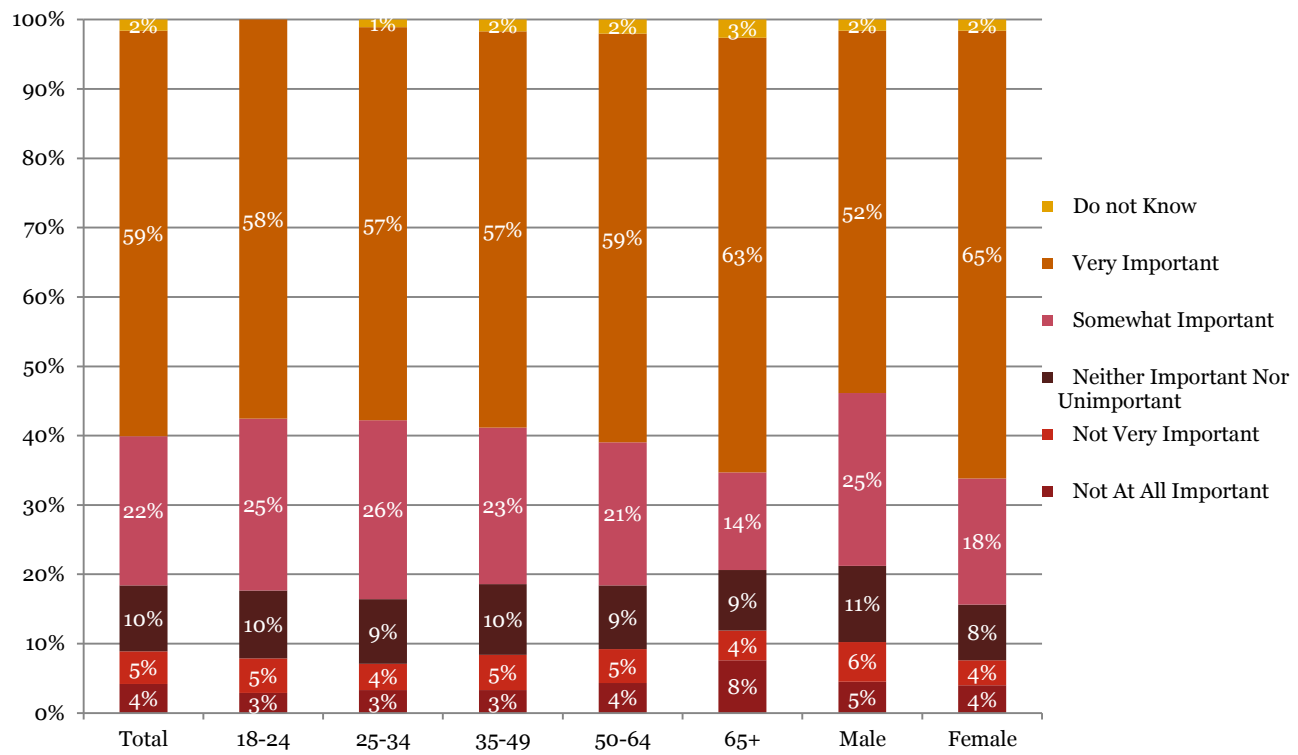
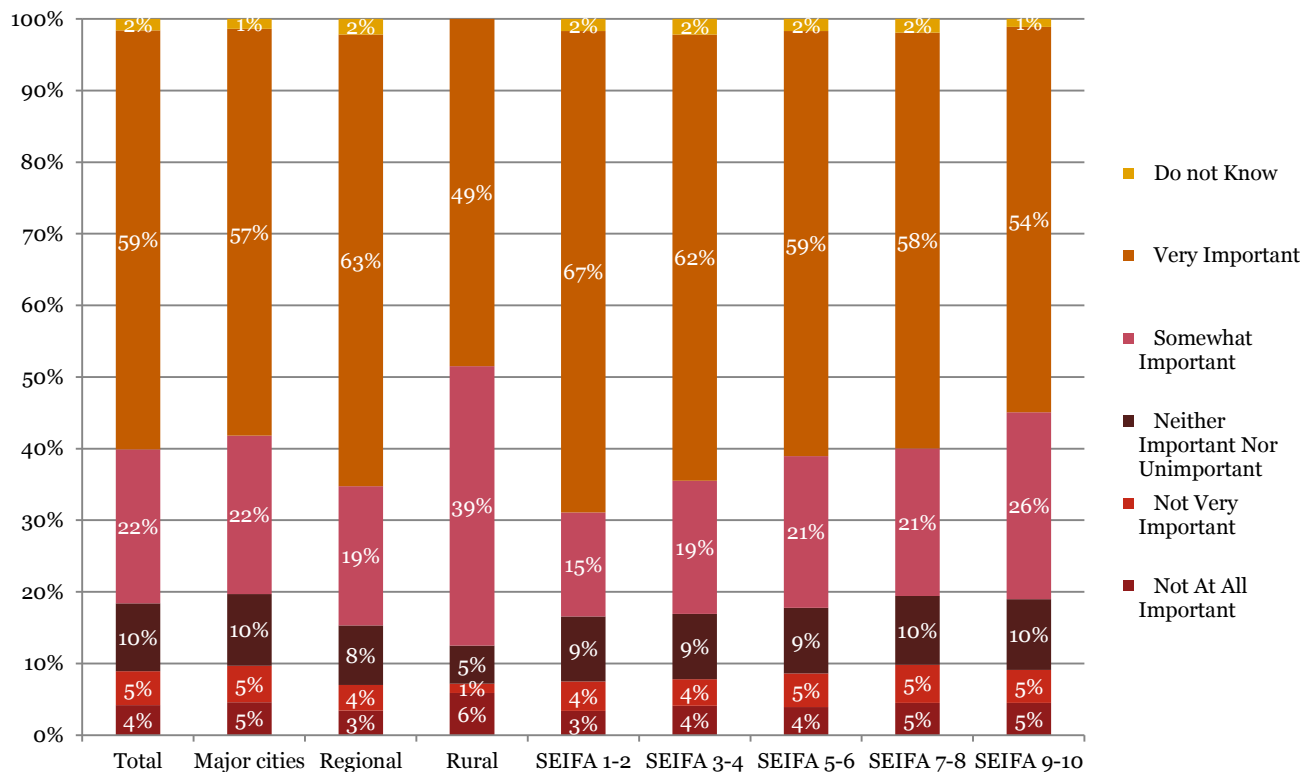


Figure 137: Q58. Importance of pharmacists providing updated information on new and existing medications (by location and SEIFA)



1.5 What influences participants' choice of pharmacy and what are their expectations?

1.5.1 The leading factors

What factors influence a participant's choice of pharmacy?

Figure 138: Q8. Why do you go to that particular pharmacy? (by age and gender)

Q8. Why do you go to that particular pharmacy?	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
Convenience	59%	59%	58%	57%	60%	65%	61%	58%
I Know And Trust The Pharmacist And / Or Staff	18%	12%	10%	15%	21%	31%	15%	20%
It Is Cheaper Than Other Places	14%	13%	13%	17%	16%	9%	12%	16%
Good Service/ Personal Service/ Helpful	6%	2%	4%	5%	7%	11%	5%	7%
Other (Specify)	2%	1%	2%	2%	4%	3%	2%	3%
They Have My Records/Prescriptions On File	2%	1%	2%	2%	4%	2%	1%	3%
I Like The Retail Products Available	2%	2%	2%	2%	2%	2%	1%	3%
It Has Extended Opening Hours	2%	1%	4%	2%	1%	2%	2%	2%
It Is Easy To Get Parking	2%	1%	1%	2%	2%	2%	1%	2%
Always Go There/ Habit	2%	1%	1%	1%	1%	3%	2%	1%
Only One In The Area	1%	1%	2%	1%	2%	1%	1%	2%
Other Health Services available	1%	0%	0%	1%	1%	2%	1%	2%
Well Stocked/ They Have What I Need	1%	1%	2%	1%	1%	0%	1%	1%
They Are Knowledgeable/Give Good Advice	1%	0%	0%	1%	1%	1%	0%	1%
Variety Of Products Available/ Larger Range	1%	0%	1%	1%	0%	0%	1%	1%
Loyalty Reward Scheme	1%	1%	0%	1%	1%	1%	1%	1%
I am A Member/ Have An Account There	1%	0%	0%	1%	0%	1%	1%	1%
Tax Reasons And Safety Net	1%	0%	0%	0%	1%	1%	1%	1%
They are a compounding pharmacy	1%	1%	0%	1%	1%	0%	0%	1%
It Offers Home Delivery	1%	0%	0%	0%	0%	2%	0%	1%
There Is Direct Public Transport Access	0%	0%	1%	1%	0%	1%	0%	1%
Support Local Business	0%	0%	1%	0%	1%	0%	1%	0%
Respondent Gets Discount	0%	0%	1%	0%	1%	0%	1%	0%
It Offers A Texting Service For Prescription Medications	0%	0%	0%	1%	0%	1%	0%	1%
Do not Know / Unsure	0%	1%	0%	0%	0%	0%	0%	0%

Figure 139: Q8. Why do you go to that particular pharmacy? (by age and gender)

Q8. Why do you go to that particular pharmacy?	All participants	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Convenience	59%	60%	58%	62%	61%	56%	60%	61%	59%
I Know And Trust The Pharmacist And / Or Staff	18%	18%	18%	11%	20%	24%	18%	16%	16%
It Is Cheaper Than Other Places	14%	15%	13%	6%	15%	10%	16%	15%	14%
Good Service/ Personal Service/ Helpful	6%	6%	7%	6%	6%	8%	7%	7%	4%
Other (Specify)	2%	2%	3%	0%	3%	3%	2%	3%	2%
They Have My Records/Prescriptions On File	2%	3%	1%	0%	2%	2%	2%	3%	2%
I Like The Retail Products Available	2%	2%	2%	0%	3%	1%	3%	1%	3%
It Has Extended Opening Hours	2%	3%	1%	1%	2%	1%	2%	3%	2%
It Is Easy To Get Parking	2%	1%	2%	1%	1%	2%	3%	1%	1%
Always Go There/ Habit	2%	1%	2%	0%	1%	3%	1%	1%	2%
Only One In The Area	1%	0%	4%	22%	4%	4%	1%	1%	0%
Other Health Services available	1%	1%	1%	3%	1%	1%	1%	1%	1%
Well Stocked/ They Have What I Need	1%	1%	1%	1%	1%	2%	1%	1%	1%
They Are Knowledgeable/Give Good Advice	1%	1%	1%	0%	1%	1%	1%	1%	0%
Variety Of Products Available/ Larger Range	1%	1%	1%	0%	0%	1%	1%	0%	1%
Loyalty Reward Scheme	1%	1%	0%	0%	0%	1%	1%	1%	1%
I am A Member/ Have An Account There	1%	1%	1%	0%	1%	1%	0%	1%	0%
Tax Reasons And Safety Net	1%	1%	0%	0%	0%	0%	1%	1%	1%
They are a compounding pharmacy	1%	1%	0%	0%	0%	1%	1%	1%	0%
It Offers Home Delivery	1%	1%	0%	0%	1%	0%	1%	0%	1%
There Is Direct Public Transport Access	0%	1%	0%	0%	0%	1%	0%	0%	1%
Support Local Business	0%	0%	1%	0%	0%	0%	1%	0%	1%
Respondent Gets Discount	0%	0%	1%	0%	0%	0%	1%	0%	1%
It Offers A Texting Service For Prescription Medications	0%	0%	1%	0%	0%	1%	1%	0%	0%
Do not Know / Unsure	0%	0%	0%	0%	0%	0%	0%	0%	0%

Participant characteristics which influence pharmacy discrimination

Q76A. COST OF MEDICATIONS AND/OR OTHER PRODUCTS

Q76B. INTERACTION/RELATIONSHIP WITH THE PHARMACIST AND PHARMACY STAFF

Q76C. CONVENIENCE

Q76D. VARIETY OF RETAIL PRODUCTS AVAILABLE

Q76E. TYPE OF PHARMACY

Q76F. AVAILABILITY OF HEALTH SERVICES SUITED TO NEEDS

Q76G. AVAILABILITY OF COMPOUNDING SERVICE

Q76 Rating of importance of factors influencing choice of pharmacy on a scale of 0-10, where 10 is very important. (By age)

AGE	Variable	N	Mean	Std Error of Mean	95% CL for Mean	
18-24	Q76A	285	7.72	0.14	7.44	7.99
	Q76B	285	7.14	0.13	6.89	7.39
	Q76C	285	8.59	0.09	8.42	8.76
	Q76D	285	6.49	0.16	6.17	6.81
	Q76E	285	5.29	0.18	4.95	5.63
	Q76F	285	6.82	0.15	6.52	7.12
	Q76G	285	6.51	0.16	6.20	6.82
25-34	Q76A	565	7.66	0.10	7.47	7.85
	Q76B	565	7.36	0.10	7.17	7.55
	Q76C	565	8.55	0.07	8.41	8.69
	Q76D	565	6.10	0.12	5.87	6.33
	Q76E	565	4.86	0.12	4.61	5.10
	Q76F	565	6.24	0.11	6.01	6.46
	Q76G	565	6.04	0.12	5.79	6.28
35-49	Q76A	865	7.64	0.08	7.48	7.80
	Q76B	865	7.55	0.07	7.41	7.69
	Q76C	865	8.52	0.05	8.42	8.63
	Q76D	865	6.08	0.10	5.89	6.27
	Q76E	865	5.06	0.10	4.86	5.26
	Q76F	865	6.24	0.10	6.06	6.43
	Q76G	865	6.07	0.10	5.87	6.27
50-64	Q76A	716	7.62	0.10	7.43	7.81
	Q76B	716	7.97	0.08	7.82	8.12
	Q76C	716	8.47	0.07	8.34	8.60
	Q76D	716	6.25	0.11	6.04	6.46
	Q76E	716	5.97	0.11	5.75	6.19
	Q76F	716	6.66	0.11	6.45	6.87
	Q76G	716	6.64	0.11	6.42	6.86
65+	Q76A	563	7.47	0.13	7.22	7.73
	Q76B	563	8.41	0.09	8.23	8.58

AGE	Variable	N	Mean	Std Error of Mean	95% CL for Mean	
	Q76C	563	8.86	0.08	8.71	9.01
	Q76D	563	6.33	0.14	6.07	6.60
	Q76E	563	6.50	0.14	6.23	6.77
	Q76F	563	7.12	0.13	6.87	7.38
	Q76G	563	6.70	0.14	6.42	6.97

Q76 Rating of importance of factors influencing choice of pharmacy on a scale of 0-10, where 10 is very important. (by SEIFA)

SEIFA	Variable	N	Mean	Std Error of Mean	95% CL for Mean	
1	Q76A	304	7.92	0.15	7.64	8.21
	Q76B	304	7.99	0.12	7.75	8.23
	Q76C	304	8.56	0.11	8.35	8.77
	Q76D	304	6.79	0.16	6.47	7.11
	Q76E	304	6.01	0.18	5.65	6.36
	Q76F	304	7.34	0.15	7.05	7.63
	Q76G	304	6.88	0.16	6.56	7.20
2	Q76A	395	7.84	0.14	7.56	8.12
	Q76B	395	8.05	0.11	7.84	8.27
	Q76C	395	8.52	0.10	8.33	8.70
	Q76D	395	6.54	0.15	6.25	6.84
	Q76E	395	5.91	0.17	5.58	6.23
	Q76F	395	6.96	0.15	6.67	7.25
	Q76G	395	6.63	0.16	6.32	6.95
3	Q76A	591	7.76	0.10	7.55	7.96
	Q76B	591	7.77	0.09	7.59	7.94
	Q76C	591	8.68	0.07	8.55	8.81
	Q76D	591	6.39	0.12	6.14	6.63
	Q76E	591	5.70	0.13	5.45	5.95
	Q76F	591	6.80	0.12	6.57	7.03
	Q76G	591	6.62	0.12	6.38	6.86
4	Q76A	824	7.53	0.09	7.35	7.70
	Q76B	824	7.68	0.08	7.54	7.83
	Q76C	824	8.60	0.06	8.49	8.71
	Q76D	824	6.01	0.10	5.82	6.21
	Q76E	824	5.39	0.11	5.18	5.60
	Q76F	824	6.42	0.10	6.23	6.61
	Q76G	824	6.26	0.10	6.06	6.47
5	Q76A	880	7.41	0.08	7.25	7.58
	Q76B	880	7.47	0.07	7.33	7.62
	Q76C	880	8.54	0.05	8.43	8.65
	Q76D	880	5.95	0.10	5.77	6.14
	Q76E	880	5.18	0.10	4.98	5.38
	Q76F	880	6.10	0.09	5.92	6.29
	Q76G	880	5.99	0.10	5.78	6.19

The principal component analysis undertaken on this question showed that the following variables were shown to be significantly associated with the level of pharmacy discrimination:

1. Age ($p < 0.0001$) – the level of discrimination increased with age

2. *Gender ($p<0.0001$) – female participants showed more discrimination*
3. *SEIFA score ($p<0.0001$) – the level of discrimination increased with SEIFA score*
4. *Caring for someone with a chronic illness ($p=0.009$) – carers showed more discrimination*

Q76L. Is there anything else that we have not mentioned that you think is very important when you decide which pharmacy to go to? (by age and gender)

	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
Cannot Say	82%	90%	85%	79%	78%	81%	82%	81%
Other (Specify)	7%	3%	4%	7%	9%	7%	7%	6%
Opening Hours/ Extended Opening Hours	4%	1%	4%	7%	2%	2%	3%	4%
Good Service From Pharmacist And Staff/ Professional Service/ Personal Service/ Respectful Service/ Discrete Service	3%	2%	3%	3%	3%	3%	3%	3%
Friendly/ Helpful Staff And Pharmacist/ Willing To Help/ Caring	2%	1%	2%	2%	3%	4%	2%	3%
Location/ Proximity	2%	1%	2%	1%	1%	2%	2%	1%
Range/ They Have The Medicine Or Product That I Need	2%	1%	1%	1%	2%	1%	2%	1%
Knowledgeable And Provide Good Advice/ Advise Me Of Contra-Indications	1%	1%	1%	2%	2%	2%	1%	2%
Pharmacist/ Qualifications And Knowledge Of Pharmacist	1%	1%	1%	1%	1%	2%	1%	1%
Good Prices/ Cheap Prices/ The Right Price	1%	1%	0%	1%	1%	1%	1%	1%
Parking/ Availability Of Parking Close To Pharmacy	1%	0%	1%	1%	1%	1%	1%	1%

Q76L. Is there anything else that we have not mentioned that you think is very important when you decide which pharmacy to go to? (by location and SEIFA)

	All participants	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Cannot Say	82%	81%	83%	91%	82%	83%	82%	82%	80%
Other (Specify)	7%	6%	7%	0%	6%	5%	7%	7%	7%
Opening Hours/ Extended Opening Hours	4%	4%	3%	4%	5%	4%	3%	3%	5%
Good Service From Pharmacist And Staff/ Professional Service/ Personal Service/ Respectful Service/	3%	3%	3%	1%	3%	3%	3%	4%	2%

	All participants	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Discrete Service									
Friendly/ Helpful Staff And Pharmacist/ Willing To Help/ Caring	2%	2%	2%	1%	1%	4%	3%	3%	2%
Location/ Proximity	2%	2%	1%	2%	2%	1%	1%	1%	2%
Range/ They Have The Medicine Or Product That I Need	2%	2%	1%	0%	1%	2%	1%	1%	2%
Knowledgeable And Provide Good Advice/ Advise Me Of Contra- Indications	1%	1%	2%	0%	2%	2%	1%	1%	2%
Pharmacist/ Qualifications And Knowledge Of Pharmacist	1%	1%	1%	0%	1%	1%	2%	1%	2%
Good Prices/ Cheap Prices/ The Right Price	1%	1%	1%	2%	1%	1%	2%	1%	1%
Parking/ Availability Of Parking Close To Pharmacy	1%	1%	1%	0%	0%	0%	2%	1%	1%

1.5.2 The impact of cost on participant's choice of pharmacy

Figure 140: 20. Frequency of going to different than regular pharmacy to get cheaper prescription medicines? (by age and gender)

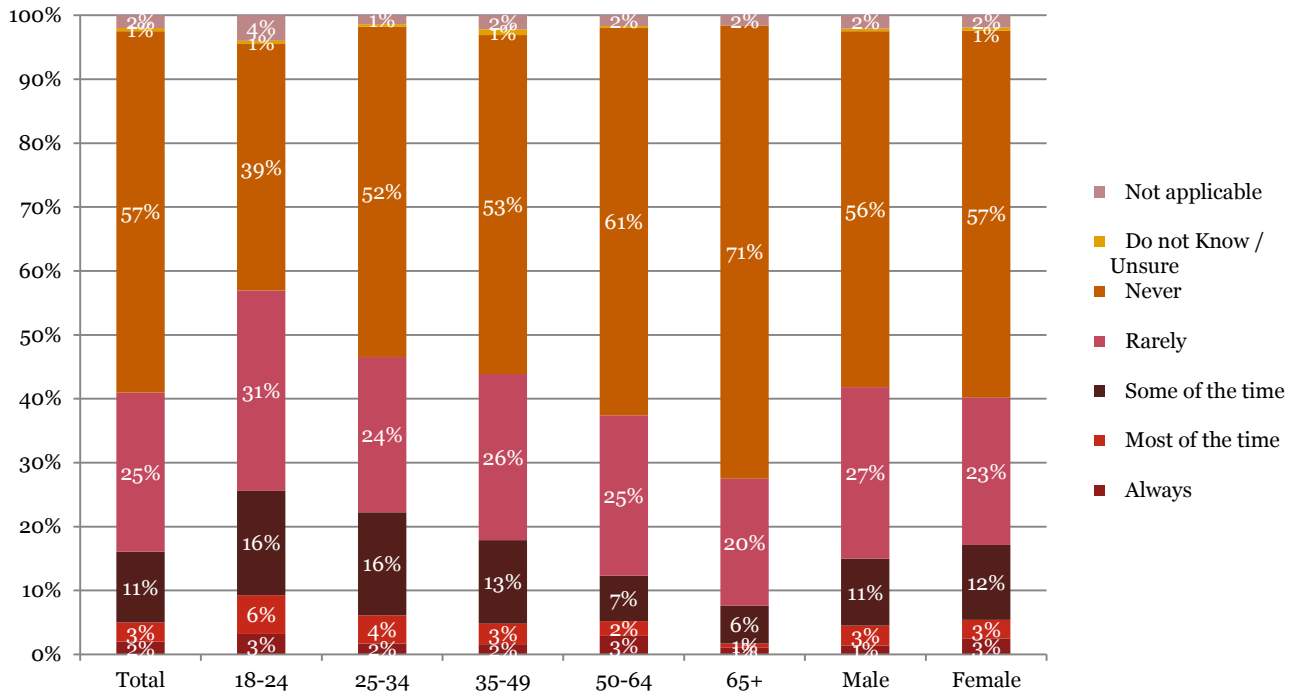


Figure 141: Q20. Frequency of going to different than regular pharmacy to get cheaper prescription medicines? (by location and SEIFA)

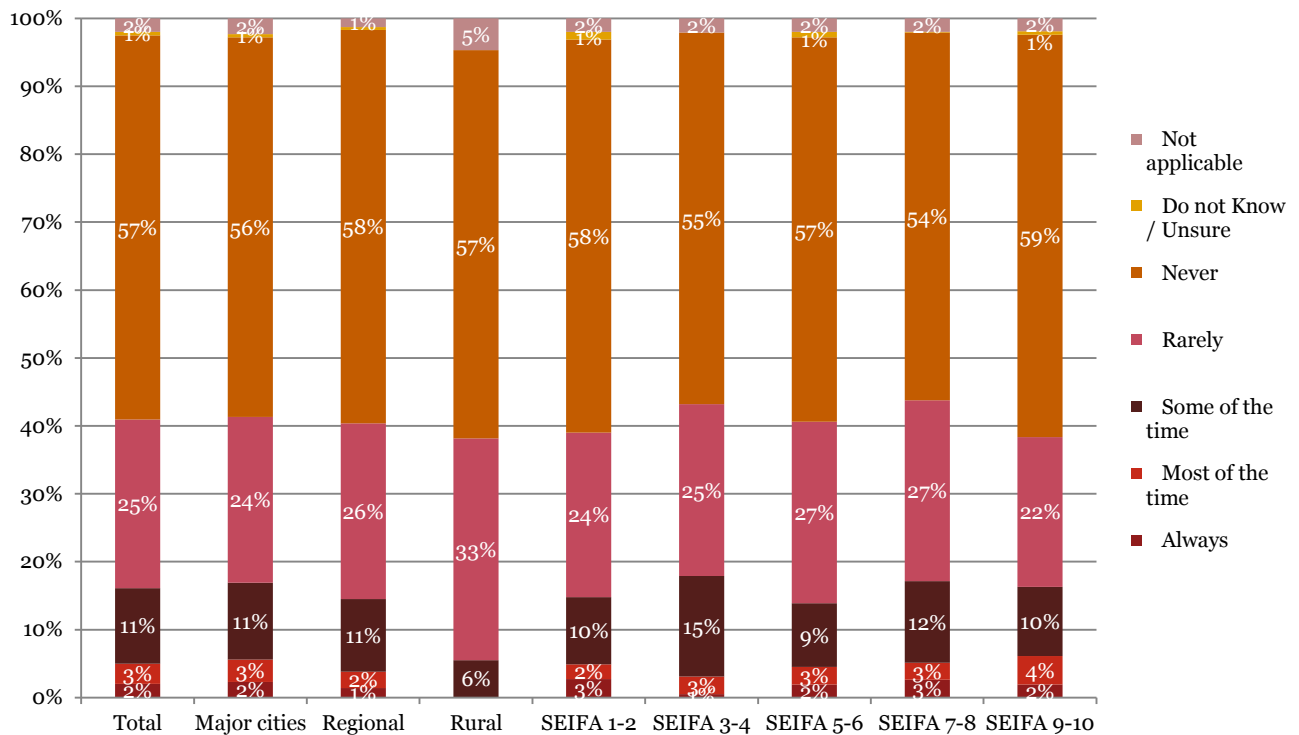


Figure 142: Q21. Goes to different pharmacy for cheaper medicines even if more inconvenient? (by age and gender)

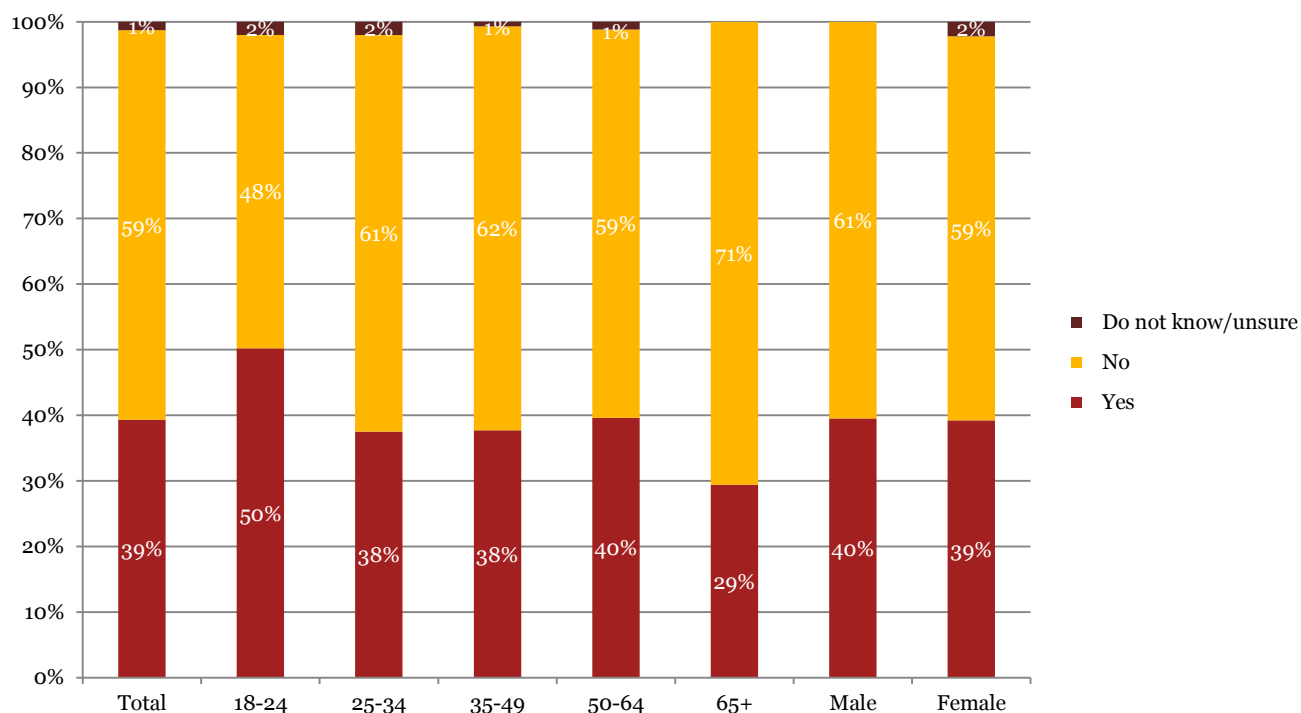
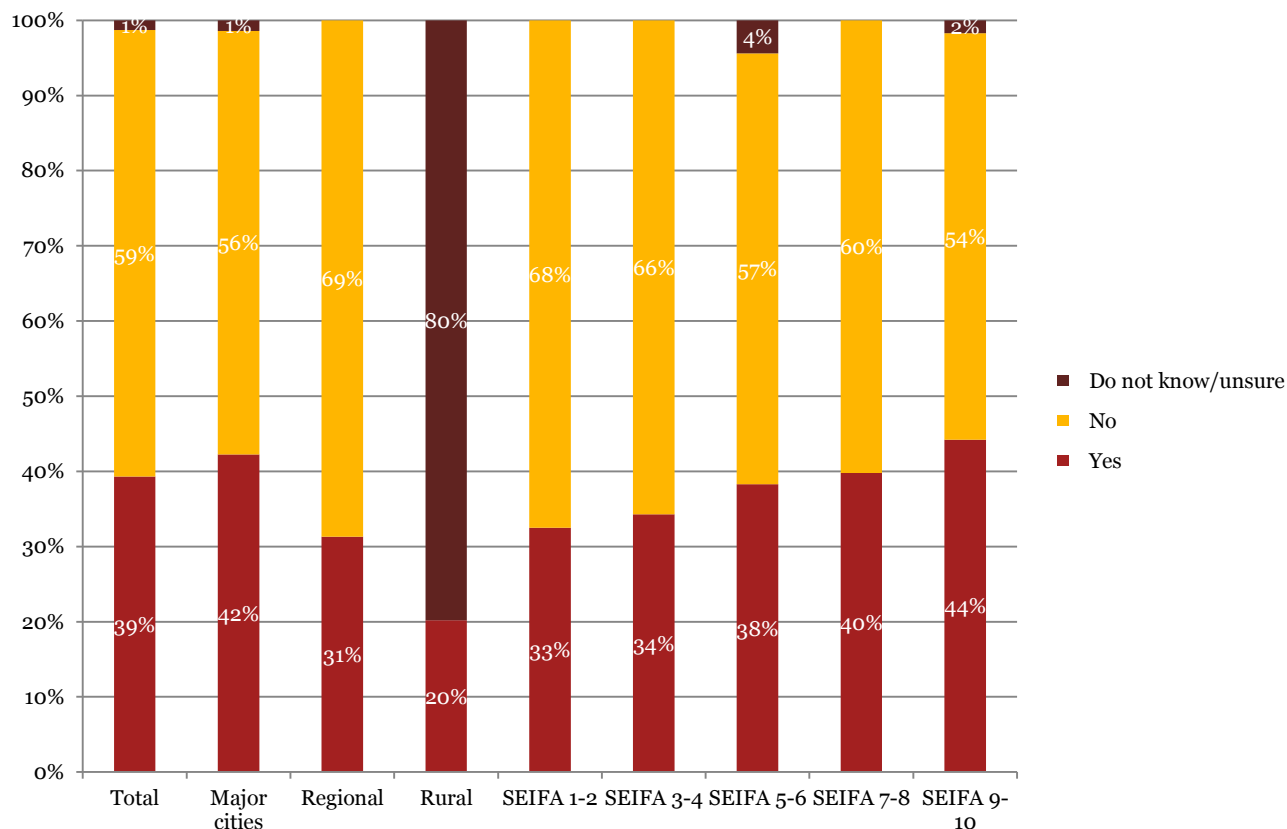


Figure 143: Q21. Goes to different pharmacy for cheaper medicines even if more inconvenient? (by location and SEIFA)



1.5.3 The impact of privacy on participants choice of pharmacy

Figure 144: Q48. Importance of pharmacy to have private consultation area (by age and gender)

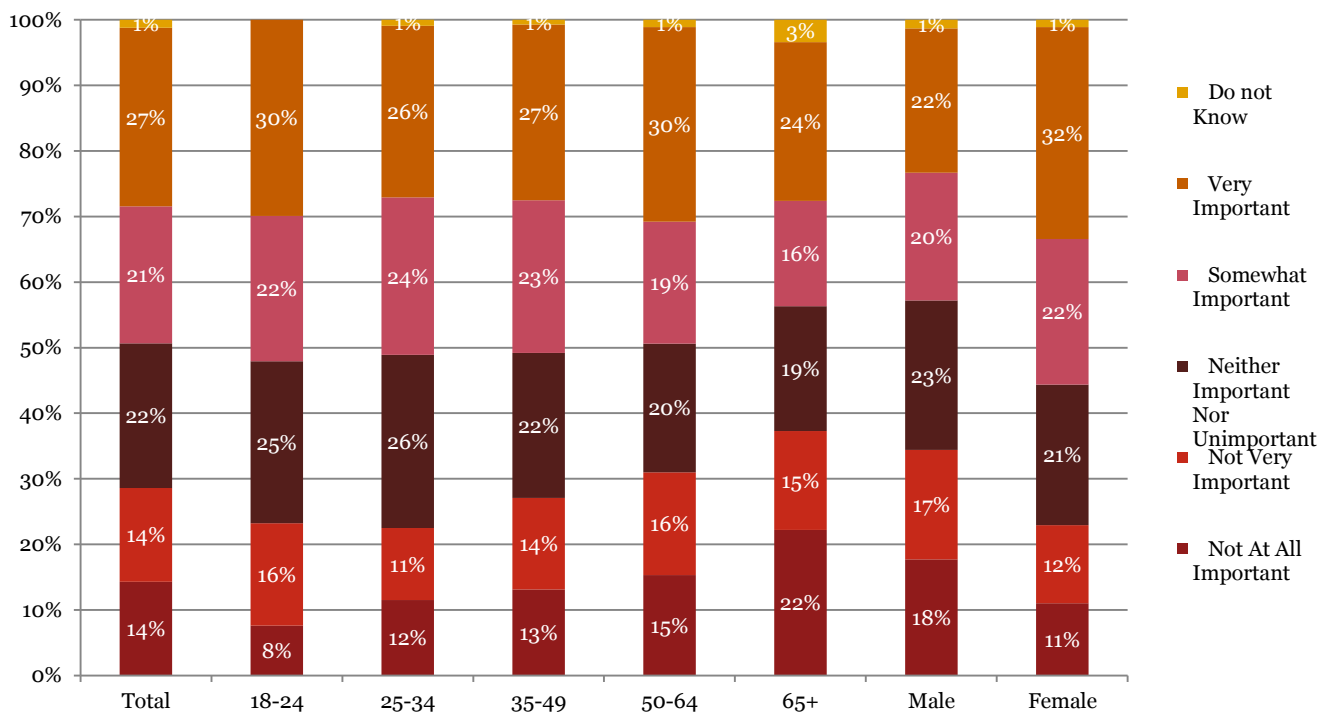
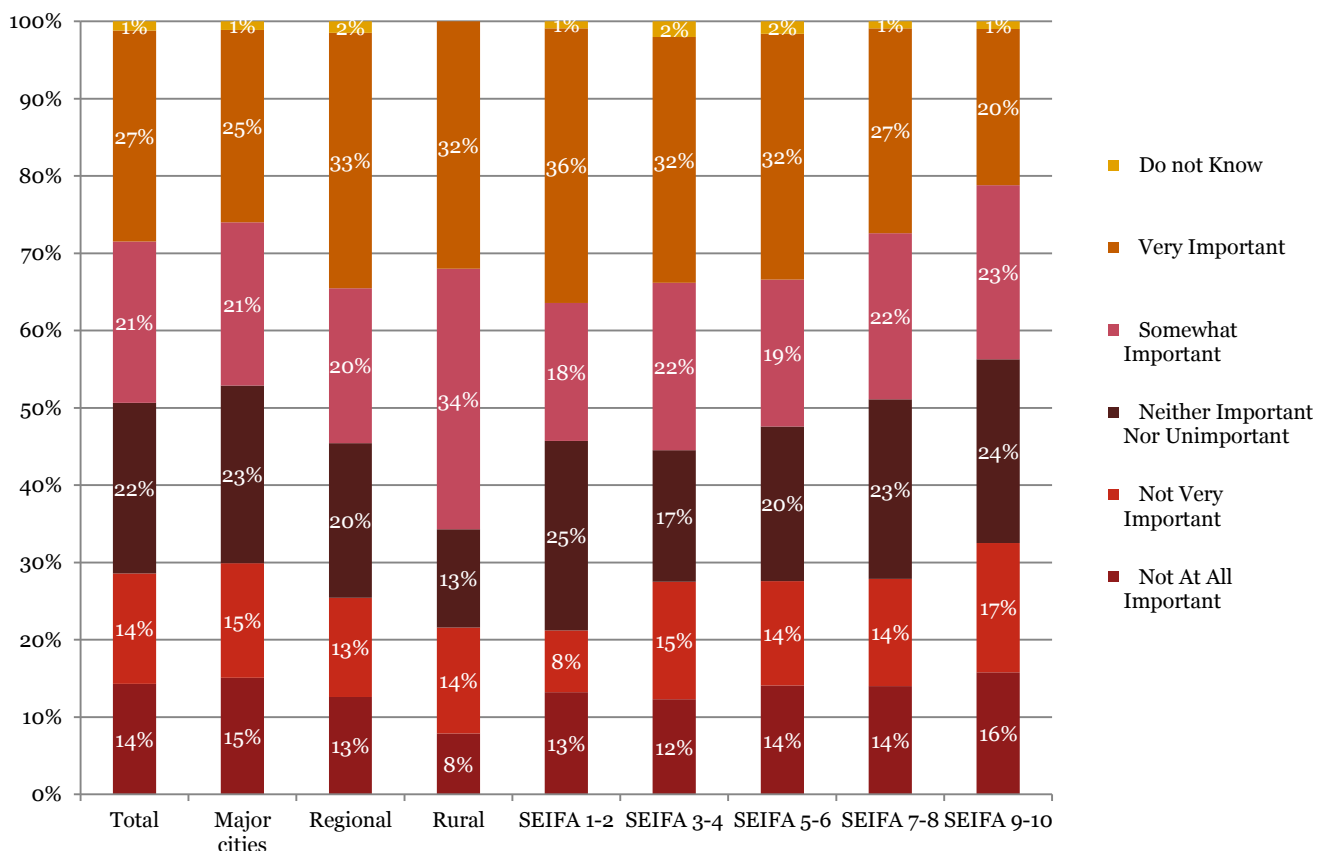


Figure 145: Q48. Importance of pharmacy to have private consultation area (by location and SEIFA)



Do participants expect to be able to consult privately with the pharmacist if required?

Figure 146:Q49. Ability to speak privately to the pharmacist (by age and gender)

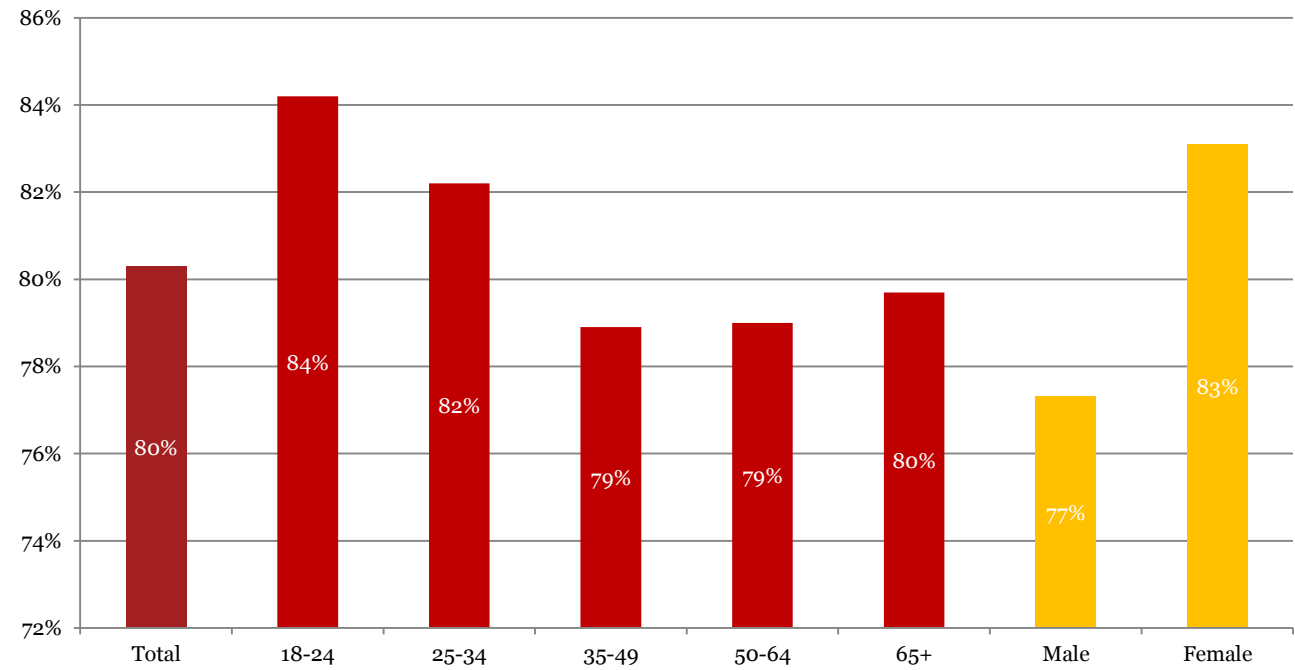
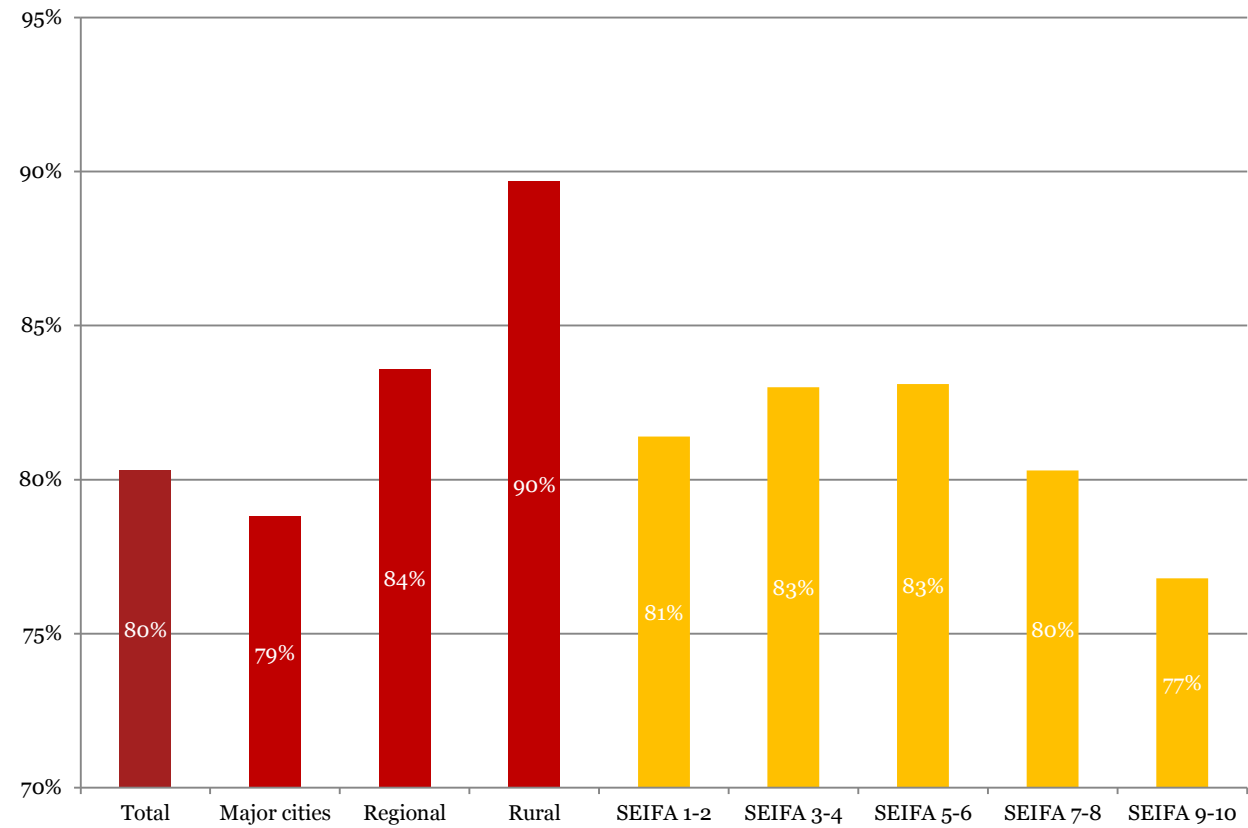


Figure 147: Q49. Ability to speak privately to the pharmacist (by location and SEIFA)



How satisfied are participants with the level of privacy offered in the pharmacy?

Figure 148: Q50. Satisfaction with amount of privacy offered by pharmacy (by age and gender)

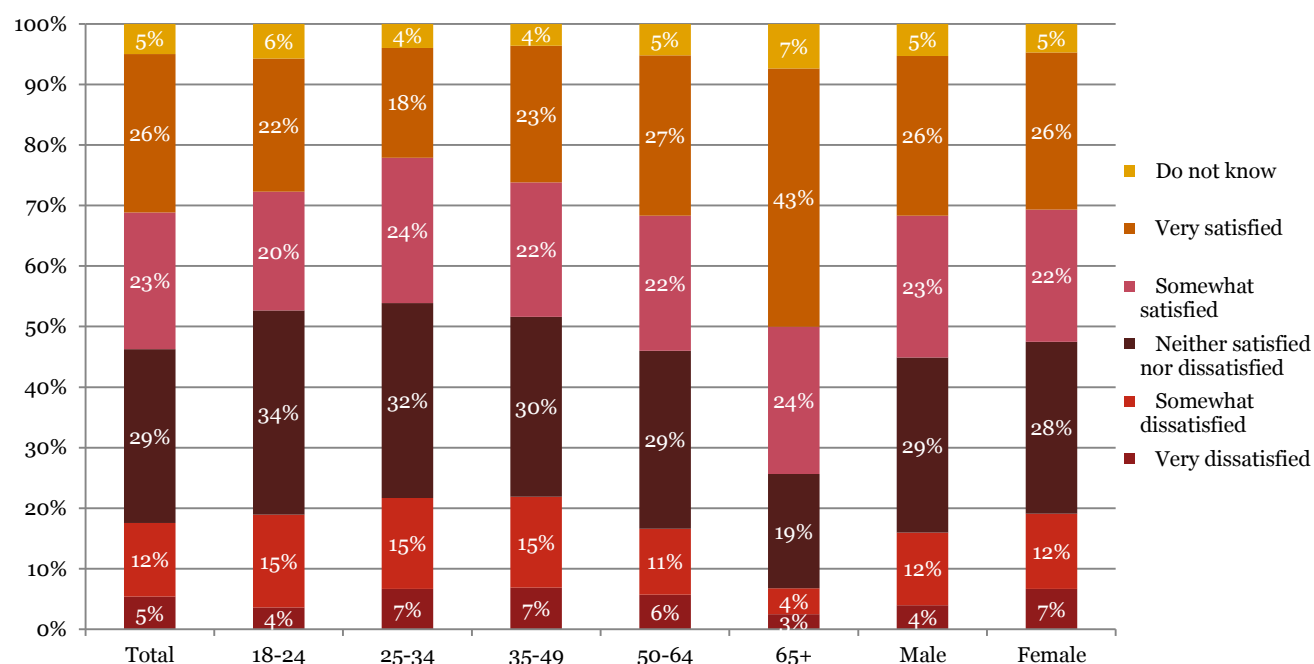
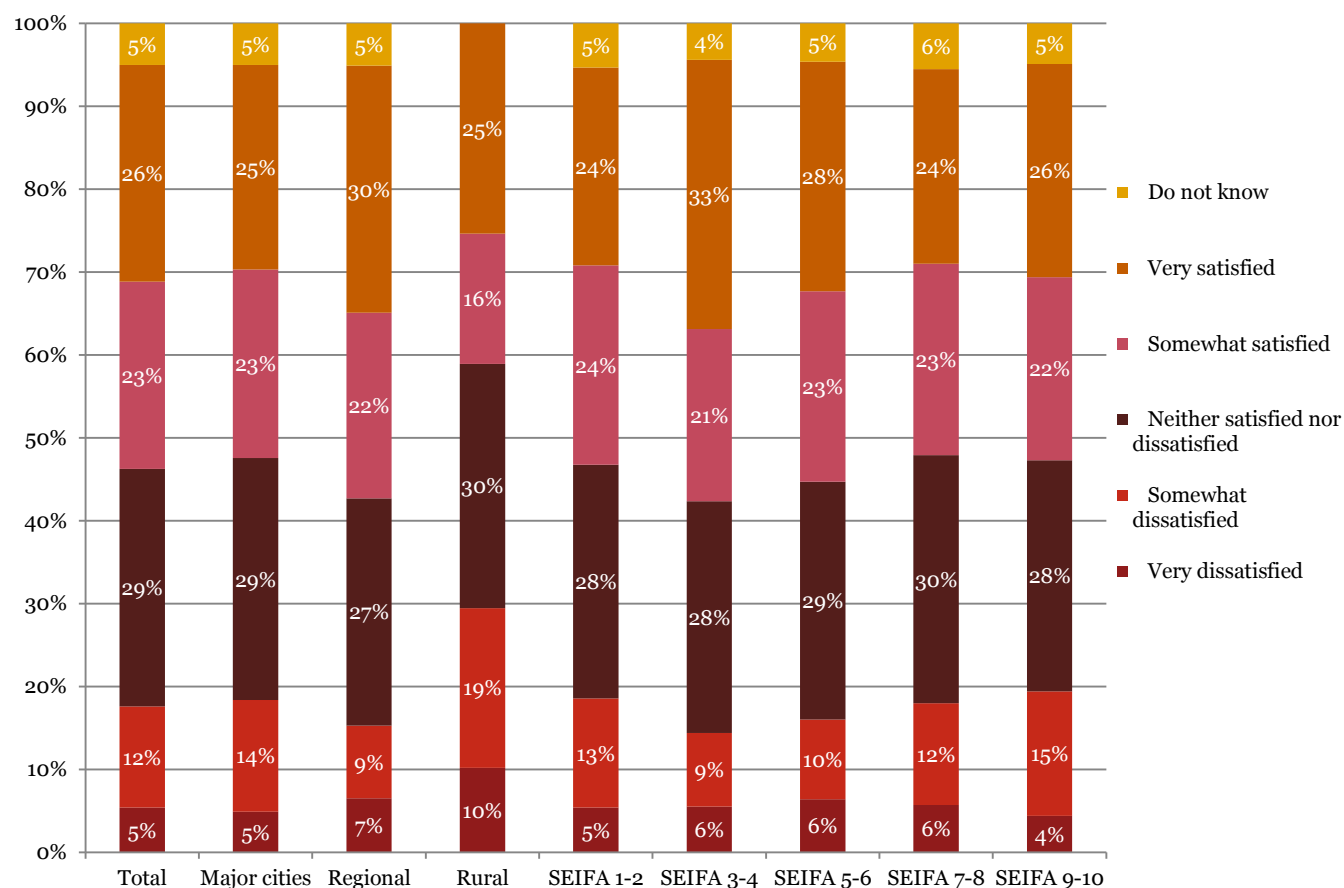


Figure 149: Q50. Satisfaction with amount of privacy offered by pharmacy (by location and SEIFA)



1.6 How do participants interact with their pharmacist and pharmacy staff?

1.6.1 Interactions with the pharmacist

How satisfied are participants with the interaction they have had with the pharmacist?

Figure 150: Q28. Overall satisfaction of interaction with pharmacist with last 3 visits to pharmacy (by age and gender)

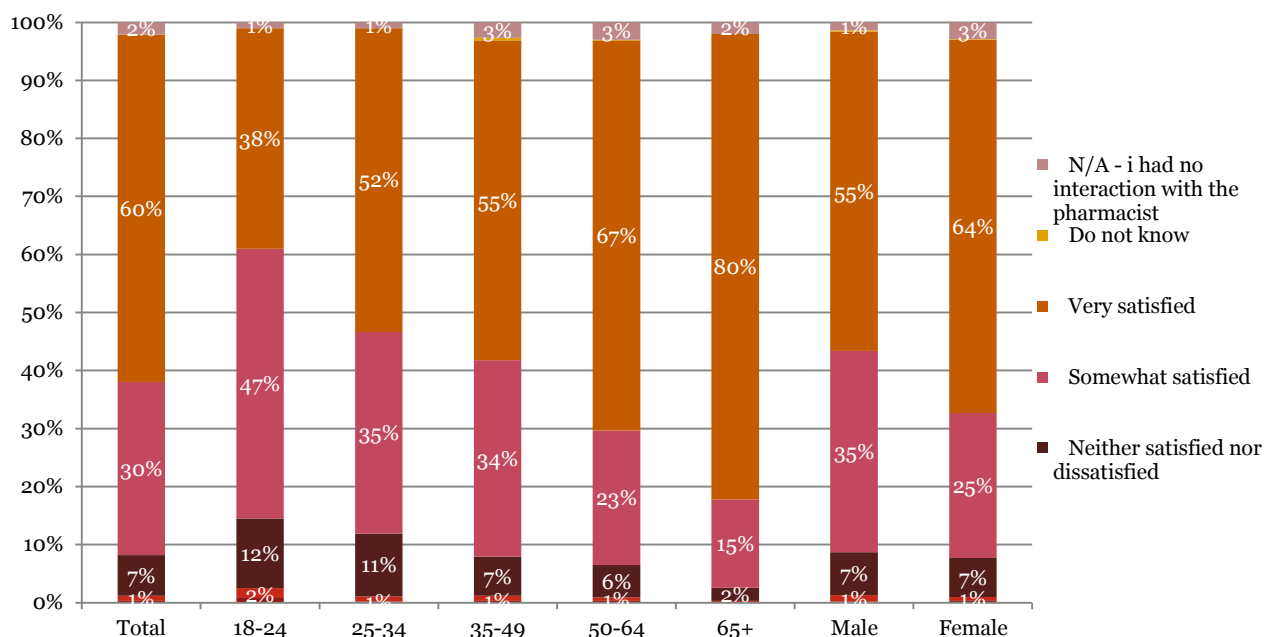
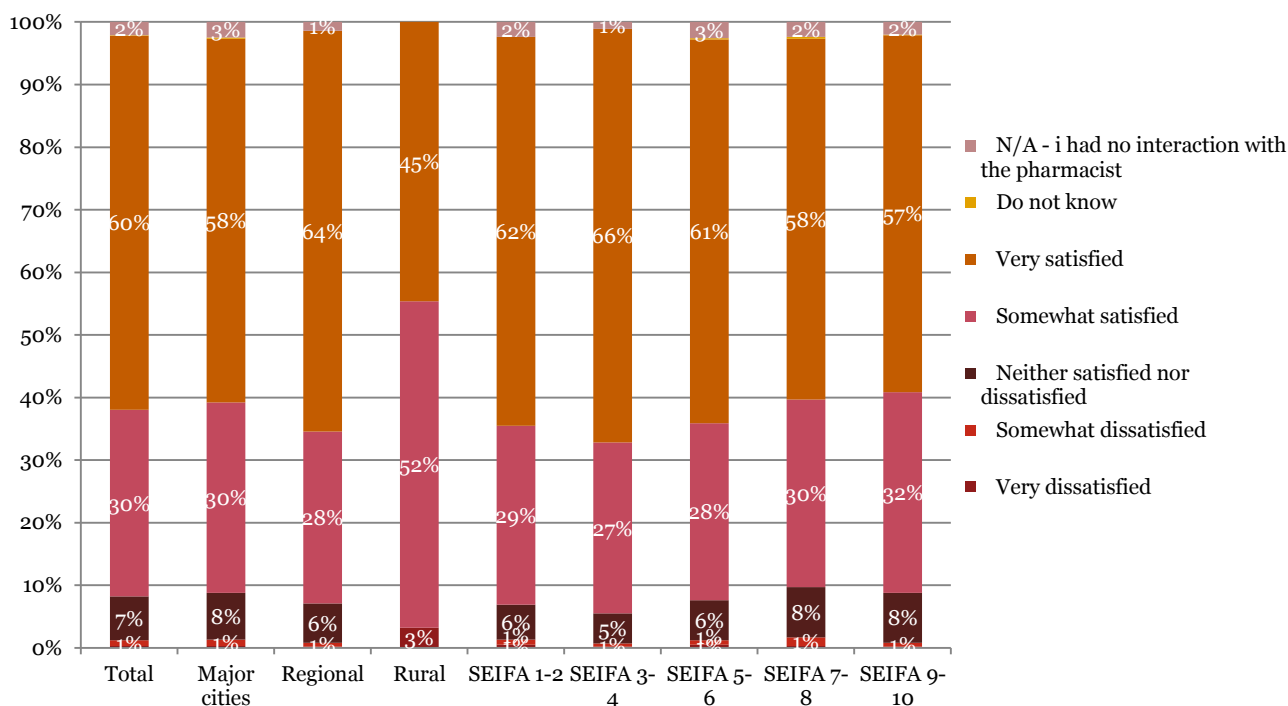


Figure 151: Q28. Overall satisfaction of interaction with pharmacist with last 3 visits to pharmacy (by location and SEIFA)



Why were participants satisfied with interaction with the pharmacist?

Figure 152: Q29. Why were you satisfied? (by age and gender)

Q29. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
The Pharmacist Is Knowledgeable And Provides Good And Accurate Advice	51%	47%	50%	53%	53%	48%	50%	52%
The Pharmacist Is Quick And Efficient	23%	20%	21%	23%	23%	24%	26%	20%
The Pharmacist Took Time To Explain Everything To Me Without Rushing	13%	11%	12%	15%	13%	14%	12%	14%
The Pharmacist Respects My Privacy	2%	1%	2%	2%	1%	3%	2%	2%
The Pharmacist Offers Health / Medication Advice When I Do not Ask For It	7%	6%	7%	7%	9%	8%	7%	7%
The Pharmacist Engages In General Conversation With Me	13%	9%	8%	12%	14%	19%	11%	14%
The Pharmacist Is Trustworthy	8%	5%	5%	7%	9%	15%	8%	9%
The Pharmacist Ensures That My Health Safety Is A Priority	4%	2%	3%	4%	5%	6%	4%	5%
The Pharmacist Is Always Available When I Need To Speak To Them	5%	2%	5%	4%	5%	10%	5%	6%
The Pharmacist Speaks My Language	1%	1%	0%	1%	1%	2%	1%	1%
Good Service From Pharmacist/ Professional Service/ Personal Service	6%	7%	4%	6%	7%	9%	8%	5%
The Pharmacist Is Friendly And Willing To Help/ They Are Caring	15%	12%	15%	13%	16%	21%	14%	16%
Pharmacist Knows Me/ Knows My Medical History/ Has Records Of My Medical Needs	3%	0%	2%	3%	3%	4%	2%	3%
Good Prices/ Cheap Prices/ The Right Price	1%	0%	1%	1%	1%	1%	1%	1%
Good Range Of Medications/ Products/ They Have The Medication I Need	2%	1%	2%	2%	2%	1%	2%	1%
No Complaints/ No Hassles/ No Problems	1%	1%	1%	0%	0%	1%	1%	1%
I Have Been Going To That Pharmacy A Long Time	1%	0%	0%	0%	1%	3%	1%	1%
They Did What I Needed Done/ They Did The Job/ Gave Me What I Wanted/ They Met My Expectations	2%	3%	3%	2%	1%	1%	2%	1%
Overall Satisfied But Mentioned	6%	12%	7%	5%	4%	2%	5%	6%

Q29. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Dissatisfaction								
Offer Generic/ Alternative Brands	1%	0%	1%	0%	1%	0%	1%	0%
Other (Please Specify)	2%	2%	2%	2%	2%	3%	2%	2%
Do not Know / Unsure	2%	2%	2%	3%	2%	2%	2%	2%

Figure 153: Q29. Why were you satisfied? (by location and SEIFA)

Q29. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female	
The Pharmacist Is Knowledgeable And Provides Good And Accurate Advice	51%	51%	51%	31%	53%	54%	49%	50%	51%
The Pharmacist Is Quick And Efficient	23%	21%	26%	24%	20%	26%	23%	22%	23%
The Pharmacist Took Time To Explain Everything To Me Without Rushing	13%	12%	15%	3%	14%	17%	15%	9%	13%
The Pharmacist Respects My Privacy	2%	1%	3%	1%	2%	3%	2%	1%	2%
The Pharmacist Offers Health / Medication Advice When I Do not Ask For It	7%	7%	7%	0%	9%	9%	7%	6%	8%
The Pharmacist Engages In General Conversation With Me	13%	12%	13%	17%	13%	15%	13%	12%	12%
The Pharmacist Is Trustworthy	8%	8%	10%	1%	11%	9%	8%	8%	8%
The Pharmacist Ensures That My Health Safety Is A Priority	4%	4%	6%	1%	6%	6%	5%	3%	4%
The Pharmacist Is Always Available When I Need To Speak To Them	5%	5%	7%	2%	8%	8%	4%	5%	4%
The Pharmacist Speaks My Language	1%	1%	1%	0%	2%	1%	1%	1%	1%
Good Service From Pharmacist/ Professional Service/ Personal Service	6%	6%	6%	29%	7%	5%	7%	7%	6%
The Pharmacist Is Friendly And Willing To Help/ They Are Caring	15%	15%	15%	13%	15%	14%	17%	15%	14%
Pharmacist Knows Me/ Knows My Medical History/ Has Records Of My Medical Needs	3%	3%	3%	5%	2%	3%	3%	2%	3%
Good Prices/ Cheap Prices/ The Right Price	1%	1%	1%	2%	0%	2%	1%	1%	1%
Good Range Of Medications/ Products/ They Have	2%	2%	1%	0%	1%	1%	2%	3%	1%

Q29. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female	
The Medication I Need									
No Complaints/ No Hassles/ No Problems	1%	1%	1%	0%	1%	0%	1%	0%	1%
I Have Been Going To That Pharmacy A Long Time	1%	1%	1%	0%	0%	1%	1%	1%	1%
They Did What I Needed Done/ They Did The Job/ Gave Me What I Wanted/ They Met My Expectations	2%	2%	2%	4%	1%	2%	2%	2%	2%
Overall Satisfied But Mentioned Dissatisfaction	6%	6%	4%	0%	5%	5%	6%	6%	6%
Offer Generic/ Alternative Brands	1%	1%	0%	0%	0%	1%	0%	1%	1%
Other (Please Specify)	2%	2%	2%	0%	1%	2%	2%	2%	2%
Do not Know / Unsure	2%	2%	2%	0%	2%	0%	3%	2%	3%

Figure 154: Q30. Why were you dissatisfied? (by age and gender)

Q30. Why were you dissatisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
The Pharmacist Did Not Have The Expertise Or Knowledge I Expected Them To	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Was Not Friendly Or Willing To Help	0%	1%	0%	1%	0%	0%	0%	1%
The Pharmacist Was Not Efficient	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Gave Me Advice When I Did not Ask For It	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Did Not Appear Trustworthy	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Was Not Available To Speak To Me	0%	0%	1%	0%	0%	0%	0%	0%
The Pharmacist Gave Me Bad Advice / Information	0%	1%	0%	0%	0%	0%	0%	0%
Lack Of Customer Service/ Lack Of Customer Focus	0%	0%	0%	0%	0%	0%	0%	0%
I Have To Wait/ Busy Pharmacy/ Slow Service	0%	1%	0%	0%	0%	0%	0%	0%
Other (Please Specify)	0%	0%	1%	0%	0%	0%	0%	0%
Do not Know / Unsure	0%	0%	0%	0%	0%	0%	0%	0%

Figure 155: Q30. Why were you dissatisfied? (by location and SEIFA)

Q30. Why were you dissatisfied?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
The Pharmacist Did Not Have The Expertise Or Knowledge I Expected Them To	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Was Not Friendly Or Willing To Help	1%	1%	0%	1%	0%	1%	0%	1%	1%
The Pharmacist Was Not Efficient	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Gave Me Advice When I Did not Ask For It	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Did Not Appear Trustworthy	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Was Not Available To Speak To Me	0%	0%	0%	0%	0%	0%	0%	0%	0%
The Pharmacist Gave Me Bad Advice / Information	0%	0%	0%	0%	0%	0%	0%	1%	0%
Lack Of Customer Service/ Lack Of Customer Focus	0%	0%	0%	0%	0%	0%	0%	0%	0%
I Have To Wait/ Busy Pharmacy/ Slow Service	0%	0%	0%	0%	1%	0%	0%	0%	0%
Other (Please Specify)	0%	0%	0%	2%	1%	0%	0%	0%	0%
Do not Know / Unsure	0%	0%	0%	0%	0%	0%	0%	0%	0%

Do participants encounter barriers to engaging with the pharmacist?

Figure 156: Q36. Barriers stopping you from speaking to the pharmacist when you would like to (by age and gender)

Q36. What are the barriers stopping you from speaking to the pharmacist when you would like to?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
There Are No Barriers	56%	39%	43%	51%	64%	80%	59%	53%
When The Pharmacist Appears To Be Busy Or Not Available	30%	35%	39%	34%	26%	12%	25%	34%
When I Do not Have The Time	6%	11%	9%	6%	4%	0%	5%	6%
When There Is No Privacy To Discuss What I Need To	3%	4%	3%	4%	4%	1%	3%	4%
Do not Know / Unsure	3%	7%	4%	2%	2%	3%	4%	2%
Other (Specify)	3%	6%	2%	2%	2%	2%	3%	3%
Embarrassment/ Awkward/ Nervousness/ Fear Of Judgement/ Too Personal	1%	3%	2%	1%	1%	0%	1%	1%
When Other Pharmacy Staff Assist Me	1%	0%	1%	1%	1%	1%	1%	1%
When I Think That The Pharmacist Does Not Have The Expertise Or Knowledge I Am Seeking	1%	2%	1%	1%	1%	0%	1%	1%
When The Pharmacists Does not Seem Friendly Or Willing To Help	1%	2%	1%	1%	1%	0%	1%	1%
When I Know What I Want Their Opening Hours/ If They are Closed	1%	1%	1%	1%	0%	1%	1%	1%
When The Pharmacist Does not Speak My Language/ Language Barrier	1%	1%	1%	1%	1%	0%	1%	0%
When The Pharmacist Is Of The Opposite Sex That I Would Like To Speak To	1%	1%	0%	1%	0%	0%	1%	1%
When I Do not Know Who The Pharmacist Is	1%	0%	0%	1%	1%	1%	1%	0%
When The Pharmacist Is Too Young / Old	0%	0%	0%	0%	0%	1%	0%	0%
When I Do not Trust The Pharmacist	0%	1%	0%	0%	0%	0%	0%	0%
When I Have Previously Had A Bad Experience With Advice / Information Given To Me By The Pharmacist	0%	1%	0%	0%	0%	0%	0%	0%

Figure 157: Q36. Barriers stopping you from speaking to the pharmacist when you would like to (by location and SEIFA)

Q36. What are the barriers stopping you from speaking to the pharmacist when you would like to?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10	All participants
There Are No Barriers	56%	54%	61%	65%	59%	60%	54%	56%	56%	56%
When The Pharmacist Appears To Be Busy Or Not Available	30%	31%	27%	25%	28%	28%	31%	30%	30%	30%
When I Do not Have The Time	6%	7%	3%	1%	5%	3%	5%	7%	6%	6%
When There Is No Privacy To Discuss What I Need To	3%	4%	2%	4%	1%	4%	3%	3%	4%	3%
Do not Know / Unsure	3%	2%	5%	0%	3%	3%	5%	3%	2%	3%
Other (Specify)	3%	3%	2%	4%	2%	3%	3%	3%	3%	3%
Embarrassment / Awkward/ Nervousness/ Fear Of Judgement/ Too Personal	1%	1%	1%	0%	1%	1%	2%	1%	1%	1%
When Other Pharmacy Staff Assist Me	1%	1%	1%	0%	1%	1%	1%	1%	1%	1%
When I Think That The Pharmacist Does Not Have The Expertise Or Knowledge I Am Seeking	1%	1%	1%	0%	0%	1%	1%	1%	1%	1%
When The Pharmacists Does not Seem Friendly Or Willing To Help	1%	1%	1%	0%	1%	2%	1%	0%	1%	1%
When I Know What I Want	1%	1%	1%	0%	1%	1%	1%	1%	1%	1%
Their Opening Hours/ If They are Closed	1%	1%	1%	5%	0%	0%	1%	1%	1%	1%
When The Pharmacist Does not Speak My Language/ Language Barrier	1%	1%	1%	0%	0%	1%	1%	1%	1%	1%
When The Pharmacist Is Of The Opposite Sex That I Would Like To Speak To	1%	1%	1%	0%	1%	1%	0%	0%	1%	1%

Q36. What are the barriers stopping you from speaking to the pharmacist when you would like to?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10	All participants
When I Do not Know Who The Pharmacist Is	1%	0%	1%	0%	0%	1%	0%	0%	1%	1%
When The Pharmacist Is Too Young / Old	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
When I Do not Trust The Pharmacist	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
When I Have Previously Had A Bad Experience With Advice / Information Given To Me By The Pharmacist	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1.6.2 Interactions with pharmacy staff

How satisfied are participants with interaction with the pharmacy staff?

Figure 158: Q37. Overall satisfaction with the pharmacy staff with last 3 visits to pharmacy (by age and gender)

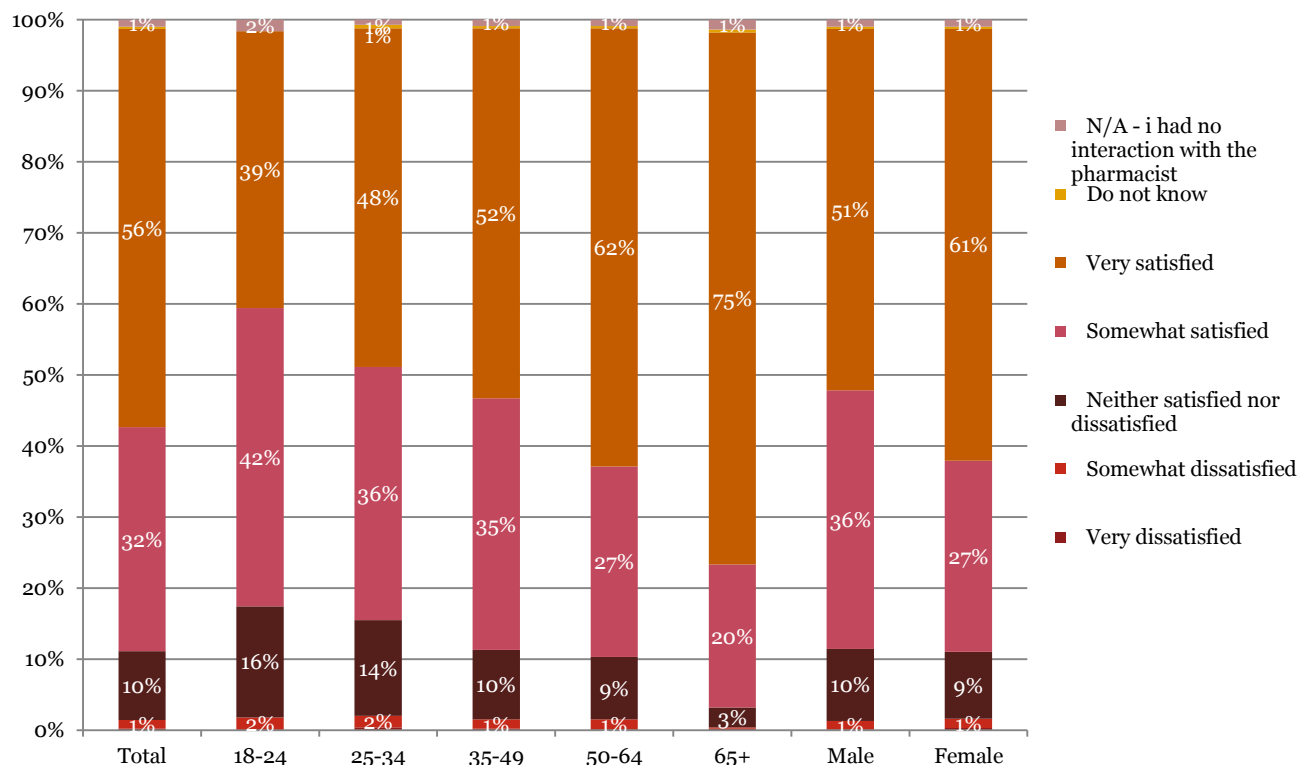
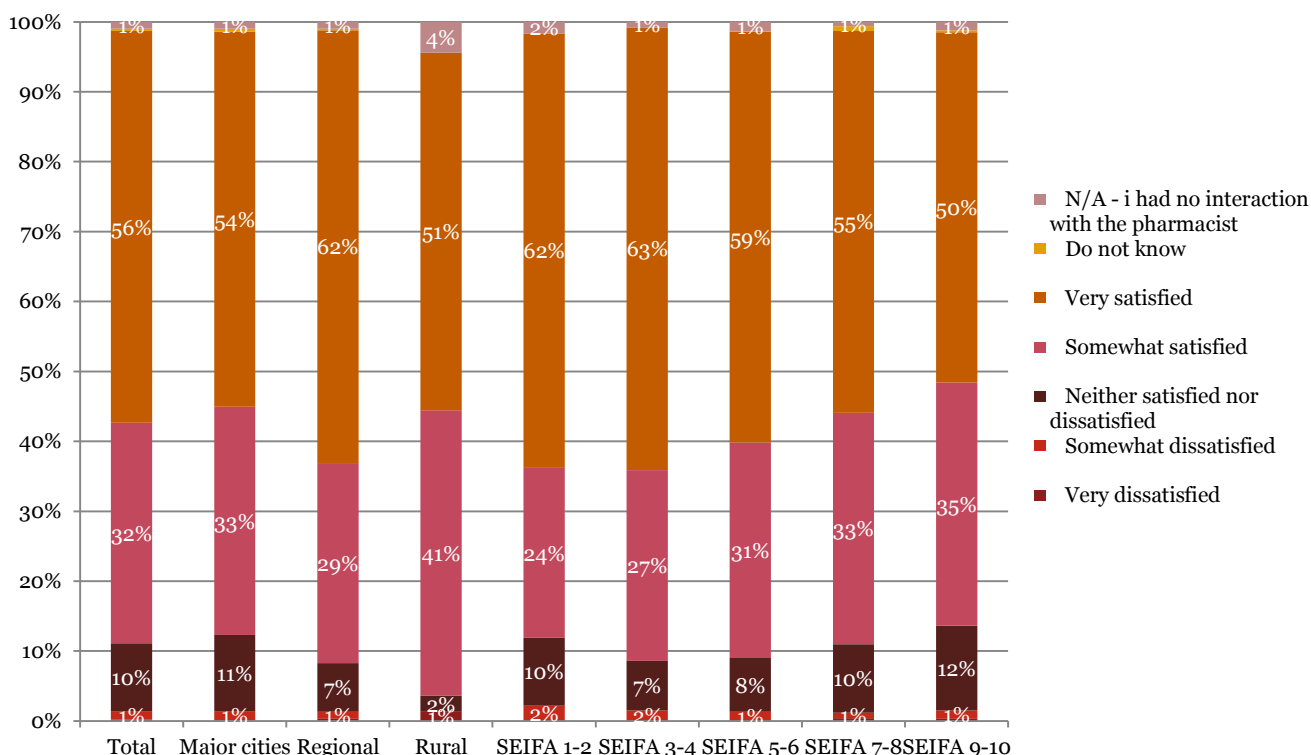


Figure 159: Q37. Overall satisfaction with the pharmacy staff with last 3 visits to pharmacy (by location and SEIFA)



Why are participants satisfied with interaction with the pharmacy staff?

Figure 160: Q38. Why were you satisfied with pharmacy staff? (by age and gender)

Q38. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
The Pharmacy Staff Are Knowledgeable And Provides Good Advice	39%	33%	40%	42%	36%	38%	36%	41%
The Staff Are Friendly And Willing To Help/ They Are Caring/ Not Pushy	26%	24%	23%	25%	28%	32%	25%	28%
The Pharmacy Staff Engage In General Conversation With Me	19%	16%	13%	19%	20%	28%	18%	20%
The Pharmacy Staff Are Always Available When I Need To Speak To Them	11%	5%	10%	11%	11%	16%	10%	12%
The Staff Are Quick And Efficient/ Thorough	9%	9%	8%	8%	9%	8%	10%	7%
Good Service From Pharmacy Staff/ Professional Service/ Personal Service/ Respectful Service	7%	8%	6%	7%	7%	6%	8%	5%
The Pharmacy Staff Offer Health / Medication Advice When I Do not Ask For It	6%	3%	5%	7%	6%	6%	5%	6%
Do not Know / Unsure	4%	4%	3%	3%	5%	2%	4%	3%
They Did What I Needed Done/ They Did The Job/ Gave Me What I Wanted/ They Met My Expectations	3%	4%	4%	3%	2%	2%	4%	2%
Other (Specify)	2%	2%	2%	3%	1%	2%	2%	2%
Overall Satisfied However I Lowered The Score Because Sometimes I Have To Wait/ Busy Pharmacy/ Slow Service	2%	2%	3%	2%	2%	1%	2%	2%
The Staff Know Me/ Know My Medical History	2%	1%	1%	1%	3%	4%	2%	2%
Overall Satisfied However The Staff Service Varies/ I Lowered The Score Because They Are Sometimes Rude/ Sometimes I Received Bad Service	2%	2%	1%	2%	2%	1%	1%	2%
No Complaints/ No Hassles/ No Problems	1%	2%	1%	1%	1%	2%	2%	1%
It Is Good That The Staff Double Check Advice And Information With The Pharmacist If They Are Unsure	1%	1%	1%	1%	1%	2%	1%	2%
The Pharmacy Staff Speak My Language	1%	1%	1%	1%	1%	1%	1%	1%
Overall Satisfied However I Lowered The	1%	1%	1%	1%	1%	1%	1%	1%

Q38. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Score Because The Staff Are Not Knowledgeable								
Overall Satisfied But Mentioned Other Dissatisfaction	1%	2%	1%	1%	1%	1%	1%	1%
Offer The Generic/ Offer The Cheaper Option	0%	1%	0%	1%	0%	0%	1%	0%
There Is Always Room For Improvement/ No One Is Perfect/ Would Not Give A Perfect Score (Unspecified)	0%	0%	0%	1%	1%	0%	0%	1%
I Have Been Going There A Long Time/ They Have Been There A Long Time/ I Have Known Them For A Long Time	0%	0%	0%	0%	0%	1%	0%	0%

Figure 161: Q38. Why were you satisfied with pharmacy staff? (by location and SEIFA)

Q38. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
The Pharmacy Staff Are Knowledgeable And Provides Good Advice	39%	33%	40%	42%	36%	38%	36%	41%
The Staff Are Friendly And Willing To Help/ They Are Caring/ Not Pushy	26%	24%	23%	25%	28%	32%	25%	28%
The Pharmacy Staff Engage In General Conversation With Me	19%	16%	13%	19%	20%	28%	18%	20%
The Pharmacy Staff Are Always Available When I Need To Speak To Them	11%	5%	10%	11%	11%	16%	10%	12%
The Staff Are Quick And Efficient/ Thorough	9%	9%	8%	8%	9%	8%	10%	7%
Good Service From Pharmacy Staff/ Professional Service/ Personal Service/ Respectful Service	7%	8%	6%	7%	7%	6%	8%	5%
The Pharmacy Staff Offer Health / Medication Advice When I Do not Ask For It	6%	3%	5%	7%	6%	6%	5%	6%
Do not Know / Unsure	4%	4%	3%	3%	5%	2%	4%	3%
They Did What I Needed Done/ They Did The Job/ Gave Me What I Wanted/ They Met My Expectations	3%	4%	4%	3%	2%	2%	4%	2%
Other (Specify)	2%	2%	2%	3%	1%	2%	2%	2%
Overall Satisfied However I Lowered The Score Because Sometimes I Have To Wait/ Busy Pharmacy/ Slow Service	2%	2%	3%	2%	2%	1%	2%	2%
The Staff Know Me/ Know My Medical History	2%	1%	1%	1%	3%	4%	2%	2%

Q38. Why were you satisfied?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Overall Satisfied	2%	2%	1%	2%	2%	1%	1%	2%
However The Staff Service Varies/ I Lowered The Score Because They Are Sometimes Rude/ Sometimes I Received Bad Service								
No Complaints/ No Hassles/ No Problems	1%	2%	1%	1%	1%	2%	2%	1%
It Is Good That The Staff Double Check Advice And Information With The Pharmacist If They Are Unsure	1%	1%	1%	1%	1%	2%	1%	2%
The Pharmacy Staff Speak My Language	1%	1%	1%	1%	1%	1%	1%	1%
Overall Satisfied However I Lowered The Score Because The Staff Are Not Knowledgeable	1%	1%	1%	1%	1%	1%	1%	1%
Overall Satisfied But Mentioned Other Dissatisfaction	1%	2%	1%	1%	1%	1%	1%	1%
Offer The Generic/ Offer The Cheaper Option	0%	1%	0%	1%	0%	0%	1%	0%
There Is Always Room For Improvement/ No One Is Perfect/ Would Not Give A Perfect Score (Unspecified)	0%	0%	0%	1%	1%	0%	0%	1%
I Have Been Going There A Long Time/ They Have Been There A Long Time/ I Have Known Them For A Long Time	0%	0%	0%	0%	0%	1%	0%	0%

Figure 162: Q39. Why were you dissatisfied with pharmacy staff? (by age and gender)

	All participants	18-24	25-34	35-49	50-64	65+	Male	Female
The Pharmacy Staff Did Not Offer Me Good Advice	1%	1%	1%	0%	1%	0%	0%	1%
The Pharmacy Staff Did Not Refer Me To Speak To The Pharmacist	0 %	0%	0%	0%	0%	0%	0%	0%
The Pharmacy Staff Were Not Willing To Help	1%	1%	1%	1%	0%	0. %	1%	1%
Bad Service From Pharmacy Staff/ No Customer Service Skills/ Lack Of Customer Focus	0%	0%	0 %	0%	0%	0%	0 %	0%
Pharmacy Staff Ask Too Many Questions	0%	0%	0%	0%	00%	00%	00%	00%
Pharmacy Staff Try To Up Sell/ Try To Sell Me Things I Am Not Interested In	0%	0%	0%	0%	0%	0%	0%	0%
Overall Dissatisfied But Mentioned Other Satisfaction	0%	0%	0%	0%	0%	0%	0%	0%
Other (Specify)	0%	0%	0%	1%	1%	0%	0%	0%

Figure 163: Q39. Why were you dissatisfied with pharmacy staff? (by location and SEIFA)

	All participants	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
The Pharmacy Staff Did Not Offer Me Good Advice	1%	0 %	1%	1%	1%	0 %	1%	0 %	1%
The Pharmacy Staff Did Not Refer Me To Speak To The Pharmacist	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
The Pharmacy Staff Were Not Willing To Help	1%	10%	0%	1%	1%	1%	1%	1%	1%
Bad Service From Pharmacy Staff/ No Customer Service Skills/ Lack Of Customer Focus	0 %	0 %	0 %	1%	0 %	0 %	0 %	0 %	0 %
Pharmacy Staff Ask Too Many Questions	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Pharmacy Staff Try To Up Sell/ Try To Sell Me Things I Am Not Interested In	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Overall Dissatisfied But Mentioned Other Satisfaction	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Other (Specify)	0 %	0 %	0 %	0 %	1%	0 %	0 %	1%	0 %

1.6.3 Expectations around interaction in a pharmacy

What do consumers expect when the access community pharmacy?

Q77A. TO HAVE ACCESS TO MEDICATIONS, INFORMATION AND ADVICE
Q77B. TO RECEIVE SAFE AND HIGH QUALITY CARE
Q77C. TO BE TREATED WITH RESPECT, DIGNITY AND CONSIDERATION
Q77D. TO BE INFORMED ABOUT VARIOUS SERVICES, TREATMENTS, OPTIONS AND COSTS
Q77E. TO BE INCLUDED IN DECISIONS AND CHOICES ABOUT MY CARE
Q77F. TO BE ABLE TO CONSULT PRIVATELY
Q77G. TO BE ABLE TO COMMENT ON MY CARE AND HAVE CONCERNS ADDRESSED
Q77H. THAT THE PHARMACIST COMMUNICATES WITH MY LOCAL DOCTOR

Figure 164: Q77 Rating of importance of factors around expectations relating to pharmacy on a scale of 0 to 10 where 10 is very important (by age)

AGE	Variable	N	Mean	Std Error of Mean	95% CL for Mean	
18-24	Q77A	285	8.53	0.10	8.33	8.73
	Q77B	285	8.87	0.09	8.69	9.05
	Q77C	285	9.16	0.08	9.00	9.32
	Q77D	285	8.41	0.09	8.23	8.60
	Q77E	285	8.69	0.10	8.49	8.89
	Q77F	285	8.50	0.12	8.27	8.73
	Q77G	285	8.60	0.10	8.39	8.80
	Q77H	285	8.07	0.13	7.82	8.32
25-34	Q77A	565	8.51	0.07	8.36	8.65
	Q77B	565	8.83	0.07	8.70	8.97
	Q77C	565	9.09	0.06	8.97	9.21
	Q77D	565	8.35	0.07	8.21	8.49
	Q77E	565	8.72	0.07	8.58	8.86
	Q77F	565	8.34	0.09	8.17	8.51
	Q77G	565	8.64	0.07	8.50	8.78
	Q77H	565	8.02	0.09	7.84	8.19

AGE	Variable	N	Mean	Std Error of Mean	95% CL for Mean	
35-49	Q77A	865	8.44	0.06	8.32	8.57
	Q77B	865	8.86	0.05	8.75	8.96
	Q77C	865	9.22	0.04	9.14	9.30
	Q77D	865	8.43	0.06	8.31	8.54
	Q77E	865	8.76	0.06	8.63	8.88
	Q77F	865	8.48	0.07	8.34	8.62
	Q77G	865	8.74	0.06	8.62	8.85
	Q77H	865	8.17	0.08	8.02	8.32
50-64	Q77A	716	8.64	0.08	8.49	8.79
	Q77B	716	8.98	0.07	8.84	9.11
	Q77C	716	9.36	0.04	9.27	9.45
	Q77D	716	8.59	0.07	8.46	8.72
	Q77E	716	8.77	0.08	8.62	8.92
	Q77F	716	8.60	0.08	8.45	8.75
	Q77G	716	8.76	0.07	8.61	8.90
	Q77H	716	8.46	0.08	8.30	8.62
65+	Q77A	563	8.89	0.08	8.73	9.06
	Q77B	563	9.06	0.08	8.92	9.21
	Q77C	563	9.48	0.05	9.39	9.58
	Q77D	563	8.70	0.08	8.54	8.86
	Q77E	563	8.65	0.10	8.45	8.85
	Q77F	563	8.64	0.09	8.46	8.82
	Q77G	563	8.72	0.09	8.55	8.90
	Q77H	563	8.72	0.10	8.54	8.91

Figure 165: Q77 Rating of importance of factors around expectations relating to pharmacy on a scale of 0 to 10 where 10 is very important (by SEIFA)

SEIFA	Variable	N	Mean	Std Error of Mean	95% CL for Mean	
1	Q77A	304	8.87	0.11	8.66	9.08
	Q77B	304	9.14	0.08	8.97	9.30
	Q77C	304	9.44	0.06	9.33	9.56
	Q77D	304	8.83	0.09	8.66	9.00
	Q77E	304	9.13	0.10	8.94	9.31
	Q77F	304	8.98	0.11	8.76	9.20
	Q77G	304	9.10	0.09	8.93	9.27
	Q77H	304	8.72	0.11	8.50	8.94
2	Q77A	395	8.76	0.09	8.57	8.94
	Q77B	395	9.00	0.09	8.83	9.17
	Q77C	395	9.42	0.06	9.30	9.54
	Q77D	395	8.65	0.09	8.47	8.84
	Q77E	395	8.85	0.10	8.64	9.06
	Q77F	395	8.81	0.10	8.61	9.01
	Q77G	395	8.86	0.09	8.68	9.04
	Q77H	395	8.73	0.10	8.54	8.92
3	Q77A	591	8.79	0.07	8.64	8.93
	Q77B	591	9.06	0.06	8.94	9.19
	Q77C	591	9.37	0.05	9.27	9.47
	Q77D	591	8.62	0.07	8.49	8.76
	Q77E	591	8.85	0.08	8.70	9.00
	Q77F	591	8.74	0.08	8.59	8.90
	Q77G	591	8.87	0.08	8.72	9.02
	Q77H	591	8.40	0.09	8.22	8.58
4	Q77A	824	8.50	0.06	8.37	8.63
	Q77B	824	8.84	0.06	8.73	8.95
	Q77C	824	9.27	0.04	9.19	9.36
	Q77D	824	8.46	0.06	8.34	8.57
	Q77E	824	8.66	0.07	8.53	8.79
	Q77F	824	8.43	0.07	8.29	8.57
	Q77G	824	8.64	0.06	8.52	8.77
	Q77H	824	8.23	0.08	8.08	8.38
5	Q77A	880	8.37	0.07	8.24	8.51
	Q77B	880	8.78	0.06	8.67	8.90
	Q77C	880	9.07	0.05	8.98	9.17
	Q77D	880	8.27	0.06	8.15	8.40
	Q77E	880	8.52	0.07	8.38	8.65
	Q77F	880	8.16	0.08	8.01	8.31
	Q77G	880	8.45	0.07	8.32	8.59
	Q77H	880	7.95	0.08	7.80	8.11

Principal Factorial Analysis on this question showed the following variables to be significantly associated with the level of expectation from pharmacy:

- 1. Gender ($p < 0.0001$) - female participants were seen to have a much higher level of expectation than men*
- 2. Self rated health status ($p = 0.01$) – participants with very poor or very good self rated health had a higher level of expectation*
- 3. SEIFA ($p < 0.0001$) – the level of expectation increased with SEIFA score.*
- 4. Number of mental co-morbidities ($p = 0.007$) – participants with a greater number of mental health co-morbidities appeared to have higher expectations than those without*

Participant expectations around pharmacy staff

Figure 166: Q45. Expect pharmacy staff to refer you to seek advice from pharmacist (by age and gender)

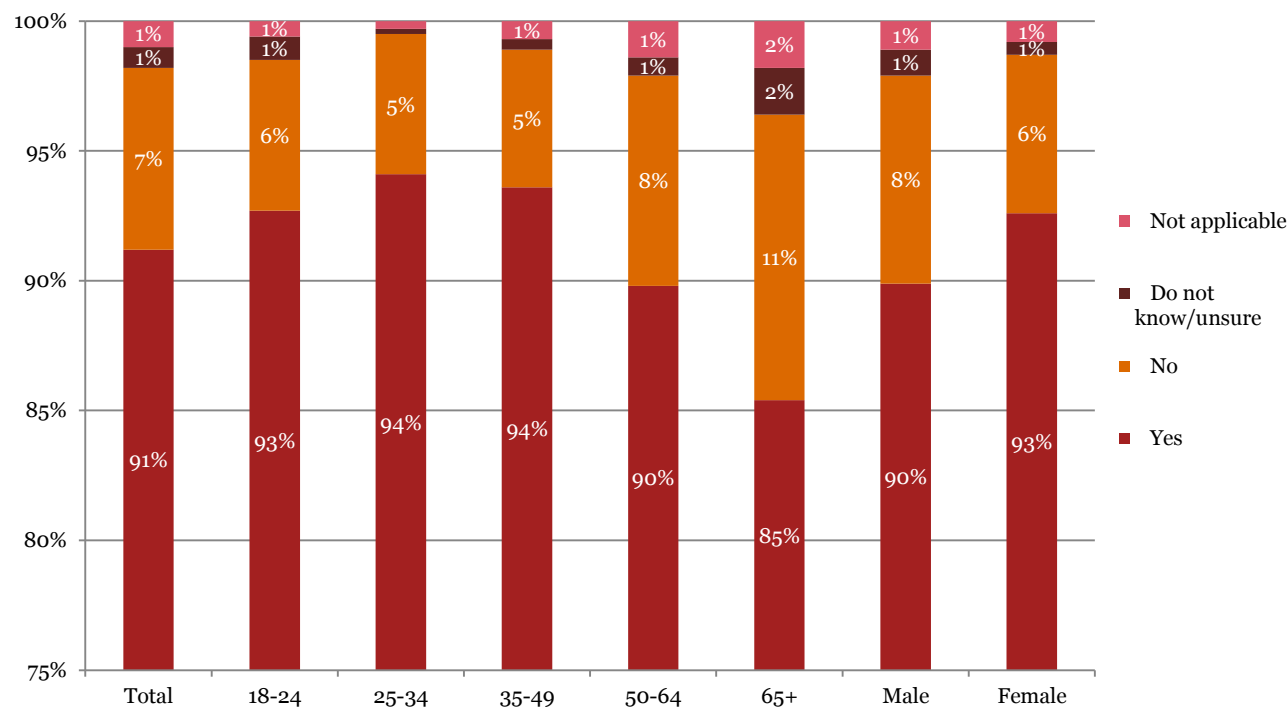


Figure 167: Q45. Expect pharmacy staff to refer you to seek advice from pharmacist (by location and SEIFA)

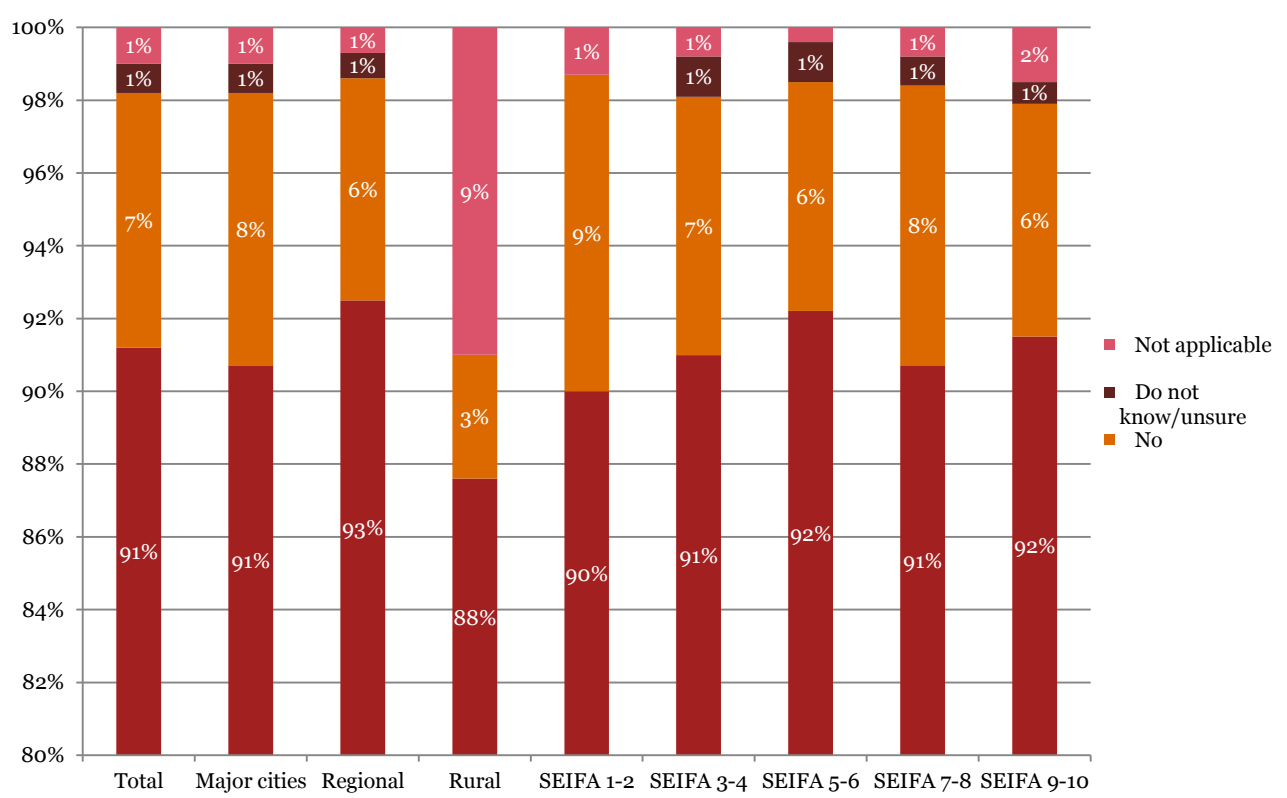


Figure 168: Q46. Expect pharmacy staff to have knowledge to give advice on OTC and complementary medicines (by age and gender)

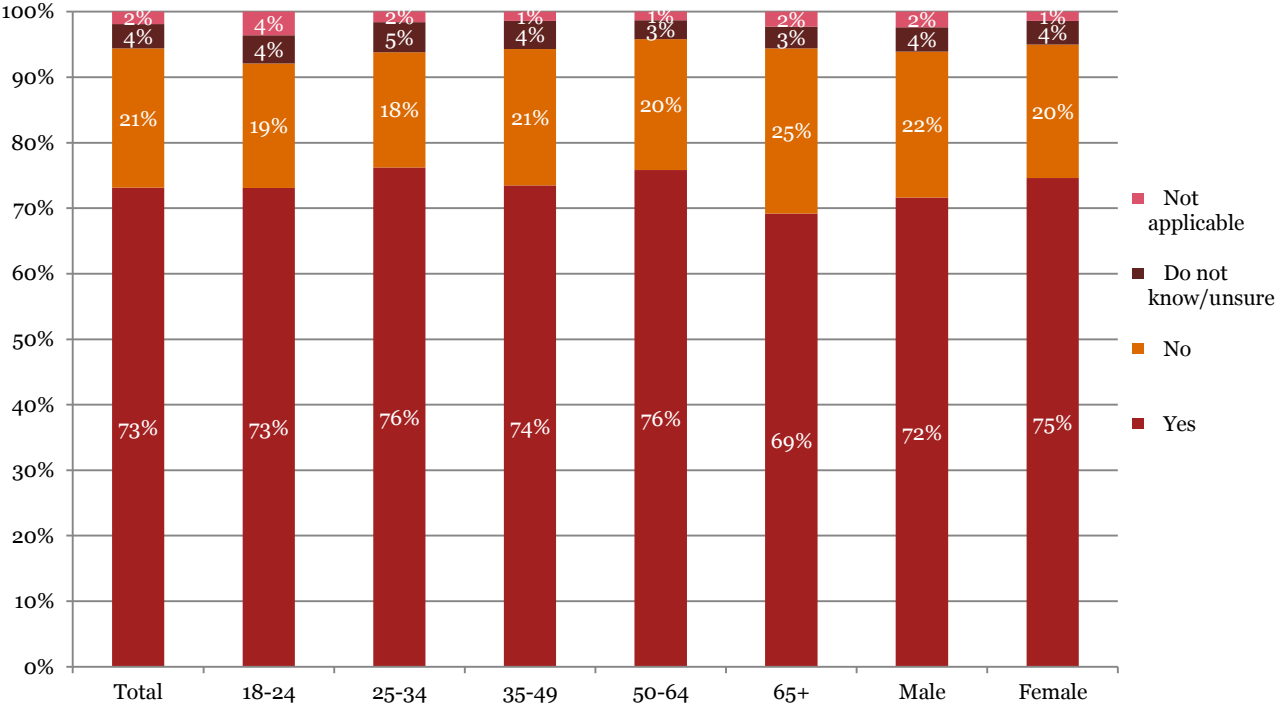
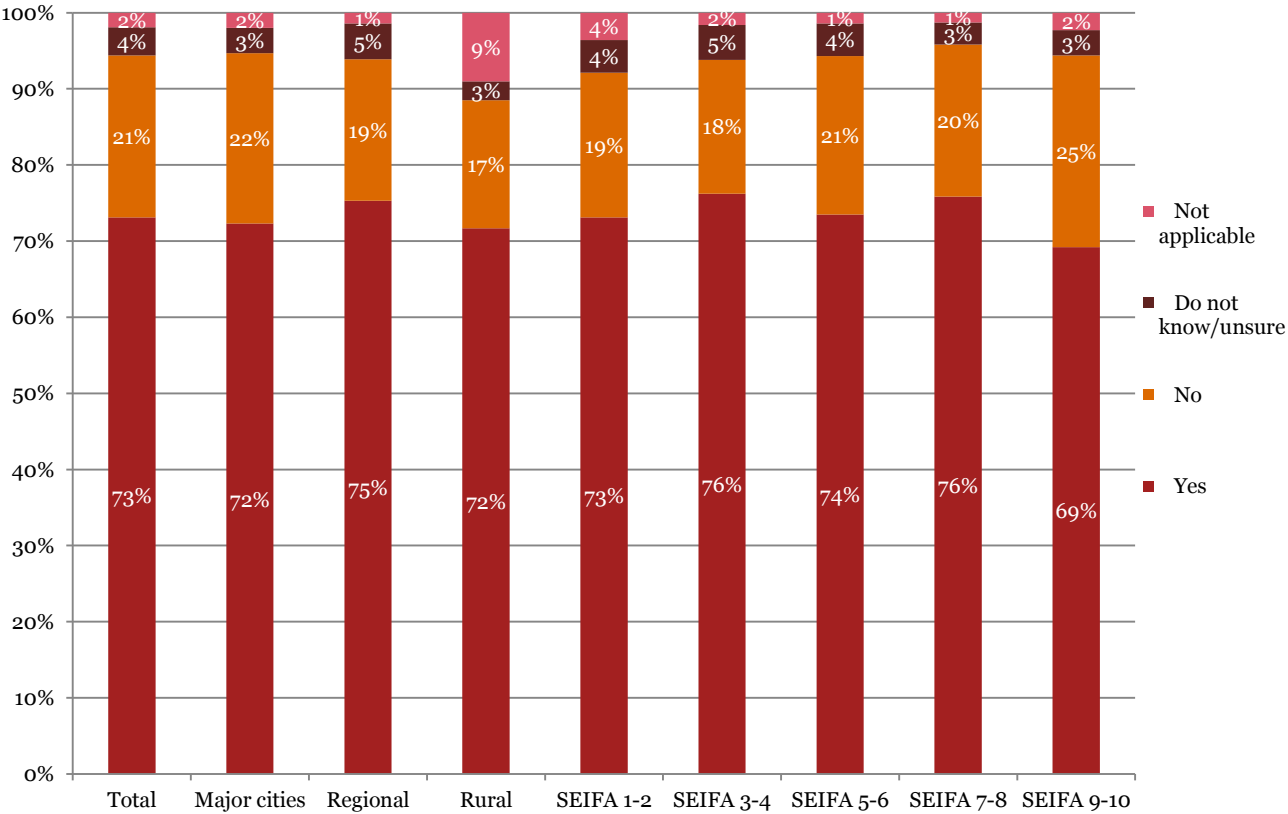


Figure 169: Q46. Expect pharmacy staff to have knowledge to give advice on OTC and complementary medicines (by location and SEIFA)



1.7 Where could there be change?

1.7.1 What services would participants like to see newly offered or offered more of in the pharmacy in the future?

Figure 170: Q80. What services would you like to see newly offered or offered more of in the pharmacy in the future? (by age and gender)

Q80. What services would you like to see newly offered or offered more of in the pharmacy in the future?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Can not Say	70%	69%	68%	68%	69%	80%	73%	67%
Other (Specify)	5%	5%	7%	6%	5%	3%	6%	5%
Other Health Professionals	3%	2%	4%	4%	3%	2%	3%	3%
Have More Privacy/ A Place To Talk In Private	3%	5%	4%	3%	2%	1%	3%	3%
Staff Should Have More Knowledge Of Products/ Illness/ Medication (Unspec)	3%	4%	3%	2%	2%	2%	2%	3%
They Should Offer Blood Tests/ Blood Pressure Tests	3%	2%	1%	3%	4%	3%	2%	3%
There Should Be A Nurse On Site	2%	3%	2%	3%	2%	1%	2%	3%
More Information/ Products About Complimentary/ Alternative/ Herbal/ Natural Medicines/ Therapies	2%	2%	2%	3%	3%	1%	1%	3%
Nothing/ They Are Okay As They Are/ They Should Stay The Same/ I Am Happy With Them	2%	2%	2%	1%	3%	4%	2%	2%
More/ Better Advice/ Services/ Information For Diabetes/ Blood Sugar Levels	2%	1%	1%	2%	4%	1%	2%	2%
There Should Be A Doctor On Site	2%	2%	2%	3%	1%	1%	2%	1%
They Should Offer Health Check Ups/ General Check Ups	2%	1%	1%	2%	3%	1%	1%	2%
More Information/ Availability Of Nutritional/ Dietary Advice/ Weight Loss	1%	1%	3%	2%	2%	0%	1%	1%
There Should Be Naturopath On Site	1%	1%	1%	3%	1%	0%	0%	2%
More Childrens/ Babies/ Mother Services/ Products/ Information/ Advice	1%	1%	3%	1%	1%	0%	1%	2%
There Should Be A Dietician/ Nutritionist On Site	1%	2%	2%	1%	1%	0%	1%	2%
Have Better/ Cheaper/ More Competitive Prices On Products/ Medicines	1%	1%	1%	1%	1%	1%	2%	1%
More/ Better Advice/ Services For The Elderly/ Pensioners	1%	0%	0%	1%	1%	1%	1%	1%
More/ Better Availability Of	1%	0%	1%	1%	1%	1%	1%	1%

Q8o. What services would you like to see newly offered or offered more of in the pharmacy in the future?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Equipment For Hire (Crutches/ Wheelchairs Etc)								
Larger Range Of Products/ Medications	1%	3%	0%	1%	0%	0%	1%	1%
Flu Vaccinations/ Vaccinations Able To Done At The Pharmacy	1%	3%	0%	1%	0%	0%	1%	1%
Home Delivery/ Home Delivery Of Medications	1%	1%	1%	1%	0%	0%	0%	1%
Better/ More Comfortable Layout Of The Pharmacy	0%	0%	0%	0%	1%	1%	1%	0%
Extended Opening Hours/ Opening Longer	0%	0%	1%	0%	0%	1%	0%	1%

Figure 171: Q8o. What services would you like to see newly offered or offered more of in the pharmacy in the future? (by location and SEIFA)

Q8o. What services would you like to see newly offered or offered more of in the pharmacy in the future?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Can not Say	70%	70%	72%	63%	71%	72%	69%	72%	69%
Other (Specify)	5%	6%	4%	10%	5%	4%	5%	5%	6%
Other Health Professionals	3%	3%	3%	9%	2%	3%	4%	3%	3%
Have More Privacy/ A Place To Talk In Private	3%	3%	3%	0%	3%	2%	4%	3%	3%
Staff Should Have More Knowledge Of Products/ Illness/ Medication (Unspec)	3%	3%	2%	0%	2%	3%	3%	2%	3%
They Should Offer Blood Tests/ Blood Pressure Tests	3%	3%	2%	3%	2%	2%	3%	3%	3%
There Should Be A Nurse On Site	2%	2%	2%	3%	3%	4%	2%	2%	2%
More Information/ Products About Complimentary/ Alternative/ Herbal/ Natural Medicines/ Therapies	2%	2%	3%	1%	2%	2%	1%	2%	3%
Nothing/ They Are Okay As They Are/ They Should Stay The Same/ I Am Happy With Them	2%	2%	2%	5%	3%	2%	2%	2%	2%
More/ Better Advice/ Services/ Information For Diabetes/ Blood Sugar Levels	2%	2%	2%	10%	2%	2%	3%	1%	2%
There Should Be A Doctor On Site	2%	2%	1%	1%	2%	1%	2%	2%	2%
They Should Offer Health Check Ups/ General Check Ups	2%	2%	2%	2%	1%	3%	2%	1%	2%
More Information/	1%	1%	1%	8%	1%	1%	2%	2%	1%

Q8o. What services would you like to see newly offered or offered more of in the pharmacy in the future?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Availability Of Nutritional/ Dietary Advice/ Weight Loss									
There Should Be Naturopath On Site	1%	1%	2%	4%	2%	2%	1%	2%	1%
More Childrens/ Babies/ Mother Services/ Products/ Information/ Advice	1%	1%	1%	2%	1%	2%	2%	1%	1%
There Should Be A Dietician/ Nutritionist On Site	1%	2%	1%	1%	0%	1%	2%	1%	1%
Have Better/ Cheaper/ More Competitive Prices On Products/ Medicines	1%	1%	1%	0%	3%	1%	1%	1%	1%
More/ Better Advice/ Services For The Elderly/ Pensioners	1%	1%	1%	0%	1%	1%	1%	1%	1%
More/ Better Availability Of Equipment For Hire (Crutches/ Wheelchairs Etc)	1%	1%	1%	0%	1%	0%	1%	1%	1%
Larger Range Of Products/ Medications	1%	1%	0%	0%	1%	1%	0%	1%	1%
Flu Vaccinations/ Vaccinations Able To Done At The Pharmacy	1%	1%	0%	0%	1%	1%	0%	1%	1%
Home Delivery/ Home Delivery Of Medications	1%	1%	0%	0%	0%	1%	1%	0%	0%
Better/ More Comfortable Layout Of The Pharmacy	0%	0%	1%	0%	1%	0%	1%	0%	0%
Extended Opening Hours/ Opening Longer	0%	1%	0%	0%	1%	0%	0%	1%	0%

1.7.2 How would participants like to see community pharmacy change in the future to meeting their needs?

Figure 172: Q81. How would you like to see community pharmacy change in the future to meet your needs? (by age and gender)

Q81. How would you like to see community pharmacy change in the future to meet your needs?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Can not Say	66%	68%	65%	60%	66%	74%	69%	63%
Better/ More Convenient Opening Hours	6%	5%	8%	9%	6%	1%	6%	6%
They Are Okay As They Are/ They Should Stay The Same/ I Am Happy With Them	4%	3%	3%	2%	5%	7%	4%	4%
Have Better/ Cheaper/ More Competitive Prices On Products/ Medicines	4%	2%	4%	5%	4%	3%	3%	4%
Have More Privacy/ A Place To Talk In Private	3%	5%	5%	4%	3%	1%	2%	4%
Other (Specify)	2%	1%	3%	3%	2%	2%	3%	2%
Should Be Smaller/ Less Commercial/ Local/ Community Based/ No Superstores	2%	1%	1%	2%	2%	4%	2%	3%
There Should Be More Personal/ One On One Service/ They Should Get To Know You Better	2%	3%	2%	1%	2%	1%	2%	2%
There Should Be Better/ More Efficient/ Faster Service	2%	2%	2%	2%	1%	1%	1%	2%
Have More/ Better Variety Of Products/ Services Available	2%	2%	2%	2%	1%	1%	1%	2%
Offer A Home Delivery/ Visit Service	1%	0%	0%	2%	1%	2%	1%	2%
Staff Should Have More Knowledge/ Better Education Of Products/ Illness/ Medication	1%	1%	1%	1%	2%	0%	1%	2%
Have Specialists/ Health Professionals Available For Consultations/ Advice/ Examinations/ Check Ups	1%	1%	1%	2%	0%	1%	1%	1%
Should Be Linked/ Located Next To Doctors/ Specialists/ Health Professionals In The Area	1%	0%	1%	2%	1%	0%	1%	1%
Better/ More Comfortable Layout Of The Pharmacy	1%	0%	1%	1%	1%	2%	1%	1%
More Knowledge/ Information/ Products About Complimentary/ Alternative/ Natural Medicines	1%	0%	1%	2%	1%	0%	1%	1%
Have Nurses Available For Consultations/ Advice/ Examinations/ Check Ups	1%	1%	0%	1%	1%	0%	1%	1%
Have Pharmacists Available For Consultations/ Advice/	1%	1%	1%	1%	1%	1%	1%	1%

Q81. How would you like to see community pharmacy change in the future to meet your needs?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Examinations/ Check Ups								
Sell Less Products/ Have Less Products Available/ Focus On Medicines	1%	1%	1%	1%	1%	1%	1%	1%
Should Have Better/ More Websites With Information/ Better Internet Services	1%	2%	1%	1%	1%	0%	1%	1%
Have Better Services/ Products/ Access For The Elderly/ Pensioners	1%	0%	0%	1%	1%	0%	1%	1%
Have Doctors Available For Consultations/ Advice/ Examinations/ Check Ups	1%	1%	1%	1%	0%	1%	1%	1%
More Advice/ Information About Medicine/ Products/ Illness	1%	1%	1%	1%	1%	0%	0%	1%
More Children/ Babies/ Mother Services/ Products/ Information/ Advice	1%	0%	2%	1%	0%	0%	0%	1%
More Staff/ Employ More Staff/ More Staff During Busy Times	1%	2%	1%	0%	0%	0%	1%	0%
They Should Offer Health Check Ups/ General Check Ups	0%	1%	1%	0%	1%	0%	0%	0%
Access/ Ease Of Access (Unspecified)	0%	0%	0%	0%	1%	0%	1%	0%
Better Parking/ More Parking	0%	0%	0%	0%	0%	0%	0%	0%

Figure 173: Q81. How would you like to see community pharmacy change in the future to meet your needs? (by location and SEIFA)

Q81. How would you like to see community pharmacy change in the future to meet your needs?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Can not Say	66%	65%	68%	55%	61%	66%	68%	68%	65%
Better/ More Convenient Opening Hours	6%	6%	6%	13%	7%	6%	6%	7%	6%
They Are Okay As They Are/ They Should Stay The Same/ I Am Happy With Them	4%	4%	4%	4%	4%	4%	3%	4%	4%
Have Better/ Cheaper/ More Competitive Prices On Products/ Medicines	4%	4%	4%	4%	2%	5%	4%	4%	4%
Have More Privacy/ A Place To Talk In Private	3%	4%	3%	2%	4%	2%	4%	3%	3%
Other (Specify)	2%	2%	2%	14%	3%	2%	2%	3%	3%
Should Be Smaller/ Less Commercial/ Local/ Community Based/ No Superstores	2%	2%	2%	0%	3%	3%	2%	2%	2%
There Should Be More Personal/ One On One Service/ They Should Get To Know You Better	2%	2%	2%	1%	3%	2%	2%	1%	1%
There Should Be Better/ More Efficient/ Faster Service	2%	2%	2%	0%	3%	1%	2%	1%	2%
Have More/ Better Variety Of Products/ Services Available	2%	2%	1%	2%	2%	2%	1%	1%	2%
Offer A Home Delivery/ Visit Service	1%	1%	1%	2%	2%	1%	1%	1%	2%
Staff Should Have More Knowledge/ Better Education Of Products/ Illness/ Medication	1%	1%	1%	0%	1%	2%	1%	1%	1%
Have Specialists/ Health Professionals Available For Consultations/ Advice/ Examinations/ Check Ups	1%	1%	1%	2%	1%	2%	1%	0%	1%
Should Be Linked/ Located Next To Doctors/ Specialists/ Health Professionals In The Area	1%	1%	1%	0%	1%	1%	1%	1%	2%
Better/ More Comfortable Layout Of The Pharmacy	1%	1%	1%	0%	2%	1%	1%	1%	1%
More Knowledge/ Information/ Products About Complimentary/ Alternative/ Natural Medicines	1%	1%	1%	1%	0%	1%	0%	1%	2%
Have Nurses Available For Consultations/ Advice/ Examinations/ Check Ups	1%	1%	0%	0%	1%	1%	0%	1%	1%
Have Pharmacists Available For Consultations/ Advice/ Examinations/ Check Ups	1%	1%	1%	0%	1%	0%	1%	1%	1%
Sell Less Products/ Have Less Products Available/ Focus On Medicines	1%	1%	1%	0%	2%	1%	0%	1%	1%
Should Have Better/ More Websites With Information/ Better Internet Services	1%	1%	0%	0%	0%	1%	1%	1%	2%
Have Better Services/ Products/ Access For The Elderly/	1%	1%	0%	2%	1%	0%	0%	1%	1%

Q81. How would you like to see community pharmacy change in the future to meet your needs?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Pensioners									
Have Doctors Available For Consultations/ Advice/ Examinations/ Check Ups	1%	1%	1%	1%	1%	1%	1%	1%	1%
More Advice/ Information About Medicine/ Products/ Illness	1%	1%	0%	0%	1%	1%	1%	0%	1%
More Children/ Babies/ Mother Services/ Products/ Information/ Advice	1%	1%	1%	2%	1%	1%	1%	0%	1%
More Staff/ Employ More Staff/ More Staff During Busy Times	1%	0%	1%	0%	0%	1%	1%	0%	1%
They Should Offer Health Check Ups/ General Check Ups	0%	0%	1%	0%	0%	1%	1%	0%	0%
Access/ Ease Of Access (Unspecified)	0%	0%	0%	6%	1%	0%	1%	1%	0%
Better Parking/ More Parking	0%	0%	0%	0%	0%	0%	0%	0%	0%

1.7.3 What types of other health professionals would participants like to see in a community pharmacy?

Figure 174:Q65. What type of health professional would you like to be able to consult with in the pharmacy apart from the pharmacist? (by age and gender)

Q65. What type of health professional would you like to be able to consult with in the pharmacy apart from the pharmacist? Anyone else?	Total	18-24	25-34	35-49	50-64	65+	Male	Female
Nurse	16%	15%	17%	20%	15%	9%	13%	19%
Herbalist	2%	0%	2%	3%	4%	1%	2%	2%
Dietician	7%	6%	8%	8%	8%	4%	6%	8%
Naturopath	6%	3%	5%	8%	7%	4%	3%	9%
Aboriginal Health Worker	0%	0%	0%	1%	0%	0%	0%	0%
Child Health Nurse/ Mother And Baby Nurse/ Paediatric Nurse	1%	0%	3%	1%	0%	0%	1%	2%
Diabetes Educator/ Diabetes Nurse/ Diabetes Specialist	1%	0%	1%	1%	2%	1%	1%	1%
Doctor (Unspecified)	7%	14%	7%	8%	5%	3%	7%	6%
GP/ General Practitioner	6%	10%	11%	6%	3%	2%	8%	4%
Nutritionist	0%	0%	0%	0%	0%	0%	0%	0%
Physiotherapist	2%	3%	3%	2%	1%	1%	2%	2%
Senior/ Knowledgeable Pharmacy Assistant	1%	1%	1%	1%	1%	2%	1%	1%
Other	6%	7%	7%	7%	5%	4%	7%	6%
None	57%	52%	50%	50%	62%	74%	61%	54%
Do not Know/ Can not Say	1%	1%	1%	0%	0%	1%	1%	1%

Figure 175: Q65. What type of health professional would you like to be able to consult with in the pharmacy apart from the pharmacist? (by location and SEIFA)

Q65. What type of health professional would you like to be able to consult with in the pharmacy apart from the pharmacist? Anyone else?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Nurse	16%	15%	17%	24%	16%	16%	17%	16%	15%
Herbalist	2%	2%	3%	12%	1%	3%	3%	1%	3%
Dietician	7%	7%	9%	6%	5%	8%	9%	7%	6%
Naturopath	6%	6%	6%	14%	6%	5%	5%	6%	7%
Aboriginal Health Worker	0%	0%	0%	0%	0%	0%	0%	0%	1%
Child Health Nurse/ Mother And Baby Nurse/ Paediatric Nurse	1%	1%	1%	2%	1%	2%	1%	1%	1%
Diabetes Educator/ Diabetes Nurse/ Diabetes Specialist	1%	1%	1%	8%	0%	2%	2%	1%	1%

Q65. What type of health professional would you like to be able to consult with in the pharmacy apart from the pharmacist?									
Anyone else?	Total	Major cities	Regional	Rural	SEIFA 1-2	SEIFA 3-4	SEIFA 5-6	SEIFA 7-8	SEIFA 9-10
Doctor (Unspecified)	7%	7%	5%	0%	7%	6%	7%	7%	7%
GP/ General Practitioner	6%	7%	5%	0%	4%	7%	7%	6%	6%
Nutritionist	0%	0%	0%	1%	1%	0%	0%	0%	0%
Physiotherapist	2%	2%	1%	0%	1%	0%	2%	2%	2%
Senior/ Knowledgeable Pharmacy Assistant	1%	1%	1%	0%	1%	1%	1%	1%	1%
Other (Specify)	6%	6%	7%	3%	6%	7%	5%	8%	5%
None	57%	58%	56%	51%	60%	55%	54%	57%	59%
Do not Know/ Can not Say	1%	1%	0%	0%	1%	1%	1%	0%	1%

Appendix E Community Survey

Community Pharmacy Study

SCREENER DEMOGRAPHICS

SCR1. Can you please tell me your home postcode?

- 1 QLD Metro
- 2 QLD Non-Metro
- 3 NSW Metro
- 4 NSW Non-Metro/ACT
- 5 VIC Metro
- 6 VIC Non-Metro
- 7 TAS
- 8 SA Metro
- 9 SA Non-Metro/NT
- 10 WA Metro
- 11 WA Non-Metro

SCR2. RECORD GENDER

- 1 MALE
- 2 FEMALE

SCR3. What is your age?

- 1 Under 18
- 2 18-24
- 3 25-34
- 4 35-49
- 5 50-64
- 6 65+
- 99 Refused

USAGE, NEEDS AND EXPECTATIONS

The next series of questions are about community pharmacies.

Q1. When did you last go to a pharmacy? Would it be...

- 1 In the last week
- 2 Two weeks ago
- 3 In the last month
- 4 In the last 3 months
- 5 In the last 6 months
- 6 In the last year
- 7 More than a year ago
- 8 Never
- 9 (DO NOT READ OUT) DON'T KNOW / UNSURE

IF NEVER BEEN TO A PHARMACY (CODE 8 ON Q1), SAY:

Q2. Why have you never been to a pharmacy?

PROBE FULLY:Anything else?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 I DON'T NEED TO BUY CONVENTIONAL MEDICATIONS (I.E. STANDARD PRESCRIPTIONS)

2 I DON'T NEED TO BUY ANY OVER-THE-COUNTER MEDICATIONS

3 I DON'T NEED TO BUY ANY COMPLEMENTARY MEDICATIONS

4

I BUY EVERYTHING I NEED FROM SOMEWHERE ELSE (E.G. SUPERMARKET, HEALTH FOOD SHOPS, ONLINE)

5 SOMEONE ELSE GOES AND BUYS WHAT I NEED FOR ME

6 I DON'T HAVE ACCESS TO A COMMUNITY PHARMACY

97 OTHER (SPECIFY)

98 DON'T KNOW / UNSURE

ASK EVERYONE

Q3. Do you have any difficulty accessing a pharmacy?

1 YES

2 NO

3 DON'T KNOW / UNSURE

IF HAVE PHYSICAL DIFFICULTY (CODE 1 ON Q3), SAY:

Q4. Can you please tell me the reasons for this difficulty?

PROBE FULLY:Anything else?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 THERE ISN'T ONE NEAR MY WORK OR HOME

2 THERE IS NO PUBLIC TRANSPORT ACCESS

3 THERE IS NO PARKING AVAILABLE

4 THE OPENING HOURS ARE NOT EXTENDED

5 I AM TOO SICK TO LEAVE MY PLACE OF RESIDENCE TO ACCESS COMMUNITY PHARMACY

97 OTHER (SPECIFY)

98 DON'T KNOW / UNSURE

Q5A. On average, how often would you use a pharmacy for yourself only? Would that be...

READ OUT

1 More often than once a week

2 Once a week

3 Once a fortnight

4 Once a month

5 Once every 3 months

- 6 Once every 6 months
- 7 Once a year
- 8 Less than once a year
- 9 (DO NOT READ) DON'T KNOW / UNSURE

10

(DO NOT READ) NOT APPLICABLE (FOR THOSE WHO ONLY GO FOR THEMSELVES OR ONLY GO FOR OTHERS)

Q5B. On average, how often would you use a pharmacy for yourself and others? Would that be...

READ OUT

- 1 More often than once a week
- 2 Once a week
- 3 Once a fortnight
- 4 Once a month
- 5 Once every 3 months
- 6 Once every 6 months
- 7 Once a year
- 8 Less than once a year
- 9 (DO NOT READ) DON'T KNOW / UNSURE

10

(DO NOT READ) NOT APPLICABLE (FOR THOSE WHO ONLY GO FOR THEMSELVES OR ONLY GO FOR OTHERS)

Q5C. On average, how often would you use a pharmacy for others only? Would that be...

READ OUT

- 1 More often than once a week
- 2 Once a week
- 3 Once a fortnight
- 4 Once a month
- 5 Once every 3 months
- 6 Once every 6 months
- 7 Once a year
- 8 Less than once a year
- 9 (DO NOT READ) DON'T KNOW / UNSURE

10

(DO NOT READ) NOT APPLICABLE (FOR THOSE WHO ONLY GO FOR THEMSELVES OR ONLY GO FOR OTHERS)

Q6. What do you currently use a pharmacy for? READ OUT

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 To buy prescription medications
- 2 To buy OVER-THE-COUNTER pharmacist-only medicines

IF NECESSARY: For example Chlorsig eye drops, high strength antihistamines, high strength cold and flu tablets

- 3 To buy OVER-THE-COUNTER medications, e.g. Panadol
- 4 To buy complementary medicines such as vitamins, mineral, herbal and aromatherapy products (i.e. complementary medications)
- 5 To buy other retail products, for example make-up, hair products, personal hygiene
- 6 To seek advice on health related conditions, such as minor ailments like cold and flu

7 To discuss bad reactions to medications

8

To access a health service which lies outside the dispensing of medications, for example obtaining safety assessment of all the medications you are taking, seeing a baby nurse, hiring aid equipment, having your blood pressure monitored or seeking advice for weight loss or smoking cessation (i.e. accessing a health service)

9 To obtain information brochures or leaflets

97 Anything else? (SPECIFY)

98 (DO NOT READ) DON'T KNOW / UNSURE

Q7. Do you go to the same pharmacy for most of your pharmacy needs more than 75% of the time?

1 YES

2 NO

3 DON'T KNOW / UNSURE

IF YES (CODE 1 ON Q7), SAY:

Q8. Why do you go to that particular pharmacy? Anything else?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

INTERVIEWER NOTE: PROBE FULLY. FOR EXAMPLE IF RESPONDENTS SAY CONVENIENT OR CLOSE, ASK: "is it close to your home? To your work? To your GP?..."

1 CONVENIENCE

2 IT IS EASY TO GET PARKING

3 IT HAS EXTENDED OPENING HOURS

4 THERE IS DIRECT PUBLIC TRANSPORT ACCESS

5 I KNOW AND TRUST THE PHARMACIST AND / OR STAFF

6 IT IS CHEAPER THAN OTHER PLACES

7 I LIKE THE RETAIL PRODUCTS AVAILABLE (E.G. BEAUTY PRODUCTS)

8 I LIKE THE OTHER HEALTH SERVICES AVAILABLE THAT LIE OUTSIDE THE DISPENSING OF MEDICATIONS E.G. BABY NURSE, DIABETES ASSISTANCE

9 IT IS A PHARMACY WHICH OFFERS MIXING OF PHARMACEUTICAL INGREDIENTS TO MAKE A PRODUCT SUITED FOR MY INDIVIDUAL NEEDS (I.E. COMPOUNDING PHARMACY)

10 IT OFFERS HOME DELIVERY

11 IT OFFERS A TEXTING SERVICE FOR PRESCRIPTION MEDICATIONS

12

GOOD SERVICE/ PERSONAL SERVICE/ HELPFUL/ FRIENDLY/ EFFICIENT/ NO PROBLEMS THERE / THEY ARE GOOD

13 THEY ARE KNOWLEDGEABLE/ HIGHLY QUALIFIED/ GIVE GOOD ADVICE/ INFORMATION

14 ALWAYS GO THERE/ HABIT

15 I'M A MEMBER/ HAVE AN ACCOUNT THERE

16 ONLY ONE IN THE AREA

17 THEY HAVE MY RECORDS/ DETAILS/ MEDICATIONS/ PRESCRIPTIONS ON FILE

18 WELL STOCKED/ THEY HAVE WHAT I NEED

19 VARIETY OF PRODUCTS AVAILABLE/ LARGER RANGE/ HAS EVERYTHING

20 TAX REASONS AND SAFETY NET

21 LOYALTY REWARD SCHEME

22 SUPPORT LOCAL BUSINESS

23 RESPONDENT GETS DISCOUNT

97 OTHER (SPECIFY)

98 DON'T KNOW / UNSURE

Q9. What type of pharmacy is your usual pharmacy? Is it a... READ OUT

- 1 Discount Pharmacy, for example Chemist Warehouse, Priceline
- 2 National brand, for example Amcal, Soul Pattisons, Terry White etc
- 3 Independent
- 4 Online
- 5 Compounding Pharmacy IF NECESSARY: A pharmacy which offers mixing of pharmaceutical ingredients to make a product suited for my individual needs
- 6 (DO NOT READ) NONE OF THESE
- 7 (DO NOT READ) DON'T KNOW/UNSURE

IF ATTEND DIFFERENT PHARMACIES (CODE 2 ON Q7), ASK:

Q10. How many different pharmacies have you used in the last three months?

- 1 2-3 DIFFERENT PHARMACIES
- 2 4-5 DIFFERENT PHARMACIES
- 3 6 OR MORE DIFFERENT PHARMACIES
- 98 CAN'T SAY
- 99 NOT APPLICABLE

ASK EVERYONE

Q13. Have you used the following health services in the last 12 months at a pharmacy? READ OUT

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 Mother and baby support, IF NECESSARY: for example seeing a baby nurse in the pharmacy
- 2 Healthy living advice, for example quit smoking, weight loss, vaccines, blood pressure monitoring.
- 3 Medscheck / medicines review of all medications that you are taking, IF NECESSARY: for example Medicines use reviews and home medicines reviews
- 4 Accessing methadone services, IF NECESSARY: or other opioid dependence treatment
- 5
Using medication packaging which have your pills allocated to days of the week, or blister or webster packaging
- 6 Home delivery of medicines
- 7 Assistance with managing chronic conditions
- 8 Hiring of aid equipment, e.g. crutches or wheelchairs
- 9
Palliative care services, IF NECESSARY: that is, medication management for patients in the last stages of life, advice on side effects, educating patients and families about medications, delivering medication to patients in their home etc.
- 97 Anything else? (SPECIFY)
- 98 NONE / NO OTHER HEALTH SERVICES USED

IF HAVE ACCESSED HEALTH SERVICE/S (IF SELECTED AT LEAST ONE OF CODES 1-97 AT Q13), ASK:

Q15. Overall, on a scale of 1 to 5 where 1 means very dissatisfied and 5 means very satisfied, how satisfied are you with the health services that you have used at a pharmacy?

- 1 VERY DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 3 NEITHER SATISFIED nor DISSATISFIED

- 4 SOMEWHAT SATISFIED
- 5 VERY SATISFIED
- 6 DON'T KNOW

Q16. Would you access the following services now or in the future if it was available at the pharmacy that you go to? READ OUT

A. Mother and baby support

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

B. Quit smoking advice

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

C. Weight loss advice

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

D. Blood pressure monitoring or checks

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

E. Medscheck services (IF NECESSARY: medication review services)

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

(IF NECESSARY, SAY: Would you access the following services now or in the future if it was available at the pharmacy that you go to?) READ OUT

F. Accessing methadone services

- 1 YES, NOW
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

G. Medication packaging which have your pills allocated to days of the week, or blister/webster packaging

- 1 YES, NOW
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

H. Home delivery of medicines

- 1 YES, NOW
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

I. Diabetes assistance

- 1 YES, NOW
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

J. Hiring of aid equipment

- 1 YES, NOW
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

K. Palliative care services

- 1 YES, NOW
- 2 NO
- 3 DON'T KNOW
- 4 NOT RELEVANT NOW, BUT MAYBE IN THE FUTURE

PRESCRIPTION MEDICATIONS

IF BUY PRESCRIPTION MEDICATION (CODE 1 ON Q6), ASK:

Q19.

Now, thinking about the experience you have had with your pharmacy and prescription medications, do you expect to be offered a cheaper alternative, for example a generic brand, for your prescription medications if one is available?

- 1 YES
- 2 ONLY THE FIRST TIME
- 3 NO
- 4 DON'T KNOW / UNSURE

Q20. How often do you go to a different pharmacy from your regular pharmacy just to get a prescription medication cheaper?
READ OUT

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never
- 6 (DO NOT READ) DON'T KNOW / UNSURE
- 7 (DO NOT READ) NOT APPLICABLE

IF CODES 1 TO 3 ON Q20, ASK:

Q21. Do you go to a different pharmacy to get your prescription medications cheaper even if it is more of an inconvenience to you?

- 1 YES
- 2 NO
- 3 DON'T KNOW / UNSURE

OVER-THE-COUNTER MEDICATIONS AND OTHER

ASK EVERYONE

The next series of questions are about over-the-counter medications and other products sold in pharmacies. Please note this does not include vitamins, minerals, herbal and aromatherapy products.

Q22A. When you need to buy over-the-counter medications, for either yourself or others, how often do you buy them from a pharmacy? Would that be... READ OUT

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never
- 6 (DO NOT READ) DON'T KNOW / UNSURE
- 7 (DO NOT READ) NOT APPLICABLE

IF ALWAYS PURCHASE FROM A PHARMACY (CODE 1 ON Q22A) ASK:

Q22E. Do you expect to be offered a cheaper alternative for your over-the-counter medications if one is available?

- 1 YES
- 2 NO
- 3 DON'T KNOW / UNSURE

IF NOT ALWAYS PURCHASED FROM A PHARMACY (CODE 2 TO 7 ON Q22A) ASK:

Q22F. If you don't purchase them from a pharmacy, where do you purchase your over-the-counter medications?

READ OUT IF NECESSARY

- 1 SUPERMARKET
- 2 HEALTH FOOD SHOP
- 3 ONLINE
- 4 DON'T KNOW/ UNSURE
- 5 NOT APPLICABLE

Q23B. Why do you purchase over-the-counter medications from a supermarket?

PROBE FULLY: Anything other reasons?.

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 IT IS CHEAPER
- 2 THERE IS A BETTER VARIETY
- 3 IT IS MORE CONVENIENT (E.G. HOME DELIVERY IS OFFERED, IT IS CLOSER TO HOME / WORK, IT HAS EXTENDED OPENING HOURS, THERE ARE BETTER PUBLIC TRANSPORT OPTIONS, IT IS EASIER TO PARK)
- 4 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE AT THE PHARMACY
- 5 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE IN AUSTRALIA
- 6 THE ADVICE I GET ON HOW TO USE THE PRODUCT / MEDICATION IS BETTER
- 97 OTHER (SPECIFY)
- 98 NO SPECIFIC REASON
- 99 DON'T KNOW / UNSURE

Q23C. Why do you purchase over-the-counter medications from a health food shop?

PROBE FULLY: Anything other reasons?.

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 IT IS CHEAPER
- 2 THERE IS A BETTER VARIETY
- 3 IT IS MORE CONVENIENT (E.G. HOME DELIVERY IS OFFERED, IT IS CLOSER TO HOME / WORK, IT HAS EXTENDED OPENING HOURS, THERE ARE BETTER PUBLIC TRANSPORT OPTIONS, IT IS EASIER TO PARK)
- 4 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE AT THE PHARMACY
- 5 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE IN AUSTRALIA
- 6 THE ADVICE I GET ON HOW TO USE THE PRODUCT / MEDICATION IS BETTER
- 97 OTHER (SPECIFY)
- 98 NO SPECIFIC REASON
- 99 DON'T KNOW / UNSURE

Q23D. Why do you purchase over-the-counter medications online?

PROBE FULLY: Anything other reasons?.

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 IT IS CHEAPER
- 2 THERE IS A BETTER VARIETY
- 3 IT IS MORE CONVENIENT (E.G. HOME DELIVERY IS OFFERED, IT IS CLOSER TO HOME / WORK, IT HAS EXTENDED OPENING HOURS, THERE ARE BETTER PUBLIC TRANSPORT OPTIONS, IT IS EASIER TO PARK)
- 4 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE AT THE PHARMACY
- 5 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE IN AUSTRALIA
- 6 THE ADVICE I GET ON HOW TO USE THE PRODUCT / MEDICATION IS BETTER
- 97 OTHER (SPECIFY)
- 98 NO SPECIFIC REASON
- 99 DON'T KNOW / UNSURE

IF PURCHASE OTC MEDICATIONS FROM SUPERMARKET (CODE 1 ON Q22F)

Q23B ASKED HERE

IF PURCHASE OTC MEDICATIONS FROM HEALTH FOOD SHOP (CODES 2 ON Q22F)

Q23C ASKED HERE

IF PURCHASE OTC MEDICATIONS ONLINE (CODE 3 ON Q22F), ASK:

Q23D ASKED HERE

COMPLEMENTARY MEDICATIONS

ASK EVERYONE

The next series of questions are about complementary medicines sold in pharmacies, such as vitamins, minerals, herbal and aromatherapy products

Q24A. When you need to buy complementary medicines, for either yourself or others, how often do you buy them from a pharmacy? READ OUT

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never
- 6 (DO NOT READ) DON'T KNOW / UNSURE
- 7 (DO NOT READ) NOT APPLICABLE

IF NOT ALWAYS PURCHASED FROM A PHARMACY (CODE 2 TO 7 TO Q24A), ASK:

Q24B. If you don't purchase them from a pharmacy, where do you purchase complementary medicines from?

READ OUT IF NECESSARY

- 1 SUPERMARKET
- 2 HEALTH FOOD SHOP
- 3 ONLINE
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Q25B. Why do you purchase complementary medicines, for either yourself or others , from a supermarket?

PROBE FULLY: Anything other reasons?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 IT IS CHEAPER
- 2 THERE IS A BETTER VARIETY
- 3 IT IS MORE CONVENIENT (E.G. HOME DELIVERY IS OFFERED, IT IS CLOSER TO HOME / WORK, IT HAS EXTENDED OPENING HOURS, THERE ARE BETTER PUBLIC TRANSPORT OPTIONS, IT IS EASIER TO PARK)
- 4 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE AT THE PHARMACY
- 5 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE IN AUSTRALIA
- 6 THE ADVICE I GET ON HOW TO USE THE PRODUCT / MEDICATION IS BETTER

- 97 OTHER (SPECIFY)
- 98 NO SPECIFIC REASON
- 99 DON'T KNOW / UNSURE

Q25C.

Why do you purchase complementary medicines, for either yourself or others , from a health food shop?

PROBE FULLY: Anything other reasons?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 IT IS CHEAPER
- 2 THERE IS A BETTER VARIETY
- 3 IT IS MORE CONVENIENT (E.G. HOME DELIVERY IS OFFERED, IT IS CLOSER TO HOME / WORK, IT HAS EXTENDED OPENING HOURS, THERE ARE BETTER PUBLIC TRANSPORT OPTIONS, IT IS EASIER TO PARK)
- 4 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE AT THE PHARMACY
- 5 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE IN AUSTRALIA
- 6 THE ADVICE I GET ON HOW TO USE THE PRODUCT / MEDICATION IS BETTER
- 7 ASSOCIATE COMPLEMENTARY MEDICINES WITH HEALTH FOOD SHOPS
- 8 HOLISTIC APPROACH/ THEY'RE COMPLEMENTARY/ THEY DON'T JUST PUSH TRADITIONAL MEDICINES
- 9 NATURAL/ ORGANIC PRODUCTS/ NO HARMFUL CHEMICALS IN THEM
- 10 THEY HAVE A NATURAL PRACTITIONER/ NATUROPATH IN STORE
- 11 GOOD SERVICE/ HELPFUL/ FRIENDLY
- 12 A MORE TRUSTED SOURCE/ MORE REPUTABLE/ CREDIBLE
- 13 QUALITY OF PRODUCTS AND BRANDS/ BETTER PRODUCTS
- 14 ALWAYS GO THERE/ HABIT
- 15 RECOMMENDED/ ADVISED TO GO THERE
- 16 KNOW SOMEONE WHO WORKS THERE/ OWNS IT
- 17 IMPULSE PURCHASES/ NOT PLANNED PURCHASES/ JUST BROWSING
- 97 OTHER (SPECIFY)
- 98 NO SPECIFIC REASON
- 99 DON'T KNOW / UNSURE

Q25D. Why do you purchase complementary medicines, for either yourself or others online?

PROBE FULLY: Anything other reasons?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 IT IS CHEAPER
- 2 THERE IS A BETTER VARIETY
- 3 IT IS MORE CONVENIENT (E.G. HOME DELIVERY IS OFFERED, IT IS CLOSER TO HOME / WORK, IT HAS EXTENDED OPENING HOURS, THERE ARE BETTER PUBLIC TRANSPORT OPTIONS, IT IS EASIER TO PARK)
- 4 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE AT THE PHARMACY
- 5 THE DESIRED PRODUCT / MEDICATION IS NOT AVAILABLE IN AUSTRALIA
- 6 THE ADVICE I GET ON HOW TO USE THE PRODUCT / MEDICATION IS BETTER
- 97 OTHER (SPECIFY)
- 98 NO SPECIFIC REASON
- 99 DON'T KNOW / UNSURE

Q25B ASKED HERE

IF PURCHASE COMPLEMENTARY MEDICATIONS FROM A SUPERMARKET (CODE 1 ON Q24B) ASK:

Q25C ASKED HERE

IF PURCHASE COMPLEMENTARY MEDICATIONS FROM A HEALTH FOOD SHOP (CODE 2 ON Q24B) ASK:

Q25D ASKED HERE

IF PURCHASE COMPLEMENTARY MEDICATIONS ONLINE (CODE 3 ON Q24B) ASK:

THE PHARMACIST

ASK EVERYONE

The next series of questions are about your experience with the pharmacist

Q35. Do you expect your pharmacist to give you advice, even if you don't ask for it, on your... READ OUT

Prescription Medications

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Over-the-counter Medications

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Complementary / alternative medicines such as vitamin, mineral, herbal and aromatherapy products

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Treatment / Management of your health condition

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT

- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

ASK EVERYONE

Q31. In general, when you visit a pharmacy does the pharmacist provide you with advice (IF NECESSARY: either prompted or unprompted) on... READ OUT

Prescription Medications

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Over-the-counter Medications

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Complementary / alternative medicines such as vitamin, mineral, herbal and aromatherapy products

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Treatment / Management of your health condition

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

IF CODE 1 OR 3 ON Q31A, ASK:

Q32A. Generally, do you follow the advice your Pharmacist gives you on prescription medications?

- 1 YES
- 2 NO
- 3 SOMETIMES
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

IF CODE 1 OR 3 ON Q31B, ASK:

Q32B. Generally, do you follow the advice your Pharmacist gives you on over-the-counter medications?

- 1 YES
- 2 NO
- 3 SOMETIMES
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

IF CODE 1 OR 3 ON Q31C, ASK:

Q32C. Generally, do you follow the advice your Pharmacist gives you on complementary or alternative medicines such as vitamin, mineral, herbal and aromatherapy products?

- 1 YES
- 2 NO
- 3 SOMETIMES
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

IF CODE 1 OR 3 ON Q31D, ASK:

Q32D. Generally, do you follow the advice your Pharmacist gives you on the treatment or management of your health condition?

- 1 YES
- 2 NO
- 3 SOMETIMES
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

IF CODE 2 OR 3 ON Q32A, ASK:

Q33A. Why do you choose not to follow the advice your pharmacist gave you on Prescription Medications?

PROBE FULLY:Anything else?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 I DON'T BELIEVE THEY ARE QUALIFIED
- 2 I DON'T BELIEVE THEY KNOW THAT TYPE OF INFORMATION
- 3 THEY DON'T KNOW MY HEALTH CONDITION OR PAST MEDICAL HISTORY
- 4 I ALREADY KNOW HOW TO TAKE THE MEDICATION AS I HAVE BEEN TAKING IT FOR SOME TIME
- 5 I WOULD RATHER ASK MY DOCTOR
- 6 I COULD NOT REMEMBER THE ADVICE THAT WAS GIVEN TO ME
- 7 THE ADVICE THEY GIVE ME WAS DIFFERENT TO WHAT MY DOCTOR TOLD ME
- 8 I DON'T TRUST THEIR ADVICE
- 9 THE ADVICE THEY GAVE ME WAS DIFFERENT TO WHAT I HAD READ OR WHAT SOMEONE ELSE TOLD ME
- 10 THEY DIDN'T GIVE/ OFFER ANY ADVICE
- 11 I DON'T NEED THEIR ADVICE/ I DON'T NEED ANY ADVICE/ I HAVE NEVER ASKED FOR ADVICE
- 12 I PREFER TO READ THE INSTRUCTIONS ON THE BOX/ BOTTLE/ PACKAGING
- 13 I LIKE TO DO MY OWN RESEARCH ABOUT MEDICATIONS

- 14 THEY GIVE CONFLICTING ADVICE FROM MY DOCTOR/ THE DOCTOR GAVE DIFFERENT ADVICE
- 15 I LIKE TO GET A SECOND OPINION/ I LIKE TO GET ADVICE FROM SOMEWHERE ELSE
- 16 I LIKE TO GET MY ADVICE FROM A HEALTH CARE PROFESSIONAL/ SPECIALIST
- 17 THEY HAVE GIVEN ME WRONG ADVICE BEFORE/ THEIR ADVICE WAS WRONG
- 18 I DON'T LIKE THEM TELLING ME TO QUIT SMOKING/ DRINKING ALCOHOL
- 19 I WILL/ I HAVE FOLLOWED THAT ADVICE
- 20 I AM A HEALTH PROFESSIONAL SO I KNOW MORE THAN THEM
- 21 IT DEPENDS ON THE PRODUCT/ MEDICATION/ CONDITION/ADVICE
- 22 THEY ARE JUST TRYING TO PUSH/ SELL OTHER PRODUCTS
- 23 I DON'T/ HAVE NEVER BOUGHT IT FROM THERE
- 24 I DON'T LIKE TAKING MORE DRUGS/ MEDICATIONS TO HEAL MY CONDITION
- 25 I LIKE TO TAKE MORE MEDICINE THAN THEY ADVISE TO HELP ME HEAL MORE QUICKLY
- 26 I DON'T/ RARELY USE THESE MEDICINES
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

IF CODE 2 OR 3 ON Q32B, ASK:

Q33B. Why do you choose not to follow the advice your pharmacist gave you on over-the-counter medications?

PROBE FULLY:Anything else?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 I DON'T BELIEVE THEY ARE QUALIFIED
- 2 I DON'T BELIEVE THEY KNOW THAT TYPE OF INFORMATION
- 3 THEY DON'T KNOW MY HEALTH CONDITION OR PAST MEDICAL HISTORY
- 4 I ALREADY KNOW HOW TO TAKE THE MEDICATION AS I HAVE BEEN TAKING IT FOR SOME TIME
- 5 I WOULD RATHER ASK MY DOCTOR
- 6 I COULD NOT REMEMBER THE ADVICE THAT WAS GIVEN TO ME
- 7 THE ADVICE THEY GIVE ME WAS DIFFERENT TO WHAT MY DOCTOR TOLD ME
- 8 I DON'T TRUST THEIR ADVICE
- 9 THE ADVICE THEY GAVE ME WAS DIFFERENT TO WHAT I HAD READ OR WHAT SOMEONE ELSE TOLD ME
- 10 THEY DIDN'T GIVE/ OFFER ANY ADVICE
- 11 I DON'T NEED THEIR ADVICE/ I DON'T NEED ANY ADVICE/ I HAVE NEVER ASKED FOR ADVICE
- 12 I PREFER TO READ THE INSTRUCTIONS ON THE BOX/ BOTTLE/ PACKAGING
- 13 I LIKE TO DO MY OWN RESEARCH ABOUT MEDICATIONS
- 14 THEY GIVE CONFLICTING ADVICE FROM MY DOCTOR/ THE DOCTOR GAVE DIFFERENT ADVICE
- 15 I LIKE TO GET A SECOND OPINION/ I LIKE TO GET ADVICE FROM SOMEWHERE ELSE
- 16 I LIKE TO GET MY ADVICE FROM A HEALTH CARE PROFESSIONAL/ SPECIALIST
- 17 THEY HAVE GIVEN ME WRONG ADVICE BEFORE/ THEIR ADVICE WAS WRONG
- 18 I DON'T LIKE THEM TELLING ME TO QUIT SMOKING/ DRINKING ALCOHOL
- 19 I WILL/ I HAVE FOLLOWED THAT ADVICE
- 20 I AM A HEALTH PROFESSIONAL SO I KNOW MORE THAN THEM
- 21 IT DEPENDS ON THE PRODUCT/ MEDICATION/ CONDITION/ADVICE
- 22 THEY ARE JUST TRYING TO PUSH/ SELL OTHER PRODUCTS
- 23 I DON'T/ HAVE NEVER BOUGHT IT FROM THERE
- 24 I DON'T LIKE TAKING MORE DRUGS/ MEDICATIONS TO HEAL MY CONDITION
- 25 I LIKE TO TAKE MORE MEDICINE THAN THEY ADVISE TO HELP ME HEAL MORE QUICKLY
- 26 I DON'T/ RARELY USE THESE MEDICINES
- 97 OTHER (SPECIFY)

98 DON'T KNOW / UNSURE

IF CODE 2 OR 3 ON Q32C, ASK:

Q33C. Why do you choose not to follow the advice your pharmacist gave you on complementary or alternative medicines such as vitamin, mineral, herbal and aromatherapy products?

PROBE FULLY: Anything else?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 I DON'T BELIEVE THEY ARE QUALIFIED
- 2 I DON'T BELIEVE THEY KNOW THAT TYPE OF INFORMATION
- 3 THEY DON'T KNOW MY HEALTH CONDITION OR PAST MEDICAL HISTORY
- 4 I ALREADY KNOW HOW TO TAKE THE MEDICATION AS I HAVE BEEN TAKING IT FOR SOME TIME
- 5 I WOULD RATHER ASK MY DOCTOR
- 6 I COULD NOT REMEMBER THE ADVICE THAT WAS GIVEN TO ME
- 7 THE ADVICE THEY GIVE ME WAS DIFFERENT TO WHAT MY DOCTOR TOLD ME
- 8 I DON'T TRUST THEIR ADVICE
- 9 THE ADVICE THEY GAVE ME WAS DIFFERENT TO WHAT I HAD READ OR WHAT SOMEONE ELSE TOLD ME
- 10 THEY DIDN'T GIVE/ OFFER ANY ADVICE
- 11 I DON'T NEED THEIR ADVICE/ I DON'T NEED ANY ADVICE/ I HAVE NEVER ASKED FOR ADVICE
- 12 I PREFER TO READ THE INSTRUCTIONS ON THE BOX/ BOTTLE/ PACKAGING
- 13 I LIKE TO DO MY OWN RESEARCH ABOUT MEDICATIONS
- 14 THEY GIVE CONFLICTING ADVICE FROM MY DOCTOR/ THE DOCTOR GAVE DIFFERENT ADVICE
- 15 I LIKE TO GET A SECOND OPINION/ I LIKE TO GET ADVICE FROM SOMEWHERE ELSE
- 16 I LIKE TO GET MY ADVICE FROM A HEALTH CARE PROFESSIONAL/ SPECIALIST
- 17 THEY HAVE GIVEN ME WRONG ADVICE BEFORE/ THEIR ADVICE WAS WRONG
- 18 I DON'T LIKE THEM TELLING ME TO QUIT SMOKING/ DRINKING ALCOHOL
- 19 I WILL/ I HAVE FOLLOWED THAT ADVICE
- 20 I AM A HEALTH PROFESSIONAL SO I KNOW MORE THAN THEM
- 21 IT DEPENDS ON THE PRODUCT/ MEDICATION/ CONDITION/ADVICE
- 22 THEY ARE JUST TRYING TO PUSH/ SELL OTHER PRODUCTS
- 23 I DON'T/ HAVE NEVER BOUGHT IT FROM THERE
- 24 I DON'T LIKE TAKING MORE DRUGS/ MEDICATIONS TO HEAL MY CONDITION
- 25 I LIKE TO TAKE MORE MEDICINE THAN THEY ADVISE TO HELP ME HEAL MORE QUICKLY
- 26 I DON'T/ RARELY USE THESE MEDICINES
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

IF CODE 2 OR 3 ON Q32D, ASK:

Q33D. Why do you choose not to follow the advice your pharmacist gave you on the treatment or management of your health condition?

PROBE FULLY: Anything else?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 I DON'T BELIEVE THEY ARE QUALIFIED

- 2 I DON'T BELIEVE THEY KNOW THAT TYPE OF INFORMATION
- 3 THEY DON'T KNOW MY HEALTH CONDITION OR PAST MEDICAL HISTORY
- 4 I ALREADY KNOW HOW TO TAKE THE MEDICATION AS I HAVE BEEN TAKING IT FOR SOME TIME
- 5 I WOULD RATHER ASK MY DOCTOR
- 6 I COULD NOT REMEMBER THE ADVICE THAT WAS GIVEN TO ME
- 7 THE ADVICE THEY GIVE ME WAS DIFFERENT TO WHAT MY DOCTOR TOLD ME
- 8 I DON'T TRUST THEIR ADVICE
- 9 THE ADVICE THEY GAVE ME WAS DIFFERENT TO WHAT I HAD READ OR WHAT SOMEONE ELSE TOLD ME
- 10 THEY DIDN'T GIVE/ OFFER ANY ADVICE
- 11 I DON'T NEED THEIR ADVICE/ I DON'T NEED ANY ADVICE/ I HAVE NEVER ASKED FOR ADVICE
- 12 I PREFER TO READ THE INSTRUCTIONS ON THE BOX/ BOTTLE/ PACKAGING
- 13 I LIKE TO DO MY OWN RESEARCH ABOUT MEDICATIONS
- 14 THEY GIVE CONFLICTING ADVICE FROM MY DOCTOR/ THE DOCTOR GAVE DIFFERENT ADVICE
- 15 I LIKE TO GET A SECOND OPINION/ I LIKE TO GET ADVICE FROM SOMEWHERE ELSE
- 16 I LIKE TO GET MY ADVICE FROM A HEALTH CARE PROFESSIONAL/ SPECIALIST
- 17 THEY HAVE GIVEN ME WRONG ADVICE BEFORE/ THEIR ADVICE WAS WRONG
- 18 I DON'T LIKE THEM TELLING ME TO QUIT SMOKING/ DRINKING ALCOHOL
- 19 I WILL/ I HAVE FOLLOWED THAT ADVICE
- 20 I AM A HEALTH PROFESSIONAL SO I KNOW MORE THAN THEM
- 21 IT DEPENDS ON THE PRODUCT/ MEDICATION/ CONDITION/ADVICE
- 22 THEY ARE JUST TRYING TO PUSH/ SELL OTHER PRODUCTS
- 23 I DON'T/ HAVE NEVER BOUGHT IT FROM THERE
- 24 I DON'T LIKE TAKING MORE DRUGS/ MEDICATIONS TO HEAL MY CONDITION
- 25 I LIKE TO TAKE MORE MEDICINE THAN THEY ADVISE TO HELP ME HEAL MORE QUICKLY
- 26 I DON'T/ RARELY USE THESE MEDICINES
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

Q28.

On a scale of 1 to 5 where 1 means very dissatisfied and 5 means very satisfied , considering the last three visits you made to the pharmacy, overall how satisfied were you with the interaction you had with the pharmacist?

- 1 VERY DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 3 NEITHER SATISFIED nor DISSATISFIED
- 4 SOMEWHAT SATISFIED
- 5 VERY SATISFIED
- 6 DON'T KNOW
- 7 N/A - I HAD NO INTERACTION WITH THE PHARMACIST

IF SATISFIED (CODE 4 OR 5 ON Q28), ASK:

Q29. Why were you [%Q28]?

PROBE FULLY:Anything else?
HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 THE PHARMACIST IS KNOWLEDGEABLE AND PROVIDES GOOD AND ACCURATE ADVICE
- 2 THE PHARMACIST IS QUICK AND EFFICIENT
- 3 THE PHARMACIST TOOK TIME TO EXPLAIN EVERYTHING TO ME WITHOUT RUSHING

- 4 THE PHARMACIST RESPECTS MY PRIVACY
- 5 THE PHARMACIST OFFERS HEALTH / MEDICATION ADVICE WHEN I DON'T ASK FOR IT
- 6 THE PHARMACIST ENGAGES IN GENERAL CONVERSATION WITH ME
- 7 THE PHARMACIST IS TRUSTWORTHY
- 8 THE PHARMACIST ENSURES THAT MY HEALTH SAFETY IS A PRIORITY
- 9 THE PHARMACIST IS ALWAYS AVAILABLE WHEN I NEED TO SPEAK TO THEM
- 10 THE PHARMACIST SPEAKS MY LANGUAGE
- 11 GOOD SERVICE FROM PHARMACIST/ PROFESSIONAL SERVICE/ PERSONAL SERVICE
- 12 THE PHARMACIST IS FRIENDLY AND WILLING TO HELP/ THEY ARE CARING
- 13 PHARMACIST KNOWS ME/ KNOWS MY MEDICAL HISTORY/ HAS RECORDS OF MY MEDICAL NEEDS
- 14 GOOD PRICES/ CHEAP PRICES/ THE RIGHT PRICE
- 15 GOOD RANGE OF MEDICATIONS/ PRODUCTS/ THEY HAVE THE MEDICATION I NEED
- 16 NO COMPLAINTS/ NO HASSLES/ NO PROBLEMS
- 17 I HAVE BEEN GOING TO THAT PHARMACY A LONG TIME
- 18
- THEY DID WHAT I NEEDED DONE/ THEY DID THE JOB/ GAVE ME WHAT I WANTED/ THEY MET MY EXPECTATIONS
- 19 OVERALL SATISFIED BUT MENTIONED DISSATISFACTION
- 20 OFFER GENERIC/ ALTERNATIVE BRANDS
- 97 OTHER (PLEASE SPECIFY)
- 98 DON'T KNOW / UNSURE

IF DISSATISFIED (CODE 1 OR 2 ON Q28),ASK:

Q30. Why were you [%Q28]?

PROBE FULLY:Anything else?
HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 THE PHARMACIST DID NOT HAVE THE EXPERTISE OR KNOWLEDGE I EXPECTED THEM TO
- 2 THE PHARMACIST WAS NOT FRIENDLY OR WILLING TO HELP
- 3 THE PHARMACIST DID NOT RESPECT MY PRIVACY
- 4 THE PHARMACIST WAS NOT EFFICIENT
- 5 THE PHARMACIST GAVE ME ADVICE WHEN I DIDN'T ASK FOR IT
- 6 THE PHARMACIST DID NOT APPEAR TRUSTWORTHY
- 7 THE PHARMACIST WAS NOT AVAILABLE TO SPEAK TO ME
- 8 THE PHARMACIST DID NOT SPEAK MY LANGUAGE
- 9 THE PHARMACIST GAVE ME BAD ADVICE / INFORMATION
- 10 LACK OF CUSTOMER SERVICE/ LACK OF CUSTOMER FOCUS
- 11 I HAVE TO WAIT/ BUSY PHARMACY/ SLOW SERVICE
- 12 OVERALL DISSATISFIED BUT MENTIONED SATISFACTION
- 97 OTHER (PLEASE SPECIFY)
- 98 DON'T KNOW / UNSURE

Q36.

What are the barriers stopping you from speaking to the pharmacist when you would like to? Anything else?

PROBE FULLY
HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 WHEN THE PHARMACIST APPEARS TO BE BUSY OR NOT AVAILABLE
- 2 WHEN I DON'T KNOW WHO THE PHARMACIST IS
- 3 WHEN THE PHARMACIST DOESN'T SPEAK MY LANGUAGE/LANGUAGE BARRIER
- 4 WHEN THE PHARMACIST IS TOO YOUNG / OLD
- 5 WHEN THE PHARMACIST IS OF THE OPPOSITE SEX THAT I WOULD LIKE TO SPEAK TO
- 6 WHEN THERE IS NO PRIVACY TO DISCUSS WHAT I NEED TO
- 7 WHEN I KNOW WHAT I WANT
- 8 WHEN OTHER PHARMACY STAFF ASSIST ME
- 9 WHEN I THINK THAT THE PHARMACIST DOES NOT HAVE THE EXPERTISE OR KNOWLEDGE I AM SEEKING
- 10 WHEN THE PHARMACISTS DOESN'T SEEM FRIENDLY OR WILLING TO HELP
- 11 WHEN I DON'T TRUST THE PHARMACIST
- 12 WHEN I DON'T HAVE THE TIME
- 13
WHEN I HAVE PREVIOUSLY HAD A BAD EXPERIENCE WITH ADVICE / INFORMATION GIVEN TO ME BY THE PHARMACIST
- 97 OTHER (SPECIFY)
- 14 EMBARRASSMENT/ AWKWARD/ NERVOUSNESS/ FEAR OF JUDGEMENT/ TOO PERSONAL
- 15 THEIR OPENING HOURS/ IF THEY'RE CLOSED
- 98 THERE ARE NO BARRIERS
- 99 DON'T KNOW / UNSURE

OTHER PHARMACY STAFF

ASK EVERYONE

The next set of questions are about your experience interacting with the other pharmacy staff, apart from the pharmacist.

Q44. Do you expect the pharmacy staff to give you advice, even if you don't request it, on your... READ OUT

IF NECESSARY, SAY: The pharmacy staff apart from the pharmacist.

Prescription Medications

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Over-the-counter Medications or complementary medicines IF NECESSARY: Complementary or alternative medicines such as vitamin, mineral, herbal and aromatherapy products

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Treatment / Management of your health condition

- 1 YES
- 2 NO
- 3 SOMETIMES / WHEN I NEED IT
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Q41A. Generally, do you follow the advice that the pharmacy staff give you on Prescription Medications?

IF NECESSARY, SAY: The pharmacy staff apart from the pharmacist

- 1 YES
- 2 NO
- 3 SOMETIMES
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Q41B.

Generally, do you follow the advice that the pharmacy staff give you on over-the-counter medications and complementary medicines? IF NECESSARY SAY: such as vitamins, mineral, herbal and aromatherapy products

IF NECESSARY SAY: The pharmacy staff a part from the pharmacy

- 1 YES
- 2 NO
- 3 SOMETIMES
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

Q41D. Generally, do you follow the advice that the pharmacy staff give you on the treatment or management of your health condition?

IF NECESSARY, SAY: The pharmacy staff apart from the pharmacist

- 1 YES
- 2 NO
- 3 SOMETIMES
- 4 DON'T KNOW / UNSURE
- 5 NOT APPLICABLE

IF CODE 2 OR 3 ON Q41A, ASK:

Q42A.

Why do you choose not to follow the advice the pharmacy staff gave you on prescription medications? Anything else?

PROBE FULLY IF NECESSARY: The pharmacy staff apart from the pharmacist.

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 I DON'T BELIEVE THEY ARE QUALIFIED

- 2 I DON'T BELIEVE THEY KNOW THAT TYPE OF INFORMATION
- 3 THEY DON'T KNOW MY HEALTH CONDITION OR PAST MEDICAL HISTORY
- 4 I ALREADY KNOW HOW TO TAKE THE MEDICATION AS I HAVE BEEN TAKING IT FOR SOME TIME
- 5 I WOULD RATHER ASK MY DOCTOR
- 6 I COULD NOT REMEMBER THE ADVICE THAT WAS GIVEN TO ME
- 7 I DON'T TRUST THEIR ADVICE
- 8 THE ADVICE THEY GAVE ME WAS DIFFERENT TO WHAT I HAD READ OR WHAT SOMEONE ELSE TOLD ME
- 9 I WOULD RATHER ASK THE PHARMACIST
- 10 THEY DIDN'T GIVE/ OFFER ANY ADVICE
- 11 I DON'T NEED THEIR ADVICE/ I DON'T NEED ANY ADVICE/ I HAVE NEVER ASKED FOR ADVICE
- 12 I PREFER TO READ THE INSTRUCTIONS ON THE BOX/ BOTTLE/ PACKAGING
- 13 IT'S NOT APPLICABLE TO ME/ IT WAS NOT APPROPRIATE FOR ME/ IT DID NOT RELATE TO ME
- 14 IT DEPENDS ON THE PRODUCT/ MEDICATION/ CONDITION/ ADVICE
- 15 I AM A HEALTH PROFESSIONAL SO I KNOW MORE THAN THEM
- 16 THEY ARE TOO YOUNG TO KNOW ANYTHING/ THEY ARE INEXPERIENCE ABOUT THESE THINGS
- 17 THEY ARE JUST TRYING TO PUSH/ SELL OTHER PRODUCTS
- 18 I DON'T/ HAVE NEVER BOUGHT IT FROM THERE
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

IF CODE 2 OR 3 ON Q41B, ASK:

Q42B. Why do you choose not to follow the advice the pharmacy staff gave you on over-the-counter medications or complementary medicines? Anything else?

IF NECESSARY: Complementary or alternative medicines such as vitamin, mineral, herbal and aromatherapy products.

IF NECESSARY: The pharmacy staff apart from the pharmacist.

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 I DON'T BELIEVE THEY ARE QUALIFIED
- 2 I DON'T BELIEVE THEY KNOW THAT TYPE OF INFORMATION
- 3 THEY DON'T KNOW MY HEALTH CONDITION OR PAST MEDICAL HISTORY
- 4 I ALREADY KNOW HOW TO TAKE THE MEDICATION AS I HAVE BEEN TAKING IT FOR SOME TIME
- 5 I WOULD RATHER ASK MY DOCTOR
- 6 I COULD NOT REMEMBER THE ADVICE THAT WAS GIVEN TO ME
- 7 I DON'T TRUST THEIR ADVICE
- 8 THE ADVICE THEY GAVE ME WAS DIFFERENT TO WHAT I HAD READ OR WHAT SOMEONE ELSE TOLD ME
- 9 I WOULD RATHER ASK THE PHARMACIST
- 10 THEY DIDN'T GIVE/ OFFER ANY ADVICE
- 11 I DON'T NEED THEIR ADVICE/ I DON'T NEED ANY ADVICE/ I HAVE NEVER ASKED FOR ADVICE
- 12 I PREFER TO READ THE INSTRUCTIONS ON THE BOX/ BOTTLE/ PACKAGING
- 13 IT'S NOT APPLICABLE TO ME/ IT WAS NOT APPROPRIATE FOR ME/ IT DID NOT RELATE TO ME
- 14 IT DEPENDS ON THE PRODUCT/ MEDICATION/ CONDITION/ ADVICE
- 15 I AM A HEALTH PROFESSIONAL SO I KNOW MORE THAN THEM
- 16 THEY ARE TOO YOUNG TO KNOW ANYTHING/ THEY ARE INEXPERIENCE ABOUT THESE THINGS

- 17 THEY ARE JUST TRYING TO PUSH/ SELL OTHER PRODUCTS
- 18 I DON'T/ HAVE NEVER BOUGHT IT FROM THERE
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

IF CODE 2 OR 3 ON Q41D, ASK:

Q42D. Why do you choose not to follow the advice the pharmacy staff gave you on the treatment or management of your health condition? Anything else?

IF NECESSARY: The pharmacy staff apart from the pharmacist.

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 I DON'T BELIEVE THEY ARE QUALIFIED
- 2 I DON'T BELIEVE THEY KNOW THAT TYPE OF INFORMATION
- 3 THEY DON'T KNOW MY HEALTH CONDITION OR PAST MEDICAL HISTORY
- 4 I ALREADY KNOW HOW TO TAKE THE MEDICATION AS I HAVE BEEN TAKING IT FOR SOME TIME
- 5 I WOULD RATHER ASK MY DOCTOR
- 6 I COULD NOT REMEMBER THE ADVICE THAT WAS GIVEN TO ME
- 7 I DON'T TRUST THEIR ADVICE
- 8 THE ADVICE THEY GAVE ME WAS DIFFERENT TO WHAT I HAD READ OR WHAT SOMEONE ELSE TOLD ME
- 9 I WOULD REATHER ASK THE PHARMACIST
- 10 THEY DIDN'T GIVE/ OFFER ANY ADVICE
- 11 I DON'T NEED THEIR ADVICE/ I DON'T NEED ANY ADVICE/ I HAVE NEVER ASKED FOR ADVICE
- 12 I PREFER TO READ THE INSTRUCTIONS ON THE BOX/ BOTTLE/ PACKAGING
- 13 IT'S NOT APPLICABLE TO ME/ IT WAS NOT APPROPRIATE FOR ME/ IT DID NOT RELATE TO ME
- 14 IT DEPENDS ON THE PRODUCT/ MEDICATION/ CONDITION/ ADVICE
- 15 I AM A HEALTH PROFESSIONAL SO I KNOW MORE THAN THEM
- 16 THEY ARE TOO YOUNG TO KNOW ANYTHING/ THEY ARE INEXPERIENCE ABOUT THESE THINGS
- 17 THEY ARE JUST TRYING TO PUSH/ SELL OTHER PRODUCTS
- 18 I DON'T/ HAVE NEVER BOUGHT IT FROM THERE
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

Q37.

Using the same 1 to 5 scale where 1 means very dissatisfied and 5 means very satisfied, considering the last three visits you made to the pharmacy, overall how satisfied were you with the interaction you had with the pharmacy staff?

IF NECESSARY SAY: The pharmacy staff a part from the pharmacist

- 1 VERY DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 3 NEITHER SATISFIED nor DISSATISFIED
- 4 SOMEWHAT SATISFIED
- 5 VERY SATISFIED
- 6 DON'T KNOW
- 7 N/A - HAD NO INTERACTION WITH PHARMACY STAFF

IF SATISFIED (CODE 4 OR 5 ON Q37), ASK:

Q38. Why were you [%Q37]? Anything else?

IF NECESSARY, SAY: The pharmacy staff apart from the pharmacist

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 THE PHARMACY STAFF ARE KNOWLEDGEABLE AND PROVIDES GOOD ADVICE

2 THE PHARMACY STAFF OFFER HEALTH / MEDICATION ADVICE WHEN I DON'T ASK FOR IT

3 THE PHARMACY STAFF ENGAGE IN GENERAL CONVERSATION WITH ME

4 THE PHARMACY STAFF ARE ALWAYS AVAILABLE WHEN I NEED TO SPEAK TO THEM

5 THE PHARMACY STAFF SPEAK MY LANGUAGE

6

GOOD SERVICE FROM PHARMACY STAFF/ PROFESSIONAL SERVICE/ PERSONAL SERVICE/ RESPECTFUL SERVICE

7 THE STAFF ARE QUICK AND EFFICIENT/ THOROUGH

8 THE STAFF ARE FRIENDLY AND WILLING TO HELP/ THEY ARE CARING/ NOT PUSHY

9 THE STAFF KNOW ME/ KNOW MY MEDICAL HISTORY

10

IT IS GOOD THAT THE STAFF DOUBLE CHECK ADVICE AND INFORMATION WITH THE PHARMACIST IF THEY ARE UNSURE

11

THEY DID WHAT I NEEDED DONE/ THEY DID THE JOB/ GAVE ME WHAT I WANTED/ THEY MET MY EXPECTATIONS

12 NO COMPLAINTS/ NO HASSLES/ NO PROBLEMS

13 OVERALL SATISFIED HOWEVER I LOWERED THE SCORE BECAUSE THE STAFF ARE NOT KNOWLEDGEABLE

14 OVERALL SATISFIED HOWEVER I LOWERED THE SCORE BECAUSE SOMETIMES I HAVE TO WAIT/ BUSY PHARMACY/ SLOW SERVICE

15 OVERALL SATISFIED HOWEVER THE STAFF SERVICE VARIES/ I LOWERED THE SCORE BECAUSE THEY ARE SOMETIMES RUDE/ SOMETIMES I RECEIVED BAD SERVICE

16 OVERALL SATISFIED BUT MENTIONED OTHER DISSATISFACTION

17

I HAVE BEEN GOING THERE A LONG TIME/ THEY HAVE BEEN THERE A LONG TIME/ I HAVE KNOWN THEM FOR A LONG TIME

18 OFFER THE GENERIC/ OFFER THE CHEAPER OPTION

19

THERE IS ALWAYS ROOM FOR IMPROVEMENT/ NO ONE IS PERFECT/ WOULD NOT GIVE A PERFECT SCORE (UNSPEC)

97 OTHER (SPECIFY)

98 DON'T KNOW / UNSURE

IF DISSATISFIED (CODE 1 OR 2 ON Q37), ASK:

Q39. Why were you [%Q37]? Anything else?

IF NECESSARY, SAY: The pharmacy staff apart from the pharmacist

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 THE PHARMACY STAFF DID NOT OFFER ME GOOD ADVICE
- 2 THE PHARMACY STAFF DID NOT REFER ME TO SPEAK TO THE PHARMACIST
- 3 THE PHARMACY STAFF WERE NOT WILLING TO HELP
- 4 THE PHARMACY STAFF DID NOT SPEAK MY LANGUAGE
- 5 BAD SERVICE FROM PHARMACY STAFF/ NO CUSTOMER SERVICE SKILLS/ LACK OF CUSTOMER FOCUS
- 6 PHARMACY STAFF ASK TOO MANY QUESTIONS
- 7 PHARMACY STAFF TRY TO UP SELL/ TRY TO SELL ME THINGS I AM NOT INTERESTED IN
- 8 OVERALL DISSATISFIED BUT MENTIONED OTHER SATISFACTION
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

Q45.

Do you expect the pharmacy staff to refer you to seek advice/information from the pharmacist if required?

IF NECESSARY, SAY: The pharmacy staff apart from the pharmacist.

- 1 YES
- 2 NO
- 3 DON'T KNOW / UNSURE
- 4 NOT APPLICABLE

Q46.

Do you expect the pharmacy staff have the knowledge to give you advice on over-the-counter and complementary medicines?

IF NECESSARY, SAY: Apart from the pharmacist.

IF NECESSARY: Over-the-counter medications include for example Panadol or cold and flu tablets. Complementary medicines include vitamins, minerals, herbal and aromatherapy products.

IF NECESSARY, SAY: The pharmacy staff apart from the pharmacist.

- 1 YES
- 2 NO
- 3 DON'T KNOW / UNSURE
- 4 NOT APPLICABLE

PRIVACY

ASK EVERYONE

The next few questions are about privacy in a pharmacy setting.

Q48.

On a scale from 1 to 5, where 1 means not important at all and 5 means very important, how important it is to you, now or in the future, for your pharmacy to have a private consultation area (e.g. away from other customers)?

- 1 NOT AT ALL IMPORTANT
- 2 NOT VERY IMPORTANT
- 3 NEITHER IMPORTANT NOR UNIMPORTANT
- 4 SOMEWHAT IMPORTANT

5 VERY IMPORTANT

6 DON'T KNOW

Q49.

Do you expect to be able to speak privately (e.g. away from other customers) with the pharmacist if need be?

1 YES

2 NO

3 DON'T KNOW/ UNSURE

Q50.

On a scale of 1 to 5 where 1 means very dissatisfied and 5 means very satisfied , how satisfied are you with the amount of privacy that is currently offered in your pharmacy?

1 VERY DISSATISFIED

2 SOMEWHAT DISSATISFIED

3 NEITHER SATISFIED nor DISSATISFIED

4 SOMEWHAT SATISFIED

5 VERY SATISFIED

6 DON'T KNOW

INFORMATION

ASK EVERYONE

The next series of questions are about preferred information channels.

Q58.

On a scale from 1 to 5, where 1 means not important at all and 5 means very important, how important do you think it is for pharmacists to provide you with up to date information on new and existing medications for your conditions or illnesses?

1 NOT AT ALL IMPORTANT

2 NOT VERY IMPORTANT

3 NEITHER IMPORTANT NOR UNIMPORTANT

4 SOMEWHAT IMPORTANT

5 VERY IMPORTANT

6 DON'T KNOW

Q55A. How do you generally prefer to receive information on your Prescription Medications? Anything else?

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 THROUGH TALKING WITH THE PHARMACIST

2 THROUGH TALKING WITH OTHER PHARMACY STAFF

3 THROUGH READING A PAMPHLET OR INFORMATION LEAFLET THAT I PICK UP FROM THE PHARMACY

4

THROUGH READING WRITTEN INFORMATION GIVEN TO ME DIRECTLY BY THE PHARMACIST OR PHARMACY STAFF

5 THROUGH MY GP OR ANOTHER HEALTH PROFESSIONAL

6 THROUGH RESEARCHING ON THE INTERNET

7 EMAIL (FROM WHO UNSPEC)

- 8 LABEL ON THE PACKAGING/ INFORMATION THAT COMES WITH IT/ INSIDE THE BOX
- 9 WORD OF MOUTH/ ASK FAMILY OR FRIENDS
- 10 ASK/ VERBALLY/ FACE TO FACE (UNSPEC WHO)
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

Q55B. How do you generally prefer to receive information on your over-the-counter medications or on complementary medicines? Anything else?

PROBE FULLY IF NECESSARY: complementary or alternative medicines such as vitamin, mineral, herbal and aromatherapy products

- 1 THROUGH TALKING WITH THE PHARMACIST
- 2 THROUGH TALKING WITH OTHER PHARMACY STAFF
- 3 THROUGH READING A PAMPHLET OR INFORMATION LEAFLET THAT I PICK UP FROM THE PHARMACY
- 4 THROUGH READING WRITTEN INFORMATION GIVEN TO ME DIRECTLY BY THE PHARMACIST OR PHARMACY STAFF
- 5 THROUGH MY GP OR ANOTHER HEALTH PROFESSIONAL
- 6 THROUGH RESEARCHING ON THE INTERNET
- 7 EMAIL (FROM WHO UNSPEC)
- 8 LABEL ON THE PACKAGING/ INFORMATION THAT COMES WITH IT/ INSIDE THE BOX
- 9 WORD OF MOUTH/ ASK FAMILY OR FRIENDS
- 10 ASK/ VERBALLY/ FACE TO FACE (UNSPEC WHO)
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

Q55D. How do you generally prefer to receive information on your Health condition? Anything else?

PROBE FULLY

- 1 THROUGH TALKING WITH THE PHARMACIST
- 2 THROUGH TALKING WITH OTHER PHARMACY STAFF
- 3 THROUGH READING A PAMPHLET OR INFORMATION LEAFLET THAT I PICK UP FROM THE PHARMACY
- 4 THROUGH READING WRITTEN INFORMATION GIVEN TO ME DIRECTLY BY THE PHARMACIST OR PHARMACY STAFF
- 5 THROUGH MY GP OR ANOTHER HEALTH PROFESSIONAL
- 6 THROUGH RESEARCHING ON THE INTERNET
- 7 EMAIL (FROM WHO UNSPEC)
- 8 LABEL ON THE PACKAGING/ INFORMATION THAT COMES WITH IT/ INSIDE THE BOX
- 9 WORD OF MOUTH/ ASK FAMILY OR FRIENDS
- 10 ASK/ VERBALLY/ FACE TO FACE (UNSPEC WHO)
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE

Q61A. How often do you go to the pharmacy first before consulting another health professional for information on prescription medications? Would that be... READ OUT

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never

6 (DO NOT READ) DON'T KNOW / UNSURE

7 (DO NOT READ) NOT APPLICABLE

Q61B. How often do you go to the pharmacy first before consulting another health professional for information on over-the-counter medications or complementary medicines? Would that be... READ OUT

1 Always

2 Most of the time

3 Some of the time

4 Rarely

5 Never

6 (DO NOT READ) DON'T KNOW / UNSURE

7 (DO NOT READ) NOT APPLICABLE

Q61D. How often do you go to the pharmacy first before consulting another health professional for information on minor ailments or conditions such as cold and flu, rashes or for information on chronic conditions such as diabetes or asthma? Would that be... READ OUT

1 Always

2 Most of the time

3 Some of the time

4 Rarely

5 Never

6 (DO NOT READ) DON'T KNOW / UNSURE

7 (DO NOT READ) NOT APPLICABLE

Q62A. What are some of the reasons you would first go to the pharmacy instead of somewhere else for prescription medications? Anything else?

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 I KNOW THE PHARMACIST AND OTHER STAFF WELL

2 I TRUST THE ADVICE / INFORMATION THE PHARMACIST AND / OR OTHER STAFF GIVE ME IN THAT MY HEALTH SAFETY WILL BE ENSURED

3

IT IS A CHEAPER ALTERNATIVE THAN GOING ELSEWHERE (FOR EXAMPLE STRAIGHT TO THE DOCTOR IN THE FIRST INSTANCE)

4 I DON'T NEED TO MAKE AN APPOINTMENT

5

I DON'T LIKE DOCTORS/ DON'T LIKE GOING TO THE DOCTORS/ DOCTORS DON'T KNOW ENOUGH ABOUT MEDICATION

6 I PREFER TO GO TO THE DOCTOR FOR PRESCRIPTIONS FIRST

7 I PREFER TO GO TO A DOCTOR/ GP/ HEALTH PROFESSIONAL (UNSPEC)

8 THE DOCTOR HAS/ WILL PROBABLY REFER/ SEND ME TO THE CHEMIST ANYWAY/ WILL GIVE ME SCRIPTS

9 I DON'T LIKE TO BOTHER THE DOCTOR/ THE DOCTOR'S TIME IS TOO VALUABLE TO BOTHER THEM

10 I COULDN'T GET IN TO SEE A DOCTOR/ THERE WERE NO DOCTORS AVAILABLE/ DOCTOR WAS BUSY

11 I DON'T LIKE WAITING AT THE DOCTORS/ I DON'T LIKE WASTING MY TIME AT THE DOCTORS/ HOSPITALS

12

IF IT'S TOO SERIOUS I WOULD GO TO A DOCTOR/ THEY CAN RECOMMEND ME TO A DOCTOR IF IT IS SERIOUS

13 IT WAS A MINOR AILMENT/ DON'T NEED TO SEE DOCTOR FOR THIS/ IT'S NOT THAT SERIOUS/ DON'T NEED A SCRIPT/ ONLY NEED OVER THE COUNTER MEDICATION

14 IT DEPENDS ON THE SEVERITY OF THE CONDITION/ ILLNESS/ PROBLEM (UNSPEC)
 15 I HAVE USED THIS MEDICATION BEFORE/ I KNOW WHAT IT IS/ I SELF DIAGNOSED MY PROBLEM
 16 THAT'S THE ONLY PLACE I CAN FILL MY PRESCRIPTION/ ONLY PLACE THAT SELLS MEDICINE
 17 THAT'S WHERE THEY HAVE THE THINGS I NEED/ I CAN'T BUY THEM ANYWHERE ELSE (UNSPEC)
 18 THEY HAVE A WIDE/ BETTER VARIETY/ RANGE OF PRODUCTS/ MORE TO CHOOSE FROM
 19 IT IS LOCAL/ CLOSER TO ME/ I DON'T HAVE TO TRAVEL VERY FAR
 20 THEY ARE OPEN LONGER/ THEIR OPENING HOURS ARE MORE CONVENIENT/ THE DOCTORS WERE CLOSED
 21 IT IS CONVENIENT/ HANDY/ EASY/ AVAILABLE/ EASILY ACCESSIBLE (UNSPEC)
 22
 THEY ARE FASTER/ QUICKER/ SAVES ME TIME/ FASTER SERVICE/ QUICKER THAN THE DOCTORS/ NO WAITING
 23 THEY GIVE PERSONAL/ ONE ON ONE/ FRIENDLY/ BETTER SERVICE
 24 IT'S A HABIT/ I ALWAYS GO THERE
 25 I HAVE NO CHOICE/ THERE IS NOWHERE ELSE TO GO
 26 I WAS ALREADY THERE/ I WAS GOING THERE ANYWAY/ I WAS ALREADY IN THE STREET (UNSPEC)
 27 I WOULDN'T GO THERE/ I RARELY/ NEVER GO THERE
 97 OTHER (SPECIFY)
 98 (DO NOT READ) DON'T KNOW / UNSURE

Q62B. What are some of the reasons you would first go to the pharmacy instead of somewhere else for over-the-counter medications or complementary medicines? Anything else?

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 I KNOW THE PHARMACIST AND OTHER STAFF WELL
 2 I TRUST THE ADVICE / INFORMATION THE PHARMACIST AND / OR OTHER STAFF GIVE ME IN THAT MY HEALTH SAFETY WILL BE ENSURED
 3
 IT IS A CHEAPER ALTERNATIVE THAN GOING ELSEWHERE (FOR EXAMPLE STRAIGHT TO THE DOCTOR IN THE FIRST INSTANCE)
 4 I DON'T NEED TO MAKE AN APPOINTMENT
 5
 I DON'T LIKE DOCTORS/ DON'T LIKE GOING TO THE DOCTORS/ DOCTORS DON'T KNOW ENOUGH ABOUT MEDICATION
 6 I PREFER TO GO TO THE DOCTOR FOR PRESCRIPTIONS FIRST
 7 I PREFER TO GO TO A DOCTOR/ GP/ HEALTH PROFESSIONAL (UNSPEC)
 8 THE DOCTOR HAS/ WILL PROBABLY REFER/ SEND ME TO THE CHEMIST ANYWAY/ WILL GIVE ME SCRIPTS
 9 I DON'T LIKE TO BOTHER THE DOCTOR/ THE DOCTOR'S TIME IS TOO VALUABLE TO BOTHER THEM
 10 I COULDN'T GET IN TO SEE A DOCTOR/ THERE WERE NO DOCTORS AVAILABLE/ DOCTOR WAS BUSY
 11 I DON'T LIKE WAITING AT THE DOCTORS/ I DON'T LIKE WASTING MY TIME AT THE DOCTORS/ HOSPITALS
 12
 IF IT'S TOO SERIOUS I WOULD GO TO A DOCTOR/ THEY CAN RECOMMEND ME TO A DOCTOR IF IT IS SERIOUS
 13 IT WAS A MINOR AILMENT/ DON'T NEED TO SEE DOCTOR FOR THIS/ IT'S NOT THAT SERIOUS/ DON'T NEED A SCRIPT/ ONLY NEED OVER THE COUNTER MEDICATION
 14 IT DEPENDS ON THE SEVERITY OF THE CONDITION/ ILLNESS/ PROBLEM (UNSPEC)
 15 I HAVE USED THIS MEDICATION BEFORE/ I KNOW WHAT IT IS/ I SELF DIAGNOSED MY PROBLEM
 16 THAT'S THE ONLY PLACE I CAN FILL MY PRESCRIPTION/ ONLY PLACE THAT SELLS MEDICINE
 17 THAT'S WHERE THEY HAVE THE THINGS I NEED/ I CAN'T BUY THEM ANYWHERE ELSE (UNSPEC)
 18 THEY HAVE A WIDE/ BETTER VARIETY/ RANGE OF PRODUCTS/ MORE TO CHOOSE FROM
 19 IT IS LOCAL/ CLOSER TO ME/ I DON'T HAVE TO TRAVEL VERY FAR
 20 THEY ARE OPEN LONGER/ THEIR OPENING HOURS ARE MORE CONVENIENT/ THE DOCTORS WERE CLOSED
 21 IT IS CONVENIENT/ HANDY/ EASY/ AVAILABLE/ EASILY ACCESSIBLE (UNSPEC)

22

THEY ARE FASTER/ QUICKER/ SAVES ME TIME/ FASTER SERVICE/ QUICKER THAN THE DOCTORS/ NO WAITING

23 THEY GIVE PERSONAL/ ONE ON ONE/ FRIENDLY/ BETTER SERVICE

24 IT'S A HABIT/ I ALWAYS GO THERE

25 I HAVE NO CHOICE/ THERE IS NOWHERE ELSE TO GO

26 I WAS ALREADY THERE/ I WAS GOING THERE ANYWAY/ I WAS ALREADY IN THE STREET (UNSPEC)

27 I WOULDN'T GO THERE/ I RARELY/ NEVER GO THERE

97 OTHER (SPECIFY)

98 (DO NOT READ) DON'T KNOW / UNSURE

Q62D.

What are some of the reasons you would first go to the pharmacy instead of somewhere else for minor ailments or conditions such as cold and flu, rashes or for information on chronic conditions such as diabetes or asthma? Anything else?

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 I KNOW THE PHARMACIST AND OTHER STAFF WELL

2 I TRUST THE ADVICE / INFORMATION THE PHARMACIST AND / OR OTHER STAFF GIVE ME IN THAT MY HEALTH SAFETY WILL BE ENSURED

3

IT IS A CHEAPER ALTERNATIVE THAN GOING ELSEWHERE (FOR EXAMPLE STRAIGHT TO THE DOCTOR IN THE FIRST INSTANCE)

4 I DON'T NEED TO MAKE AN APPOINTMENT

5

I DON'T LIKE DOCTORS/ DON'T LIKE GOING TO THE DOCTORS/ DOCTORS DON'T KNOW ENOUGH ABOUT MEDICATION

6 I PREFER TO GO TO THE DOCTOR FOR PRESCRIPTIONS FIRST

7 I PREFER TO GO TO A DOCTOR/ GP/ HEALTH PROFESSIONAL (UNSPEC)

8 THE DOCTOR HAS/ WILL PROBABLY REFER/ SEND ME TO THE CHEMIST ANYWAY/ WILL GIVE ME SCRIPTS

9 I DON'T LIKE TO BOTHER THE DOCTOR/ THE DOCTOR'S TIME IS TOO VALUABLE TO BOTHER THEM

10 I COULDN'T GET IN TO SEE A DOCTOR/ THERE WERE NO DOCTORS AVAILABLE/ DOCTOR WAS BUSY

11 I DON'T LIKE WAITING AT THE DOCTORS/ I DON'T LIKE WASTING MY TIME AT THE DOCTORS/ HOSPITALS

12

IF IT'S TOO SERIOUS I WOULD GO TO A DOCTOR/ THEY CAN RECOMMEND ME TO A DOCTOR IF IT IS SERIOUS

13 IT WAS A MINOR AILMENT/ DON'T NEED TO SEE DOCTOR FOR THIS/ IT'S NOT THAT SERIOUS/ DON'T NEED A SCRIPT/ ONLY NEED OVER THE COUNTER MEDICATION

14 IT DEPENDS ON THE SEVERITY OF THE CONDITION/ ILLNESS/ PROBLEM (UNSPEC)

15 I HAVE USED THIS MEDICATION BEFORE/ I KNOW WHAT IT IS/ I SELF DIAGNOSED MY PROBLEM

16 THAT'S THE ONLY PLACE I CAN FILL MY PRESCRIPTION/ ONLY PLACE THAT SELLS MEDICINE

17 THAT'S WHERE THEY HAVE THE THINGS I NEED/ I CAN'T BUY THEM ANYWHERE ELSE (UNSPEC)

18 THEY HAVE A WIDE/ BETTER VARIETY/ RANGE OF PRODUCTS/ MORE TO CHOOSE FROM

19 IT IS LOCAL/ CLOSER TO ME/ I DON'T HAVE TO TRAVEL VERY FAR

20 THEY ARE OPEN LONGER/ THEIR OPENING HOURS ARE MORE CONVENIENT/ THE DOCTORS WERE CLOSED

21 IT IS CONVENIENT/ HANDY/ EASY/ AVAILABLE/ EASILY ACCESSIBLE (UNSPEC)

22

THEY ARE FASTER/ QUICKER/ SAVES ME TIME/ FASTER SERVICE/ QUICKER THAN THE DOCTORS/ NO WAITING

23 THEY GIVE PERSONAL/ ONE ON ONE/ FRIENDLY/ BETTER SERVICE

24 IT'S A HABIT/ I ALWAYS GO THERE

25 I HAVE NO CHOICE/ THERE IS NOWHERE ELSE TO GO

26 I WAS ALREADY THERE/ I WAS GOING THERE ANYWAY/ I WAS ALREADY IN THE STREET (UNSPEC)

27 I WOULDN'T GO THERE/ I RARELY/ NEVER GO THERE

97 OTHER (SPECIFY)

98 (DO NOT READ) DON'T KNOW / UNSURE

Q65. What type of health professional would you like to be able to consult with in the pharmacy apart from the pharmacist?
Anyone else?

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 NURSE
- 2 HERBALIST
- 3 DIETICIAN
- 4 NATUROPATH
- 5 ABORIGINAL HEALTH WORKER
- 6 CHILD HEALTH NURSE/ MOTHER AND BABY NURSE/ PAEDIATRIC NURSE/ MIDWIFE
- 7 DIABETES EDUCATOR/ DIABETES NURSE/ DIABETES SPECIALIST
- 8 DOCTOR (UNSPEC)
- 9 GP/ GENERAL PRACTITIONER
- 10 NUTRITIONIST
- 11 PHYSIOTHERAPIST
- 12 SENIOR/ KNOWLEDGEABLE PHARMACY ASSISTANT
- 97 OTHER (SPECIFY)
- 98 NONE
- 99 DON'T KNOW/ CAN'T SAY

Q66. In what instances would you expect the pharmacist to contact your doctor to discuss your medication and health needs?
READ OUT

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

INTERVIEWER NOTE: IF RESPONDENT SAYS 'IF THERE IS SOMETHING SERIOUS', THEN PROBE FURTHER WITH THE OPTIONS BELOW.

- 1 After every time I consult with my pharmacist
- 2 When there is a change in my medications
- 3 When there is a change in either my health or health condition
- 4 When concern has been raised by the pharmacist around the dosage or specific choice of medication
- 5 When my pharmacist recommends I seek treatment from my doctor
- 6 If I have a bad reaction to medication
- 7 IF THERE WERE POSSIBLE CONTRA INDICATIONS BETWEEN MEDICATIONS/ WHEN THE COMBINATION OF MEDICATIONS MAY HAVE ADVERSE SIDE EFFECTS
- 8 IF THE PHARMACIST THOUGHT IT WAS NECESSARY/ IF THEY HAD CONCERNS/ IF THEY THOUGHT THERE WAS A PROBLEM (UNSPEC)
- 9
IN A LIFE THREATENING SITUATION/ IF I COLLAPSE IN THE PHARMACY/ IF SOMETHING IS SERIOUS/ SERIOUS AILMENTS
- 10 ONLY IF I ASK THE PHARMACIST TO/ ONLY IF I GIVE THE PHARMACIST PERMISSION TO
- 11 IF THE PHARMACIST HAS DIFFICULTY READING THE PRESCRIPTION
- 97 Anything else? (SPECIFY)
- 98 NEVER

99 DON'T KNOW / UNSURE

Q67. In what instances would you expect the pharmacist to contact your other health providers, for example your physio or your nurse to discuss your medication and health needs? Anything else?

PROBE FULLY

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

1 AFTER EVERY TIME I CONSULT WITH MY PHARMACIST

2 ONLY WHEN THERE IS A CHANGE IN MY MEDICATIONS

3 WHEN THERE IS A CHANGE IN EITHER MY HEALTH OR HEALTH CONDITION

4

WHEN CONCERN HAS BEEN RAISED BY THE PHARMACIST AROUND THE DOSAGE OR SPECIFIC CHOICE OF MEDICATION

5 WHEN MY PHARMACIST RECOMMENDS I SEEK TREATMENT FROM MY DOCTOR

6 IF IT HAVE A BAD REACTION TO MEDICATION

7 IF THERE WERE POSSIBLE CONTRA INDICATIONS BETWEEN MEDICATIONS/ WHEN THE COMBINATION OF MEDICATIONS MAY HAVE ADVERSE SIDE EFFECTS

8 IF THE PHARMACIST THOUGHT IT WAS NECESSARY/ IF THEY HAD CONCERNS/ IF THEY THOUGHT THERE WAS A PROBLEM (UNSPEC)

9

IN A LIFE THREATENING SITUATION/ IF I COLLAPSE IN THE PHARMACY/ IF SOMETHING IS SERIOUS/ SERIOUS AILMENTS

10 ONLY IF I ASK THE PHARMACIST TO/ ONLY IF I GIVE THE PHARMACIST PERMISSION TO

11 IF THE PHARMACIST HAS DIFFICULTY READING THE PRESCRIPTION

97 OTHER (SPECIFY)

98 NEVER

99 DON'T KNOW / UNSURE

Q72. In the last three months has your pharmacist recommended or referred you to seek treatment from a health professional based on symptoms that you might have?

1 YES

2 NO

3 DON'T KNOW / UNSURE

Q73.

Do you expect your pharmacist to refer you to seek treatment from another health professional if they think you need to?

1 YES

2 NO

3 DON'T KNOW / UNSURE

MOVING FORWARD

ASK EVERYONE

Q76. I'm going to read out a number of factors which may be important to you when you are deciding which pharmacy to go to. On a scale of 0 to 10, where 0 is not important at all and 10 is very important, please tell us how important each factor is. Please remember that we are talking about your specific needs and how important each factor is for you personally, both now and in the future.

Cost of medications and/or other products.

Interaction/relationship with the pharmacist and pharmacy staff

Convenience (e.g. close to home, close to work, in GP clinic, ease of public transport)

Variety of retail products available (e.g. beauty products).

Type of pharmacy (e.g. discount, national brand).

Availability of health services suited to my needs (e.g. home delivery of medicines, baby nurse/blood pressure monitoring/medication safety reviews).

Availability of compounding service (i.e. mixing of pharmaceutical ingredients to make a product tailored to my needs).

Q76L. Is there anything else that we haven't mentioned that you think is very important when you decide which pharmacy to go to?

INTERVIEWER - SELECT CODE 97 AND ENTER VERBATIM RESPONSE

INTERVIEWER - SELECT CODE 98 IF CAN'T SAY

- 1 FRIENDLY/ HELPFUL STAFF AND PHARMACIST/ WILLING TO HELP/ CARING
- 2 GOOD SERVICE FROM PHARMACIST AND STAFF/ PROFESSIONAL SERVICE/ PERSONAL SERVICE/ RESPECTFUL SERVICE/ DISCRETE SERVICE
- 3 OPENING HOURS/ EXTENDED OPENING HOURS
- 4 LOCATION/ PROXIMITY
- 5 PARKING/ AVAILABILITY OF PARKING CLOSE TO PHARMACY
- 6 RANGE/ THEY HAVE THE MEDICINE OR PRODUCT THAT I NEED
- 7 KNOWLEDGEABLE AND PROVIDE GOOD ADVICE/ ADVISE ME OF CONTRA-INDICATIONS
- 8 PHARMACIST/ QUALIFICATIONS AND KNOWLEDGE OF PHARMACIST
- 9 GOOD PRICES/ CHEAP PRICES/ THE RIGHT PRICE
- 97 OTHER
- 98 CAN'T SAY

Q77. *Thinking about what you expect when you go to a pharmacy, how would you rate the following factors on a scale from 0 to 10, where 0 is not important at all and 10 is very important? READ OUT*

To have access to medications, information and advice regarding all my medication and health needs.

To receive safe and high quality care.

To be treated with respect, dignity and consideration.

To be informed about various services, treatments, options and costs in a clear and open way.

(IF NECESSARY, SAY: Thinking about what you expect when you go to a pharmacy, how would you rate the following factors on a scale from 0 to 10, where 0 is not important at all and 10 is very important?)

To be included in decisions and choices about my care.

To be able to consult privately, and that information discussed will be treated with confidentiality.

To be able to comment on my care and to have my concerns addressed.

That the pharmacist communicates with my local doctor if required.

Q77I. Is there anything else that we haven't mentioned that you expect when you go to a pharmacy?

INTERVIEWER - SELECT CODE 97 AND ENTER VERBATIM RESPONSE

INTERVIEWER - SELECT CODE 98 IF CAN'T SAY

- 1 FRIENDLY/ HELPFUL STAFF AND PHARMACIST/ WILLING TO HELP/ CARING
- 2 GOOD SERVICE FROM PHARMACIST AND STAFF/ PROFESSIONAL SERVICE/ PERSONAL SERVICE/ RESPECTFUL SERVICE/ DISCRETE SERVICE/ CONFIDENTIALITY
- 3 RANGE/ THEY HAVE THE MEDICINE OR PRODUCT THAT I NEED
- 4 CLEANLINESS/ CLEAN AND HYGIENIC
- 5 KNOWLEDGEABLE AND PROVIDE GOOD ADVICE/ ADVISE ME OF CONTRA-INDICATIONS/ UP TO DATE KNOWLEDGE AND INFORMATION/ CLEAR COMMUNICATION
- 6 BETTER/ MORE COMFORTABLE LAYOUT OF THE PHARMACY
- 7 QUICK SERVICE/ SHORT OR NO WAIT
- 8 GOOD PRICES/ CHEAP PRICES/ THE RIGHT PRICE
- 97 ENTER RESPONSE HERE
- 98 NO OTHER EXPECTATIONS/ CAN'T SAY
- 97 OTHER

Q79A. In the future, where would you likely go to in the first instance for health advice and information for minor ailments, chronic pain relief or chronic conditions?

IF NECESSARY: Minor ailments and conditions such as cold and flu, rashes.

IF NECESSARY: Chronic conditions that have been diagnosed such as diabetes or asthma?

IF NECESSARY: Who would be the person you would go to first for information?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 MY PHARMACIST/ PHARMACY STAFF
- 2 MY GP
- 3 ALLIED HEALTH PROFESSIONAL
- 4 INTERNET
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE
- 99 NOT APPLICABLE

Q79D. In the future, where would you likely go to in the first instance for health advice and information for prescription Medications?

IF NECESSARY: Who would be the person you would go to first for information?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 MY PHARMACIST/ PHARMACY STAFF
- 2 MY GP
- 3 ALLIED HEALTH PROFESSIONAL
- 4 INTERNET
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE
- 99 NOT APPLICABLE

Q79E. In the future, where would you likely go to in the first instance for health advice and information for over-the-counter medications and complementary medicines?

IF NECESSARY: Who would be the person you would go to first for information?

HIGHLIGHT ALL MENTIONED

IF OTHER, HIGHLIGHT OTHER AND TYPE IN RESPONSE

- 1 MY PHARMACIST/ PHARMACY STAFF
- 2 MY GP
- 3 ALLIED HEALTH PROFESSIONAL
- 4 INTERNET
- 97 OTHER (SPECIFY)
- 98 DON'T KNOW / UNSURE
- 99 NOT APPLICABLE

Q80. What services would you like to see newly offered or offered more of in the pharmacy in the future?

INTERVIEWER - SELECT CODE 97 AND ENTER VERBATIM RESPONSE

INTERVIEWER - SELECT CODE 98 IF DON'T KNOW /CAN'T SAY

- 1 STAFF SHOULD HAVE MORE KNOWLEDGE OF PRODUCTS/ ILLNESS/ MEDICATION (UNSPEC)
- 2 MORE INFORMATION/ PRODUCTS ABOUT COMPLIMENTARY/ ALTERNATIVE/ HERBAL/ NATURAL MEDICINES/ THERAPIES
- 3 MORE INFORMATION/ AVAILABILITY OF NUTRITIONAL/ DIETARY ADVICE/ WEIGHT LOSS
- 4 MORE/ BETTER ADVICE/ SERVICES/ INFORMATION FOR DIABETES/ BLOOD SUGAR LEVELS
- 5 THERE SHOULD BE A DOCTOR ON SITE
- 6 THERE SHOULD BE A NURSE ON SITE
- 7 THERE SHOULD BE NATUROPATH ON SITE
- 8 THERE SHOULD BE A DIETICIAN/ NUTRITIONIST ON SITE
- 9 THEY SHOULD OFFER BLOOD TESTS/ BLOOD PRESSURE TESTS
- 10 THEY SHOULD OFFER HEALTH CHECK UPS/ GENERAL CHECK UPS
- 11 MORE CHILDREN'S/ BABIES'/ MOTHER'S SERVICES/ PRODUCTS/ INFORMATION/ ADVICE
- 12 MORE/ BETTER ADVICE/ SERVICES FOR THE ELDERLY/ PENSIONERS
- 13 MORE/ BETTER AVAILABILITY OF EQUIPMENT FOR HIRE (CRUTCHES/ WHEELCHAIRS ETC)
- 14 HAVE MORE PRIVACY/ A PLACE TO TALK IN PRIVATE
- 15 HAVE BETTER/ CHEAPER/ MORE COMPETITIVE PRICES ON PRODUCTS/ MEDICINES
- 16 NOTHING/ THEY ARE OKAY AS THEY ARE/ THEY SHOULD STAY THE SAME/ I AM HAPPY WITH THEM
- 17 OTHER HEALTH PROFESSIONALS
- 18 BETTER/ MORE COMFORTABLE LAYOUT OF THE PHARMACY

- 19 HOME DELIVERY/ HOME DELIVERY OF MEDICATIONS
- 20 EXTENDED OPENING HOURS/ OPENING LONGER
- 21 LARGER RANGE OF PRODUCTS/ MEDICATIONS
- 22 FLU VACCINATIONS/ VACCINATIONS ABLE TO DONE AT THE PHARMACY
- 97 OTHER
- 98 DON'T KNOW/CAN'T SAY

Q81. How would you like to see community pharmacy change in the future to meet your needs?

INTERVIEWER - SELECT CODE 97 AND ENTER VERBATIM RESPONSE

INTERVIEWER - SELECT CODE 98 IF DON'T KNOW /CAN'T SAY

- 1 BETTER/ MORE CONVENIENT OPENING HOURS
- 2 THERE SHOULD BE BETTER/ MORE EFFICIENT/ FASTER SERVICE
- 3 THERE SHOULD BE MORE PERSONAL/ ONE ON ONE SERVICE/ THEY SHOULD GET TO KNOW YOU BETTER
- 4 HAVE MORE PRIVACY/ A PLACE TO TALK IN PRIVATE
- 5 OFFER A HOME DELIVERY/ VISIT SERVICE
- 6 HAVE BETTER SERVICES/ PRODUCTS/ ACCESS FOR THE ELDERLY/ PENSIONERS
- 7 STAFF SHOULD HAVE MORE KNOWLEDGE/ BETTER EDUCATION OF PRODUCTS/ ILLNESS/ MEDICATION
- 8 HAVE DOCTORS AVAILABLE FOR CONSULTATIONS/ ADVICE/ EXAMINATIONS/ CHECK UPS
- 9 HAVE NURSES AVAILABLE FOR CONSULTATIONS/ ADVICE/ EXAMINATIONS/ CHECK UPS
- 10 HAVE PHARMACISTS AVAILABLE FOR CONSULTATIONS/ ADVICE/ EXAMINATIONS/ CHECK UPS
- 11 HAVE SPECIALISTS/ HEALTH PROFESSIONALS AVAILABLE FOR CONSULTATIONS/ ADVICE/ EXAMINATIONS
- 12 SHOULD BE LINKED/ LOCATED NEXT TO DOCTORS/ SPECIALISTS/ HEALTH PROFESSIONALS IN THE AREA
- 13
MORE KNOWLEDGE/ INFORMATION/ PRODUCTS ABOUT COMPLIMENTARY/ ALTERNATIVE/ NATURAL MEDICINES
- 14 SHOULD BE SMALLER/ LESS COMMERCIAL/ LOCAL/ COMMUNITY BASED/ NO SUPERSTORES
- 15 HAVE BETTER/ CHEAPER/ MORE COMPETITIVE PRICES ON PRODUCTS/ MEDICINES
- 16 HAVE MORE/ BETTER VARIETY OF PRODUCTS/ SERVICES AVAILABLE
- 17 SELL LESS PRODUCTS/ HAVE LESS PRODUCTS AVAILABLE/ FOCUS ON MEDICINES
- 18 THEY ARE OKAY AS THEY ARE/ THEY SHOULD STAY THE SAME/ I AM HAPPY WITH THEM
- 19 MORE ADVICE/ INFORMATION ABOUT MEDICINE/ PRODUCTS/ ILLNESS
- 20 SHOULD HAVE BETTER/ MORE WEBSITES WITH INFORMATION/ BETTER INTERNET SERVICES
- 21 MORE CHILDREN'S/ BABIES'/ MOTHER'S SERVICES/ PRODUCTS/ INFORMATION/ ADVICE
- 22 BETTER/ MORE COMFORTABLE LAYOUT OF THE PHARMACY
- 23 THEY SHOULD OFFER HEALTH CHECK UPS/ GENERAL CHECK UPS
- 24 ACCESS/ EASE OF ACCESS (UNSPEC)
- 25 MORE STAFF/ EMPLOY MORE STAFF/ MORE STAFF DURING BUSY TIMES
- 26 BETTER PARKING/ MORE PARKING
- 97 OTHER
- 98 DON'T KNOW/CAN'T SAY

OTHER DEMOGRAPHICS

And finally just a few more questions about you...

ASK EVERYONE

D19a. Are you currently on any medication?

- 1 YES

- 2 NO
- 3 REFUSED

IF CURRENTLY ON MEDICATION (CODE 1 ON D19A), ASK:

D19B. How many different medications are you currently taking?

D20. On a scale of 1 to 5 where 1 is very poor and 5 is very good, how do you currently perceive your health? Would it be... READ OUT

- 1 1 - Very poor
- 2 2 - Poor
- 3 3 - Neither Poor nor Good
- 4 4 - Good
- 5 5 - Very Good
- 98 (DO NOT READ) DON'T KNOW

D21A. Are you a carer or care for someone who has a chronic condition or illness?

- 1 YES
- 2 NO

Appendix F: Focus Group Consultation Guide

The Consumer Needs Project: Focus group guide and questions

*Pharmacy Guild of
Australia*

*Focus group guide and
questions*

February 2013

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1 *The Consumer Needs project*

1.1 Overview of the project

A key focus for Australia's primary health care reform is to create a stronger primary health care system through better integration and coordination of care for consumers. Community pharmacy will play a pivotal role in this model as one of the most frequently accessed and trusted primary health care services. In order to evaluate the quality of community pharmacy services and its impact on improving the health of Australians, consumer needs, expectations and experiences must be understood.

This is the basis for the *Consumer Needs* project, which is funded by the Australian Department of Health and Ageing as part of the 5CPA Research and Development program managed by the Guild. The objectives of the *Consumer Needs* project are to:

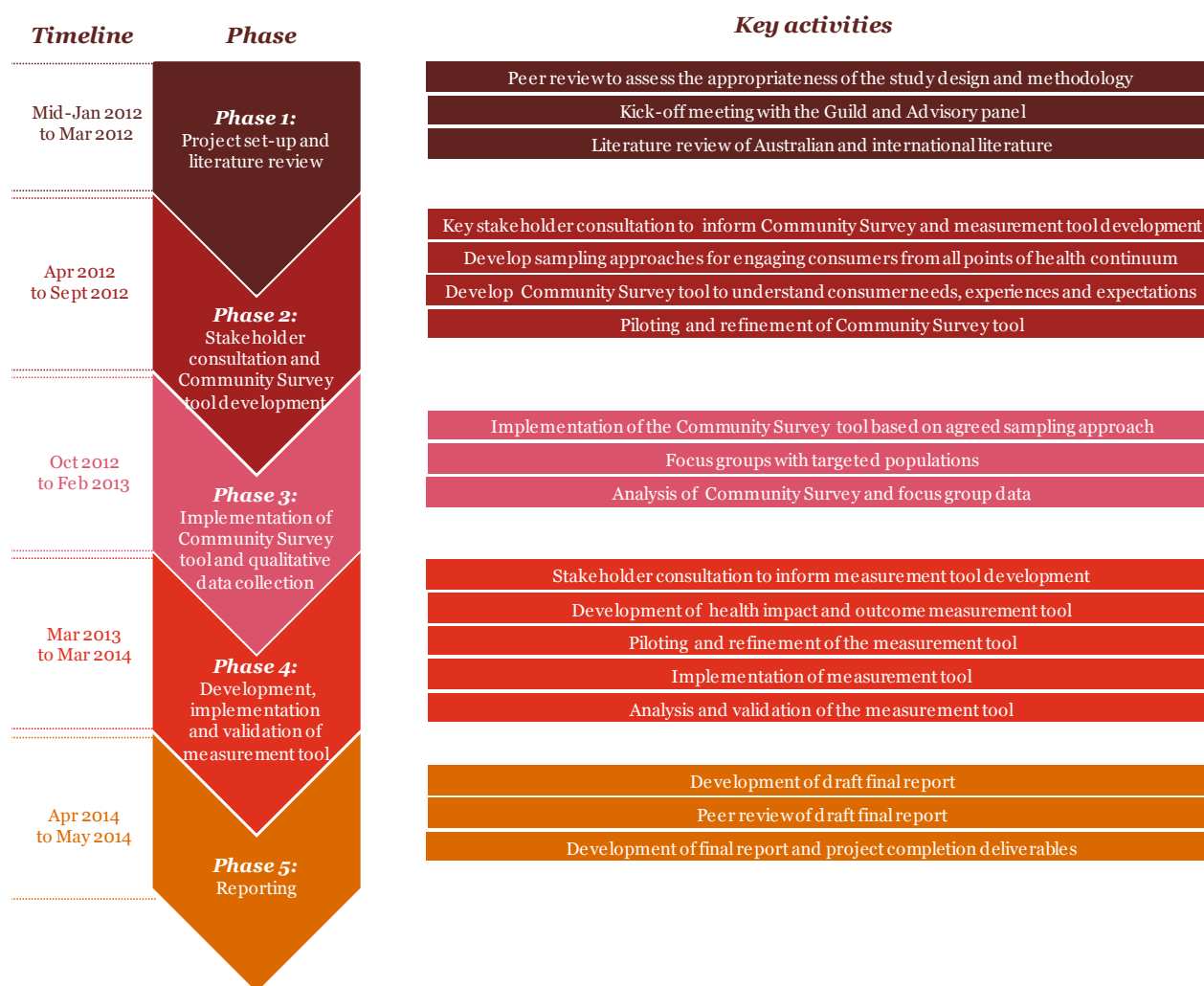
- Develop, implement and pilot an appropriate methodology to inform policy related decisions on a population health basis to identify consumer needs, expectations and experiences of community pharmacy services
- Develop and validate a tool to measure consumer health impact and outcomes sensitive to the community pharmacy context.

The *Consumer Needs* Project will be undertaken in the five phases is described in Figure 1.

Purpose of this document

This document explains in detail the purpose of the consumer focus groups that are being conducted in Phase 3 of the project. It also includes the overarching facilitation guide to be followed in the running of the focus groups.

Figure 1: Project overview



2 Consumer Focus Groups

2.1 Purpose of the Focus Groups

The purpose of the focus groups is to undertake a more in depth discussion with targeted consumer groups to explore their underlying attitudes and beliefs to community pharmacy, as well as their specific needs, expectations and experiences.

The key objectives of the focus groups are to:

1. Allow for a 'deep dive' analysis of consumer needs, expectations and experiences in relation to community pharmacy in those consumer groups that are high users of pharmacy or who have unique needs.
2. Build upon and verify data gathered in the Community Survey and stakeholder consultations which will inform the pharmacy profession, the Guild and policy makers as to what areas of community pharmacy are working well and those which may need further development.

2.2 Target groups

The following consumer groups were identified in the Stakeholder Consultations (in Phase 2 of the project) as either being high users of community pharmacy or having unique needs, expectations and experiences which were deemed as being important to explore further:

1. Pharmacotherapy consumers
2. Mothers and young children (under the age of 2)
3. Young working professionals
4. Aboriginal and Torres Strait Islanders
5. Older consumers
6. Culturally and Linguistically Diverse (CALD) consumers
7. Rural and remote consumers
8. Consumers with chronic conditions such as arthritis, asthma and diabetes
9. Consumers with disability
10. Carers
11. Consumers experiencing chronic pain
12. Men

It is important to examine the unique needs, expectations and experiences of community pharmacy for all of the abovementioned groups. Our primary aim is to capture all of these groups' unique needs in up to ten individual focus groups. It is recognised that there is likely to be some overlap in terms of consumer circumstances/conditions – for example, elderly consumers with chronic conditions. Where this is the case, we will likely be able to capture the unique needs and experiences of multiple consumer groups in a single focus session. It should be noted that the gathering of a representative sample of these target consumer groups for participation in the focus groups is largely dependent on the level of organisational stakeholder support offered as well as logistical factors. For this reason, it may be the case that not every group stipulated above is able to participate in a focus group session.

2.3 Approach

The first step taken to engage the targeted consumer groups was consulting with organisational stakeholders regarding advice on the most suitable way forward for the organisation of the focus groups. The key stakeholder organisations and persons of contact that were approached were largely the same as those consulted with as part of the 'Consultation Phase' of this project. In addition to these, there were some organisations that offered their support in the gathering of consumers, the planning and the facilitation of the focus groups.

Table 1 provides a summary of those consumer groups that are expected to participate in the focus groups, which are currently still being organised, along with the respective organisations providing support in the process.

Table 1: Participating Consumer Groups

Consumer Group	Supporting organisation
Young Working Professionals	PwC
Mothers and Young Children	PwC
Older People	COTA Tasmania
Culturally and Linguistically Diverse	Action on Disability within Ethnic Communities (ADEC)
Aboriginal and Torres Strait Islander	NACCHO and NSW Affiliate
Disability	ADEC
Chronic Disease: Asthma	Asthma Foundation
Chronic Disease/Chronic Pain: Arthritis	Arthritis NSW, facilitated by Diana Aspinall (CHF)
Men	Australian Men's Shed Association

3 Facilitation Guide

3.1 Introductions and project overview (10 mins)

Upon arrival: Participants complete sign in sheet, sign a consent form, fill out the demographics form and put name tag on.

Welcome: Thank you for all coming today. We'd like to introduce ourselves <Insert name>. We will be facilitating the focus group today.

Why are you here today?

- We are interested in hearing about how you, (*Insert consumer group e.g. people with asthma/diabetes/men*) use your community pharmacy. Just to clarify upfront, when we say community pharmacy, we are talking about the local pharmacy or chemist and not pharmacies that you find in hospitals. We know that this may very well be different to how other people use community pharmacy and we are interested in looking at these differences as we speak with different groups of consumers. Some other groups that we will be speaking to include (*Insert some key examples: Mothers with babies, people with asthma, people with diabetes, men, people with disability...*).
- Confidentiality: We would like to assure everyone here today that individual comments and responses will all be de-identified when we analyse responses. The discussion today will be recorded to help us capture all of the information talked about; however everything will remain anonymous in the write up of our report. The consent forms you signed upon arrival reflect this.
- We have recently conducted a national survey (3000 people) which looked at how Australians use their pharmacy, in particular what their needs and experiences are. We are also interested to see if what came out in this survey is similar to what people share with us in these smaller discussion groups.
- We have community advisers working on this project and they have suggested that we ask people like you to make sure we haven't missed out anything really important.
- All the information and points raised in these focus groups will be fed back to the pharmacy profession and policy makers, letting them know what areas of pharmacy are working well and what could help us live healthier and more active lives.

Introductions: Before we get started, it would be great if you could introduce yourselves one at a time.

Structure: The discussion today will be very informal, and everyone should feel comfortable sharing their experiences and views – there is no right or wrong answers to any question. Today's session will run for approximately 90 minutes. While no formal break is scheduled, feel free to help yourselves to the refreshments throughout the discussion. And don't forget to stand and stretch when you need to.

You will see that we have put up a number of definition posters around the room. These are just to make sure we are all on the same page when we are referring to some key terms. Just to quickly run through them:

- **Community pharmacy:** Pharmacies located in communities, as opposed to hospitals. Community pharmacies usually consist of dispensary where medicines are stored and dispensed, as well as a retail storefront.
- **Medicine:** Any drug or remedy for use in treating, preventing, or alleviating the symptoms of disease. Medicines can look different and come in many forms, including tablets, liquids, inhalers, drops, patches, creams, suppositories and injections.
- **Prescription medicines:** Licensed medicines regulated by legislation which require a medical prescription before it can be obtained.
- **Over-the-counter medicines:** Medicines that may be obtained without a prescription from a healthcare professional. Some over-the-counter medicines may only be purchased in a pharmacy (e.g. Chlorsig eye drops), and some may be purchased in supermarkets, department stores, health food stores and online.
- **Complementary medicines:** Some examples of complementary medicines are:
 - Vitamins and minerals
 - Supplements
 - Herbal and aromatherapy products
- **Palliative care:** An approach to patient care, relying on input from doctors, pharmacists, nurses, social workers, psychologists, and other allied health professionals in formulating a plan of care to relieve suffering in all areas of a patient's life. Medications and treatments are said to have a palliative effect if they relieve symptoms without curing the underlying disease or cause.

Just a few housekeeping matters before we get started:

1. There will be plenty of time for everyone to have their say, so please be respectful when other people are speaking.
2. Just to make sure we cover everything today, if you would like to tell us about a particular experience or opinion in detail (*set time frame, for example if you think that this would take more than 2 minutes to talk about*), we would still love to hear about it, however we would like to ask you to write it down for us at the end of the session, or approach us at the end to talk in more detail, or set up a time to speak with us over the phone. Just so we can keep the flow of the discussion going. There are pens and paper available at the back of the room.
3. It would be appreciated if your mobile phones are turned to silent or switched off.

Questions: Are there any questions before we move on?

NOTE FOR FACILITATOR – Participants will give their natural answers to questions first, then prompt with other questions if not answered in natural responses.

3.2 Opening questions (15 mins)

Q1. When you think about community pharmacy, what comes to mind?

Prompts:

- Think about your last visit to your community pharmacy, what did you use the pharmacy for?
- Would you use a pharmacy to: buy prescription medicines, over-the-counter medicines, vitamins and supplements, retail/toiletry products, hiring of equipment, health advice, access to a health service (e.g. blood pressure monitoring, baby nurse).
- Thinking of those points mentioned, do you go to more than one pharmacy to get these things? If yes, why might you go to one pharmacy to get one product/service, and another to get a different product/service?

Q2. What are the most important things for you when deciding which pharmacy to go to?

E.g. Low cost of medicines and/or other products; a good relationship with the pharmacist and other staff members; a high level of expertise of the pharmacist; knowledgeable and qualified pharmacy staff members; convenience (e.g. close to home, close to work, in GP clinic); variety of retail/toiletry products available (other than medicines); the availability of health services etc.

Prompts:

- Is it the cost, the convenience, the trust you have in the staff or something else?
- Does the type of pharmacy (e.g. discount vs. regular) influence your decision?
- Does the cost of medicines and/or quality of service influence your decision?
- Is privacy and confidentiality an important factor/influence in your decision? Is there enough privacy? Is your health information treated confidentially? Is there a separate counselling area available in your pharmacy?
- Have you ever made an appointment to see a pharmacist? Did you know that you could do this? Are there other things that are important for you when deciding which pharmacy to go to?

Q3. What do you think the role of a pharmacist is?

Prompts:

- To be up-to-date about medicines, to discuss complementary medicines, to answer questions?
- Do you consider your pharmacist to be a part of your medical team? I.e. part of a group of people who look after your health, as opposed to a GP alone.
- Tell us something you would like your pharmacist to be able to do for you or would have found helpful.
- Does your pharmacist provide you with Consumer Medication Information (CMIs)? We have a sample CMI here for you to see. How useful was it? Can you read it? Can you understand what it is telling you? Would you value having this information?

3.3 Questions about medicines (30 mins)

We will now ask some questions about how you purchase and obtain advice on medicines, including prescription medicines, over-the-counter medicines, and complementary medicines. Please take a few moments to review the definitions of these different types of medicines that are on the wall.

Prescription medicines

Q4. Describe what happens when you buy prescription medicines at a pharmacy?

Firstly tell us how often you purchase prescription medicines.

Now talk us through what happens in your pharmacy.

Prompts:

- What do you like/not like about going to a pharmacy to get prescription medicines?
- Do you feel you are provided with enough trusted advice to take your medicines safely?
- If you use multiple medicines, does your pharmacist provide a medicines review service? Do you know about these? Would you request a review if you know? Would you like them to? How was it conducted?
- Have you ever lost a prescription or run out of a medicine without having a valid script to buy more? What happened in this case?
 - Do you think that pharmacists should be able to issue new scripts for medicines you have already been prescribed in these cases? Common examples could be the contraceptive pill or Lipitor
 - Does anyone have any concerns with pharmacists being able to prescribe in cases like this
- Does your pharmacist hold onto your scripts for you? For what purpose (e.g. for convenience, so you don't lose your documentation, so you know when you have reached the Safety Net?)
- Does your pharmacist send you text messages regarding your scripts? For example reminding you to come in and have a script dispensed? Would you like to receive this service?
- How often have you needed your medicines delivered?
- Does your doctor fax prescriptions to your pharmacist or to your nominated carer?
- Has anyone been admitted to hospital and been prescribed with something from the hospital pharmacy? What happens when you go to your community pharmacy for the first time after being discharged?

Q5. Have you used a generic brand for a prescription?

Prompts:

- What has been your experience?
- Does the pharmacist or pharmacy staff offer you a generic brand? Do they do this always or just the first time? Does the pharmacist or another staff member give you the generic without asking you first?
- Has it been explained to you what a generic brand is? Has it been explained to you what possible reactions to your other medications could be had?

Over-the-counter and complementary medicines

Q6. Describe what happens when you buy over-the-counter and complementary medicines?

Prompts:

- Do you buy over-the-counter or complementary medicines for yourself or your family?
- Where do you buy these from? Pharmacy, supermarket, department store, health food store online?
- What are the main reasons you buy these products at places other than the pharmacy?
- Where do you get trusted advice around how to take over the counter and complementary medicines? From the pharmacist or other pharmacy staff, health food store, other health professional, online?
- For those who have bought over-the-counter and complementary medicines from a pharmacy, did the pharmacist ask you about what other medicines you were taking and discuss any potential bad reactions?

3.4 Questions about other services provided by community pharmacy (10 mins)

Q7. When you are looking for health advice for a minor condition or a chronic condition do you ever go to the pharmacy to get this advice?

Prompts:

- If not, where do you go?
- What would be the main reasons why you would first go to a pharmacy to seek advice?
- What would be the main reasons why you would first go and seek advice from another health care provider?

Q8. Have you used any health services that are available in community pharmacy?

Some examples are:

Mother and baby support

Medication reviews

Baby weighing, immunisation etc

Home delivery of medicines

Blood pressure monitoring

Diabetes assistance

Weight loss advice

Hiring equipment (crutches/wheelchairs)

Quit smoking advice

Palliative care (including pre-packaging and home delivery of medicines)

Prompts:

- What has been your best experience in using **health services** in community pharmacy?
- What has been your worst experience in using **health services** in community pharmacy?
- Did you get the advice you needed?
- Do you see the pharmacy as a place to go for these health services, now or in the future?

3.5 Questions about overall experience and moving forward (25 mins)

Q9. What has been your best experience with your community pharmacy ?

Prompts:

- Can you describe an exceptional service you received in your pharmacy and who gave it?
- Has anyone here looked after someone receiving palliative care? (see definition on the wall)
- Has there been a time where you could see improvements in your health from advice or a service that you received from your pharmacy?
- What makes the difference between an ordinary experience and a really great one?
- Has your pharmacist provided you with advice or health service that you haven't seen before (innovation)?
- Does your pharmacist have a system of supporting those with little spoken English? Are there scheduled times when pharmacy staff that speak other languages are available

Q10. What has been your worst experience with your community pharmacy?

Prompts:

Only if not instantly forthcoming, point out limitations of pharmacy in cases such as cost

- Have you been given poor advice or a medicine/dosage of medicine that led to a bad health outcome? Who did you tell?
- Have you felt as though the pharmacist or other staff were not experienced or knowledgeable?
- Have you regularly had to wait an unreasonably long time for assistance, or where you were unable to speak to the pharmacist when you wanted to?
- Have you felt as though the pharmacist or staff were not telling you everything or not offering you the full range of options for your medicines, for example not offering you a cheaper alternative to a medicine?
- Have you felt as though the pharmacist or other staff were just trying to sell you something rather than provide you with health advice?

Q11. What do you need from your community pharmacy that we have not already discussed?

Prompts:

Again, remember to keep it as something realistic for pharmacists

- Is there anything that the pharmacist does not do now that they could do and would be helpful to you?
- What products/services would you like to see introduced, offered more or less of?
- Would you like to see an improvement in pharmacy staff's knowledge around over the counter medicines/prescription medicines/overall health/anything else?
- Would you like your pharmacist to communicate with your doctor or other health professionals more?
- Is there anything you can think of that would continue to build your relationship with your pharmacist? (trust)
- Would you like to talk more to the pharmacist rather than the pharmacy staff?
- How often have you wished your pharmacy was open when it was not?
- How do you feel about the pharmacist selling other products that are also available in supermarkets?

3.6 Closing (2 mins)

That concludes the focus group session. The tape recordings from the discussion today will be transcribed and summarised, interpreted and reported. As mentioned previously, individual comments and responses will all be de-identified.

Does anyone have any questions or feedback that we haven't already covered in this session?

The information gathered here today will inform a consolidated report which will be publicly available on the Pharmacy Guild of Australia's website, likely to be early next year. If you would like us to email you directly when this report becomes publicly available, please let us know at the end of the session.

Thank you for your time and input today.

Appendices

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Appendix A Definitions

Term	Definition
Consumer	“Health consumers are the users and beneficiaries of health care and – ultimately – those who pay for it. They have a unique and important perspective on health”. ¹
Carer	A carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual: (a) has a disability; or (b) has a medical condition (including a terminal or chronic illness); or (c) has a mental illness; or (d) is frail and aged. ²
Consumer need	Need is a type of product or service which is required based on factors difficult or impossible to change e.g. prescribed medicine. “Needs are the desires which takes the form of a “must” urgency in acquiring goods and services in order to achieve satisfaction. Needs are a basic organic part of wants”. ³ Needs can be met or unmet.
Consumer expectation	“Expectations serve as standards with which subsequent experiences are compared resulting in evaluations of satisfaction or quality...they are viewed as predictions made by customers about what is likely to happen (positive or negative) during an impending transaction or exchange”. ⁴ It is linked to what a consumer desires or wants, “... ie, what they feel a service provider should offer, rather than would offer”. ⁵
Consumer experience	A consumer’s experience, “originates from a set of interactions between a customer and a service, a product, a company, or part of its organisation, which provoke a reaction ...which is personal... and its evaluation depends on the comparison between a customer’s expectations and the stimuli coming from the interaction with the company and its offering”. ⁶

¹ Consumer Health Forum (2007). *Consumer Health Forum: About Us Brochure*. Accessed: <https://www.chf.org.au/pdfs/chf/chf-brochure-2007.pdf>

² The Parliament of the Commonwealth of Australia *Carer Recognition Bill 2010* No. , 2010 (Families, Housing, Community Services and Indigenous Affairs)

³ Raikin, E. and Uyar, B. (1996) On the relativity on the concepts of needs, wants, scarcity and opportunity costs. *International Journal of Social Economics*. Vo. 23(7), p.49.

⁴ Zeithami, V.A., Berry, L.L. & Parasuraman, A. (1993). The nature and determinants of customer expectation of service, *Journal of the Academy of Marketing Science*, 21(1), 1-12.

⁵ Parasuraman et al.,(1988) cited in Teas, K.R. (1993). Consumer expectations and the measurement of perceived service quality, *Journal of Professional Services Marketing*, 8(2), 33-54.

⁶ Gentile, C., Spiller, N. & Noci, G. (2007). How to sustain the customer experience: an overview of experience components that co-create value with the customer, *European Management Journal*, 25(5), 395-410.

Term	Definition
Community pharmacy services	<p>The Community Pharmacy Roadmap proposed by the Guild⁷ reflects present current or anticipated pharmacy services nationally, these include four “quadrants” of services which reflect the structure and physical layout of a pharmacy and its relationships to the individual, broader health sector and community. These four quadrants are:</p> <ul style="list-style-type: none"> a) <i>‘Prescribed Medicines Services and Programs’</i> – linked to the function of the dispensary b) <i>‘Pharmacy Medicines and Health Products – Services and Programs’</i> – linked to the professional services area of the pharmacy c) <i>‘In-Pharmacy Health Services and Programs’</i> – utilises a private consultation area within the pharmacy d) <i>‘Outreach Health Services and Programs’</i> – delivered outside the physical pharmacy location.

⁷ Pharmacy Guild of Australia (2010) The Roadmap – The Strategic Direction for Community Pharmacy. Accessed < http://www.guild.org.au/The_Guild/tab-Pharmacy_Services_and_Programs/The_Roadmap/The+Roadmap.page> On April 16th April 2012

Appendix B Participant information sheet

PARTICIPANT (CONSUMER) INFORMATION STATEMENT FOR FOCUS GROUPS Research Project

Title: Understanding Consumers' Needs, Expectations and Experiences of Community Pharmacy Services in Australia

(1) What is the study about?

Community pharmacies are important in creating a stronger health care system through better coordination of health care for consumers. This project aims to understand what the needs, expectations and experiences of community pharmacy services are for the Australian community. It will also explore what impact community pharmacy services can have on an individual's health. We will develop a survey to measure people's attitudes and experience of community pharmacy services and a tool to measure how community pharmacy services have improved people's health. The study will help plan better community pharmacy services.

(2) Who is carrying out the study?

This study is funded by the Australian Government Department of Health and Ageing as part of the Fifth Community Pharmacy Agreement Research and Development program managed by the Pharmacy Guild of Australia. The Pharmacy Guild of Australia has commissioned PwC to conduct the study.

(3) What does the study involve?

Your involvement will include the completion of a focus group (approximately 1 ½ to 2 hours) about:

- Your views on consumer needs, expectations and experiences of community pharmacy
- Ways consumers views are currently obtained or assessed
- Views on how to measure whether community pharmacies are improving people's health

Your views and ideas with these topics are important to help us to shape the project and survey tools.

Your parking or taxi expenses will be covered by way of vouchers for participation in this focus group.

(4) How much time will the focus group take?

It is anticipated that the focus group will take 1 ½ to 2 hours.

(5) Can I withdraw from the focus group?

Being part of this focus group discussion is completely voluntary - you are not under any obligation to consent and - if you do consent - you can withdraw at any time without affecting your relationship with [insert agency name], the University of Sydney or PwC. If you take part in a focus group and wish to withdraw, as this is a group discussion it will not be possible to exclude individual data once the session has commenced.

(6) Will anyone else know the results?

Everything about the study, including results, will be strictly confidential and only the researchers will have access to your information. A report of the study will be publically available on the Pharmacy Guild of Australia website, but individual participants, like you will not be identifiable in the report.

(7) Will the study benefit me?

Your feedback will inform community pharmacy service provision across Australia.

(8) Can I tell other people about the study?

Yes

(9) What if I require further information?

If you would like to know more at any stage, please feel free to contact Rebecca Jessop on (02) 8266 5962 or via email rebecca.jessop@au.pwc.com.

(10) What if I have a complaint or concerns?

Any person with concerns or complaints about the conduct of a research study can contact The Manager, Human Ethics Administration, University of Sydney on +61 2 8627 8176 (Telephone); +61 2 8627 8177 (Facsimile) or ro.humanethics@sydney.edu.au (Email).

This information sheet is for you to keep.

Appendix C Consent Form

CONSUMER PARTICIPANT CONSENT FORM FOR FOCUS GROUPS

I,[PRINT NAME], give consent to my participation in the research project

TITLE: Understanding Consumers' Needs, Expectations and Experiences of Community Pharmacy Services in Australia

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. I understand that being in this study is completely voluntary – you are not under any obligation to consent.
4. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.
5. I understand that I can stop my participation in the focus group at any time if I do not wish to continue; however as it is a group discussion it will not be possible to exclude individual data to that point. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Sydney now or in the future.
6. I consent to:
 - Participating in the focus group YES ☐ NO ☐
 - Audio-recording YES ☐ NO ☐
 - Your photo being taken YES ☐ NO ☐
 - Receiving feedback YES ☐ NO ☐

If you answered YES to the “Receiving feedback” question, please provide your details i.e. mailing address, email address.

Feedback Option

Address: _____

Email: _____

.....
Signature

.....
Please PRINT name

.....
Date

What if I require further information?

If you would like to know more at any stage, please feel free to contact Rebecca Jessop on (02) 8266 5962 or via email rebecca.jessop@au.pwc.com.

What if I have a complaint or concerns?

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Appendix D Demographics Form

CONSUMER PARTICIPANT DEMOGRAPHICS FORM FOR FOCUS GROUPS

TITLE: Understanding Consumers' Needs, Expectations and Experiences of Community Pharmacy Services in Australia

Please provide the following:

Postcode	
Age	
Sex	
Aboriginal or Torres Strait Islander	Y/N
Country of Birth	
Languages spoken at home	
Do you have a chronic condition?	Y/N
Are you a carer for someone else?	Y/N
If you are a carer, do you do this as a volunteer or as a paid carer	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid



Appendix G: Community pharmacy services

Community Pharmacy Services

Quadrant	Service description	Examples of services
Quadrant A: Prescribed Medicines Services and Programs	Service: Community pharmacy services associated with prescription medicines	<ul style="list-style-type: none"> • Basic dispensing protocols • Clinical interventions • Compounding services • Controlled drugs monitoring • Dose administration aids • Drug recalls • Electronic health records for prescribed supply • Medication adherence programs (Medsindex) • Medication continuance • Medicine use reviews • Opiate dependence treatment programs • Staged supply
Quadrant B: Pharmacy Medicines and Health Products	Service: Community pharmacy services associated with <ul style="list-style-type: none"> • non-prescribed medicines (e.g. over the counter and complementary medicines) • retail products 	<ul style="list-style-type: none"> • Complementary and alternative medicines • Pharmaceuticals that must be supplied by a pharmacist in a pharmacy (Schedule 3 – Pharmacist Only Medicines) • Electronic health records for over the counter medicines • First aid and wound management • Health supplies (patient aids, continence, NDSS) • Minor ailments scheme • Pharmacist only medicine notifiable • Smoking cessation
Quadrant C: In-pharmacy Health Services and Programs	Services: Community pharmacy services relating to health advice, health monitoring and/or screening provided within the pharmacy	<ul style="list-style-type: none"> • Chronic disease management (Diabetes, Asthma & COPD, Cardio Vascular Disease, Osteoporosis, Dementia) • Health Checks/Monitoring/Screening <ul style="list-style-type: none"> – Men's health – Blood pressure – Blood lipids – Blood glucose/HbA1C – Spirometry Asthma COPD – INR (RegAff/PracDev) – Chlamydia – Osteoporosis – Diabetes – Cardiovascular disease – Cancer

Quadrant	Service description	Examples of services
		<ul style="list-style-type: none"> • Healthy lifestyle support <ul style="list-style-type: none"> – Weight loss – Smoking cessation – Alcohol withdrawal support • Mental illness services • Mothers and infants services • Needle and syringe program • Palliative care • Pandemic support • Pharmacogenomics • Public health promotion <ul style="list-style-type: none"> • Hepatitis C • Alcohol awareness • Return of unwanted medicines • Sexual health services <ul style="list-style-type: none"> • STD awareness/ safe sex promotion • Pregnancy prevention • Sleep apnoea clinics • Travel medicine • Vaccine administration • Medicine disposal service
Quadrant D: Outreach Health Services and Programs	Services: Pharmacist services that are delivered outside the pharmacy (that is outreach services provided in the community e.g. at home, schools)	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander QUM services • Health literacy promotion <ul style="list-style-type: none"> • School programs • Residential care QUM support • Drug information centres • Home Medicines Review • Liaison pharmacy (with allied health professionals) • Pharmacist prescribing • Pharmacy depots • Residential Medication Management Review • Social support networks

Appendix H: Measurement Tool

Measurement Tool

Screening demographics

1. Have you been to a pharmacy for yourself in the last month?

(Interviewer note: Respondents who have only been to the pharmacy on behalf of someone else in the last month are to be excluded)

1. Yes
2. No (if no, end survey)

2. How old are you?

1. M 18-34
2. M 35-64
3. M 65+
4. F 18-34
5. F 35-64
6. F 65+

3. What is the postcode where you live?

SEIFA CODES

1. 1,2,3
2. 4,5,6
3. 7,8,9,10

4. What is your gender?

1. Male
2. Female

Body of Questionnaire

Now we will ask you a few questions about your health and the medicines that you take. When we talk about over the counter medicines, we mean things like Panadol, cold & flu tablets, eye drops etc. When we talk about complementary medicines, we mean things like vitamins, minerals, herbal and aromatherapy products.

Q1a. How many different medicines are you currently taking regularly or have taken in the last month?

(Interviewer note: by medicines, we mean all types - prescription, over the counter and complementary)

1. 0-1 medicines
2. 2 or more medicines
3. Don't know
4. Refused

Q1b. How many of these were prescription medicines?

1. [Numerical value of 1 or more]
2. Not applicable
3. Don't know
4. Refused

Q1c. How many of these were over the counter or complementary medicines?

1. [Numerical value of 1 or more]
2. Not applicable
3. Don't know
4. Refused

Q2a. Have you in the last month experienced any side effects (adverse reactions) or interactions from any of the medicines you were taking?

(Interviewer note: any degree of side effect is fine; 'Medication didn't work is not considered a side effect)

1. Yes
2. No
3. Not sure
4. Not applicable

Q2b. If yes, what role did the pharmacist play in helping you address this side effect and/or interaction?

1. The pharmacist discussed the problems with me and helped me resolve the problem
2. I tried to discuss the problems with the pharmacist but they did not help or provide any advice
3. None, I did not discuss/raise this matter with my pharmacist
4. Not applicable
5. Other

Q3. In general, would you say your health is...

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know
7. Refused

The next few questions are about how you manage your own health..... Please rate the level of difficulty you have on a scale of 1 to 5, with 1 being 'unable to do' and 5 being 'without any difficulty'

Q4. Are you able to make time for things that are good for your health?

1. Unable to do
2. Very difficult
3. With some difficulty
4. Little difficulty
5. Without any difficulty
6. Don't know

Q5. Are you able to change your lifestyle to improve your health?

(Interviewer note: this question is about the respondent's personal lifestyle)

1. Unable to do
2. Very difficult
3. With some difficulty
4. Little difficulty
5. Without any difficulty
6. Don't know

Q6. Are you able to pay attention to your health needs?

1. Unable to do
2. Very difficult
3. With some difficulty
4. Little difficulty
5. Without any difficulty
6. Don't know

Q7. Are you able to find the energy to manage your health?

1. Unable to do
2. Very difficult
3. With some difficulty
4. Little difficulty
5. Without any difficulty
6. Don't know

The next few questions are about your confidence to take your prescription medicines... We ask you to rate your answers on a scale of 1 to 5, with 1 being 'not confident at all' and 5 being 'very confident'

Q8. How confident are you that you are able to manage your prescription medicines?

1. Not confident at all
2. Not very confident
3. Somewhat confident
4. Fairly confident
5. Very confident
6. Not applicable
7. Don't know

Q9. How confident are you that you can take your prescription medicines at the correct time and dose when you are busy at home / at work/ or away?

1. Not confident at all
2. Not very confident
3. Somewhat confident
4. Fairly confident
5. Very confident
6. Not applicable
7. Don't know

Q10. How confident are you that you can get refills for your prescription medicines before you run out?

1. Not confident at all
2. Not very confident
3. Somewhat confident
4. Fairly confident
5. Very confident
6. Not applicable
7. Don't know

Q11. If you were to experience side effects from your prescription medicines, how confident would you be in continuing to take your prescription medicines?

(Interviewer note: If respondent says they haven't experienced side effects before, prompt with 'if you were to...')

1. Not confident at all
2. Not very confident
3. Somewhat confident
4. Fairly confident
5. Very confident
6. Not applicable
7. Don't know

Q12. How confident are you that you can take your prescription medicines when you feel well or have no symptoms?

1. Not confident at all
2. Not very confident
3. Somewhat confident
4. Fairly confident
5. Very confident
6. Not applicable
7. Don't know

Q13. How confident are you that you can take your prescription medicines when they cost a lot of money?

(Interviewer note: 'cost a lot of money' is what it means from the respondent's perspective)

1. Not confident at all
2. Not very confident
3. Somewhat confident
4. Fairly confident
5. Very confident
6. Not applicable
7. Don't know

Q14. How confident are you that you can ask the pharmacist questions about your prescription medicines?

1. Not confident at all
2. Not very confident
3. Somewhat confident
4. Fairly confident
5. Very confident
6. Not applicable
7. Don't know

The next few questions are about how often you visited the pharmacy in the last month and why you went....

Q15. In the last month, how many times have you used a pharmacy for yourself?

1. Once
2. 2-3 times
3. More than 3 times
4. Don't know/can't remember

Q16. In the last month, did you go to the same pharmacy for most of your pharmacy needs more than 75% of the time?

1. Yes
2. No
3. Not sure
4. Not applicable

Q17. In the last month, have you used a pharmacy to buy or receive advice on prescription medicines?

(Interviewer note: this can include things like compounding services, opiate dependent treatment programs, medication adherence programs)

1. Yes
2. No

Q18. In the last month, have you used a pharmacy to buy or receive advice on non-prescription medicines, i.e. over the counter and complementary medicines?

1. Yes
2. No

Q19. In the last month, have you used a pharmacy to buy or receive assistance with buying retail products?

1. Yes
2. No

Q20. In the last month, have you used a medicine review service in a pharmacy? e.g. Home Medicines Review (HMR), Residential Medication Management Review (RMMR), Medscheck, Diabetes Medscheck?

1. Yes
2. No

Q21. In the last month, have you received advice or assistance with managing your chronic conditions at a pharmacy?

1. Yes
2. No

Q22. In the last month, have you received general health advice at a pharmacy? e.g. advice on minor ailments, common colds and flu, etc

1. Yes
2. No

Q23. In the last month, have you accessed services related to health monitoring, screening or health checks in a pharmacy? e.g. blood pressure/lipids/glucose monitoring, quit smoking advice, weight loss, vaccines, mother and infant services, palliative care services

1. Yes
2. No

Q24. In the last month, have you used medication packaging services in a pharmacy? e.g. webster or blister packs which are filled pillboxes that help you take the correct medicines at the correct times on each day of the week at pharmacies.

1. Yes
2. No

Q25. In the last month, have you received pharmacy services outside the pharmacy (that is, outreach services provided in the community, e.g. at home, aged care facilities, school etc)?

1. Yes
2. No

Q26. Have you used the pharmacy for anything else?

(Interviewer note: if necessary, say 'for any other pharmacy services that weren't mentioned before')

1. Open answer – yes (specify)
2. No

The next few questions are about who you speak with when you visit the pharmacy... When we talk about Pharmacy Staff, we mean anyone who works in the pharmacy apart from the Pharmacist.

Q27. In the last month, who did you spend more time speaking with at the pharmacy?

1. Pharmacist
2. Other pharmacy staff
3. Equal amount of time with pharmacist/pharmacy staff
4. Could not distinguish between pharmacist/pharmacy staff
5. Don't know

Q28. In the last month, has a pharmacy staff member referred you to speak to the pharmacist?

1. Yes
2. No
3. Could not distinguish between pharmacist/pharmacy staff
4. Don't know

The next series of questions are about your satisfaction with pharmacies. We refer to all pharmacies visited in the last month. You will be asked to rate your satisfaction on a scale of 1 to 5, where 1 is very dissatisfied and 5 is very satisfied.

Q29. In the last month, how satisfied were you with your experience with pharmacy services overall?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Don't know
7. Not applicable

Q30. In the last month, how satisfied were you with the courtesy and respect shown to you in your pharmacy?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Don't know
7. Not applicable

Q31. In the last month, how satisfied were you with the availability of the pharmacist to answer your questions?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Don't know
7. Not applicable

Q32. In the last month, how satisfied were you with the availability of the other pharmacy staff to answer your questions?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Don't know
7. Not applicable

Q33. In the last month, how satisfied were you with the way in which the pharmacist or pharmacy staff helped you improve your health or stay healthy?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Don't know
7. Not applicable

Q34. In the last month, how satisfied were you with the amount of privacy for discussion offered in your pharmacy?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Don't know
7. Not applicable

Q35. On a scale of 0-10 where 0 is not important at all and 10 is very important, how important is the pharmacist in assisting you to manage your health?

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important
12. Don't Know
13. Refused

Q36. On a scale of 0-10 where 0 is not important at all and 10 is very important, how important is the pharmacist in assisting you to manage your medicines?

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important
12. Don't Know
13. Refused

Q37. In the last month, have you gone to the pharmacy in the first instance, before seeing another health professional, for advice on your health or medicines?

1. Yes
2. No
3. Don't know
4. Not applicable

Now, thinking about what you expect when you go to a pharmacy, how important would you rate the following factors on a scale of 0 to 10, where 0 is 'not important at all' and 10 is 'very important':

Q38a. To have access to medicines, information and advice regarding my medicines and health needs;

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q38b. To receive safe and high quality care;

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q38c. To be treated with respect, dignity and consideration

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q38d. To be informed about various services, treatments, options and costs in a clear and open way

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q38e. To be included in decisions and choices about my care

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q38f. To be able to consult privately and that information discussed will be treated with confidentiality

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q38g. To be able to comment on my care and to have my concerns addressed

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q38h. That the pharmacist communicates with my local doctor if required

1. 0 Not important at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 Very important

Q39. What else can your Pharmacist do to help you stay healthy?

1. Open end (specify)
2. Don't know
3. Nothing

Scoring Guide

Questions	Scoring guide
Screeners demographic questions	N/A - demographic information
Q1a; Q1b; Q1c; Q2a; Q2b; Q3	Individual categorical analysis
Q4; Q5; Q6; Q7	Response options to be scored as followed: 1 = Unable to do so 2 = Very difficult 3 = With some difficulty 4 = Little difficulty 5 = Without any difficulty Take an average score across responses to Q4 - Q7 (assuming there are responses to at least 50% of questions)
Q8; Q9; Q10; Q11; Q12; Q13; Q14	Response options to be scored as followed: 1 = Not confident at all 2 = Not very confident 3 = Somewhat confident 4 = Fairly confident 5 = Very confident Take an average score across responses Q8 – Q14 (assuming there are responses to at least 50% of questions)
Q15; Q16; Q17; Q18; Q19; Q20; Q21; Q22; Q23; Q24; Q25; Q26; Q27; Q28	Individual categorical analysis
Q29; Q30; Q31; Q32; Q33; Q34;	Calculate average score across this group of questions, assuming there is no missing data for at least three of these questions.
Q35; Q36	Take an average score across responses to these questions
Q37	Individual categorical analysis
Q38a -h	Take an average score across responses to these questions
Q39	Individual categorical analysis

Appendix I: Beliefs about Medicines Questionnaire



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The beliefs about medicines questionnaire: The development and evaluation of a new method for assessing the cognitive representation of medication

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THE BELIEFS ABOUT MEDICINES QUESTIONNAIRE: THE DEVELOPMENT AND EVALUATION OF A NEW METHOD FOR ASSESSING THE COGNITIVE REPRESENTATION OF MEDICATION

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This paper presents a novel method for assessing cognitive representations of medication: the Beliefs about Medicines Questionnaire (BMQ). The BMQ comprises two sections: the BMQ-Specific which assesses representations of medication prescribed for personal use and the BMQ-General which assesses beliefs about medicines in general. The pool of test items was derived from themes identified in published studies and from interviews with chronically ill patients. Principal Component Analysis (PCA) of the test items resulted in a logically coherent, 18 item, 4-factor structure which was stable across various illness groups. The BMQ-Specific comprises two 5-item factors assessing beliefs about the necessity of prescribed medication (*Specific-Necessity*) and concerns about prescribed medication based on beliefs about the danger of dependence and long-term toxicity and the disruptive effects of medication (*Specific-Concerns*). The BMQ-General comprises two 4-item factors assessing beliefs that medicines are harmful, addictive, poisons which should not be taken continuously (*General-Harm*) and that medicines are overused by doctors (*General-Overuse*). The two sections of the BMQ can be used in combination or separately. The paper describes the development of the BMQ scales and presents data supporting their reliability and their criterion-related and discriminant validity.

KEY WORDS: Medicines, attitudes, personal models, illness perceptions, drug therapy, treatment adherence.

INTRODUCTION

The prescription of a medicine is the most common treatment intervention and accounts for the largest single commodity source of health expenditure in most developed economies. However, it is estimated that approximately 30–50% of prescribed medication is not taken as directed (Meichenbaum and Turk, 1987) and non-adherence to medication is seen as a significant challenge to research and practice within the health care domain (Horne, 1993; Horwitz and Horwitz, 1993). Various social cognition models (SCMs) such as the Health Belief Model (HBM: Rosenstock, 1974), the Theory of Reasoned Action (TRA: Ajzen and Fishbein, 1980) and its revision the Theory of

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Planned Behaviour (TPB: Azjen, 1985), have been used to explain variation in medication adherence. This research shows that medication non-adherence may be the result of a rational decision by the patient and identifies some of the cognitions which are salient to these decisions. Although the specific type of beliefs which are associated with adherence varies across studies, certain cognitive variables included in SCMs appear to be prerequisites of adherence in some situations (Horne and Weinman, 1998). For example, beliefs that failure to take the treatment could result in adverse consequences and that one is personally susceptible to these effects tends to be associated with higher adherence rates (e.g. Cummings *et al.*, 1981; Kelly *et al.*, 1987). Additionally, adherence decisions may be influenced by a cost-benefit analysis in which the benefits of treatment are weighted against the perceived barriers (e.g. Brownlee-Duffeck *et al.*, 1987; Cummings *et al.*, 1981). Other studies, based on the TRA/TPB have shown that the perceived views of significant others such as family, friends and doctors (normative beliefs) may also influence adherence (Cochran and Gitlin, 1988; Ried and Christensen, 1988; Ried *et al.*, 1985).

Leventhal's self-regulatory model of illness (SRM) (Leventhal *et al.*, 1980; Leventhal and Cameron, 1987) has also been applied to the study of medication adherence. In the SRM the decision about whether or not to take medication is conceptualised as one of a number of possible procedures for coping with an illness threat (Leventhal *et al.*, 1997). Adherence will be more likely if the patient perceives that the advice to take medication makes 'common-sense', in the light of their experiences (e.g. past illness and/or current symptoms) and their personal beliefs about the illness (Leventhal *et al.*, 1992). In addition to providing an explanatory framework for how beliefs and behaviour are related, self-regulatory theory postulates the types of beliefs which underpin illness cognitions suggesting that the selection of a coping procedure, e.g. to seek (or not to seek) medical advice or to take (or not to take) medication, is guided by beliefs about the nature, duration, causes, consequences and potential for cure/control of the illness.

It has been suggested that representations of *treatment* may also play a role in self-regulation and that the explanatory power of SCMs in relation to medication adherence may be enhanced by assessing patients' beliefs about medication. Decisions about taking medication are likely to be informed by beliefs about medicines as well as beliefs about the illness which the medication is intended to treat or prevent (Horne, 1997). This principle is recognised in a recent report from the Royal Pharmaceutical Society of Great Britain which has identified the role of medication beliefs in treatment adherence as a priority for future research (Marinker, 1997; Royal Pharmaceutical Society of Great Britain, 1997).

Several qualitative studies have shown that people have beliefs about medicines in general (e.g. Britten, 1994; Fallsberg, 1991 and Lorish *et al.*, 1990), as well as beliefs about medication prescribed for specific illnesses such as epilepsy (Conrad, 1985) and hypertension (Morgan and Watkins, 1988). Moreover, certain representations of medicines appear to be common across several illness and cultural groups. However, a systematic comparison of findings is hampered by the fact that the few studies which have quantitatively assessed medication beliefs have used different questionnaires (Woller *et al.*, 1993; Echabe *et al.*, 1992) or have investigated medication beliefs in the broader context of views about the practice of medicine (Marteau, 1990). Furthermore, some studies have assessed peoples' ideas about medicines in general (General beliefs) whereas others have focused on specific medication prescribed for a particular illness (Specific beliefs).

A review of the existing literature on lay beliefs about medicines raises three key questions (Horne, 1997). The first relates to the nature of medication beliefs and whether the

range of specific and general medication beliefs can be summarised into 'common themes' which are relevant across illness and cultural groups. A second question relates to the distribution of these beliefs (who holds them and how strongly are they held?). Finally, there is the question of how representations of medicine relate to each other (e.g. general vs. specific) and to illness beliefs, as well as to adherence behaviours. We believe that there is need for a psychometrically sound method for operationalising and scoring commonly held beliefs about medication in order to systematically address the above questions. This paper describes the development of a questionnaire-based method for assessing beliefs about Specific and General medication, the Beliefs about Medicines Questionnaire (Section 1) and presents a preliminary evaluation of its psychometric properties (Section 2).

SECTION 1: DEVELOPMENT OF THE BELIEFS ABOUT MEDICINES QUESTIONNAIRE (BMQ)

PARTICIPANTS

A Chronic Illness sample ($n=524$), comprising asthmatic, diabetic and psychiatric patients from hospital clinics and cardiac, general medical and renal (haemodialysis recipients) in-patients. The six illness groups from which patients were sampled were chosen to reflect a variety of disease and treatment characteristics. Patients were included if they had been prescribed one or more medicines for regular use in the treatment of their illness for at least two months prior to the study and if they could read and understand the questionnaire and felt well enough to complete it. Ethical committee approval was granted for the study in each of the participating clinics and hospitals. The characteristics of the main sample are shown in Table 1 and the individual illness samples are described in more detail below.

The Asthmatic sample ($n=78$) comprised consecutive asthmatic patients attending the weekly out-patient clinics of two consultant respiratory physicians at a general hospital in

Table 1 Demographic characteristics of the chronic illness sample

	<i>Asthma clinic</i>	<i>Diabetic clinic</i>	<i>Renal dialysis IP</i>	<i>Cardiac IP</i>	<i>Psychiatric clinic</i>	<i>General medical IP</i>
<i>n</i>	78	99	47	120	89	91
Gender (% male)	37	39	49	71	37	50
Age (mean, SD)	45.5 (18.3)	46.6 (18.5)	49 (17.3)	63.6 (12.4)	45.8 (10.9)	54 (19.8)
Educational experience	*					
Secondary (%)	68.0		59.6	81.4	47.8	71.8
Tertiary (%)	22.7		21.3	11.5	28.4	23.5
Advanced (%)	9.3		19.1	7.1	23.8	4.7
Number of prescribed medicines (mean, SD)	3.5 (1.7) α	#	7.1 (1.9) β	3.5 (2.3) β	2.2 (1.4) α	4.1 (3.2) β

*Data unavailable.

IP = Hospital In-patient.

α = Patient report of number of prescribed medications.

β = Number of prescribed medication obtained from the patient's medical notes.

#The exact number of medicines prescribed for each patient was not recorded. However the majority of patients were prescribed only one medication (Insulin or a single oral anti-hypoglycaemic agent).

Brighton, UK, during a 3-month period between March and May 1994. Of 105 asthmatic patients on the clinic schedule 17 refused to take part in the study, 9 did not attend the clinic and one who agreed to take part subsequently withdrew without completing the questionnaire. Seventy-eight patients entered the study and completed the clinic questionnaire giving an overall response rate $78/105 = 74.3\%$. The mean duration of asthma was 1.6 years ($SD = 1.3$).

The Diabetic sample ($n = 99$) comprised consecutive attenders at a diabetic out-patient review clinic in a London general hospital. In a six week period, during April and May 1994, 124 study-eligible patients were approached and 20 refused to take part. Five of the 104 questionnaires returned were rejected ($> 10\%$ of responses to questionnaire statements were missing or illegible) giving a final completion rate of 79.8%. Sixty four (64.7%) of the patients were insulin-treated while the remaining patients received oral hypoglycaemic medication.

The Renal sample ($n = 47$) was recruited from the renal unit at a London Teaching Hospital. Patients were randomly selected from the dialysis list and evaluated for entry into the study until a target sample of approximately half of the 103 patients on the hospital haemodialysis list were recruited. Of 59 randomly selected study-eligible patients, 47 agreed to take part and completed the questionnaire giving a response rate of 79.7%. The mean duration of dialysis treatment was 4.5 years ($SD = 4.9$).

The Psychiatric sample ($n = 89$) was recruited as part of an audit evaluating a medicines-information service at a hospital psychiatric out-patient clinic in Brighton, UK. Of 118 patients who were eligible for inclusion in the present study, 27 failed to attend the 'research clinic' and a further two patients were omitted because they did not legibly complete over 90% of the questionnaire items. The final study sample therefore comprised 89 patients giving a response rate of 78.4%. The mean duration of psychiatric illness was 10.2 years ($SD = 8.4$).

The Cardiac and General Medical inpatient samples ($n = 120$; $n = 91$ respectively) were recruited from general medical wards of two London teaching hospitals and five district general hospitals in London and Brighton, over an 8 week period between January and March, 1995. Of 254 study-eligible patients, 37 refused to take part and 217 entered in the study. Six of the questionnaires were rejected ($> 10\%$ of responses to questionnaire statements were missing or illegible). The remaining 211 questionnaires were retained for analysis. The final completion rate was therefore $211/254 = 83.1\%$. On the basis of primary diagnosis the sample comprised chronic cardiac disease (56.8%), chronic respiratory diseases (16.2%), gastro-intestinal disorders (10.9%), diabetes (9.9%), cancer (3.8%) and epilepsy (2.4%). Patients with chronic cardiac disease were considered as a single illness group and the remaining patients ($n = 91$) were grouped together as the 'General medical inpatients'.

METHOD

Rationale and Overview

The BMQ was intended to assess commonly-held beliefs about medicines. The primary task was to simplify the fairly broad range of beliefs which people hold about Specific and General medication into 'core themes' which could then be evaluated as psychometric scales. The BMQ scales were derived from a pool of items representing commonly held beliefs about medication (see below for details) using exploratory Principal

Components Analysis (PCA). Specific and General medication beliefs were analysed separately. The factor structures obtained were then tested in three ways. Confirmatory factor analysis (Tabachnick and Fidell, 1993) was used to verify the factor structure. The stability of the factor structure across chronic illness groups was tested by investigating whether the factor structure obtained by exploratory PCA in one illness group was replicated in other illness groups. Finally, to confirm the validity of separating Specific and General medication beliefs, items loading on the Specific and General factors identified by PCA were combined and subjected to a further PCA. A high degree of separation between general and specific items would indicate that patients made clear distinctions between specific and general medication and justify the division of the BMQ into Specific and General components.

Item Pool

A pool of 34 statements representing commonly held beliefs about specific ($n = 16$) and general medication ($n = 18$) was obtained by selecting beliefs identified in the literature which appeared to be common to patients with a range of chronic illnesses and from interviews we conducted with 35 patients receiving regular medication for chronic illness (20 haemodialysis patients and 15 patients with myocardial infarction). In these interviews patients were asked open questions eliciting their views about medicines prescribed for them and their thoughts about medicines in general in an attempt to identify common beliefs which had not emerged in previous studies. The final pool of 34 items, together with their origin, is shown in Table 2. Twelve items were positive statements about medicines (e.g. *'Without medicines doctors would be less able to cure people'*) and the remaining 22 items focused on negative (e.g. *'Most medicines are addictive'*) or neutral aspects (e.g. *'Medicines only work if they are taken regularly'*). This balance of items reflects that observed in the literature (e.g. Britten, 1994; Donovan and Blake, 1992; Fallsberg, 1991 and Lorish *et al.*, 1990; Morgan and Watkins, 1988; Conrad, 1985) and in interviews with patients. Responses to each statement were scored on a 5-point Likert scale (where 1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = strongly agree and 5 = strongly agree) and subjected to PCA as described below. Although the psychiatric and diabetic samples received identical General items as the other illness groups, the Specific item pool differed by one item in the case of the psychiatric sample and two items for the diabetic sample. This was done in order to reflect issues which were perceived to be pertinent to these groups. For the psychiatric sample the item *'Without my medicines I would be very ill'* was replaced by *'Only my medicines can control my mental health problems'*. For the diabetic sample the items *'My life would be impossible without my medicines'* and *'My medicines protect me from becoming worse'* were replaced by the items *'My medication controls my diabetes'* and *'My medication prevents my blood sugar from becoming too high'*. For this reason, the derivation of the BMQ-Specific scales was based on data from the asthmatic, cardiac, renal and general medical in-patient groups which had received identical Specific items.

PROCEDURE

Each participant was invited to take part in a study of patients' views about their illness and treatment. The investigators stressed that the study was being conducted by the

Table 2 Pool of medication statements subjected to PCA including details of source

	Source
<i>Statements about specific medication prescribed for the patient</i>	
My health, at present, depends on my medicines	1
Having to take medicines worries me	2,3,4
My life would be impossible without my medicines	1
My medicines are powerful	1
Without my medicines I would be very ill	1
I sometimes worry about the long-term effects of my medicines	3,5
My medicines are a mystery to me	1
My medicines are effective	1
My medicines disrupt my life	2,6,7
I sometimes worry about becoming too dependent on my medicines	2,3,8
My health in the future will depend on my medicines	1,9
My medicines protect me from becoming worse	1,2
I would like to change my present treatment	1
It is difficult for me to take my medicines in exactly the way my doctor told me	1
I can cope without my medicines	1,2
I am in control of my medication	2,10
<i>Statements about medicines in general</i>	
Without medicines doctors would be less able to cure people	1
Newer medicines are more effective than older ones	1
Most medicines are addictive	3
People who take medicines should stop their treatment for a while every now and again	2,3
Medicines only work if they are taken regularly	1
Medicines do more harm than good	5
Medicines are not natural remedies	1,3,4,8,11,12
All medicines are poisons	4
It is better to do without medicines	1,2,4,8,
Natural remedies are safer than medicines	1,3,4,8,11,12,13
Stronger medicines are more dangerous than weaker medicines	14,15
Medicines are a necessary evil	4,13
Doctors place too much trust on medicines	1,16
If doctors had more time with patients they would prescribe fewer medicines	1,16
There is a big difference between a medicine and drug	13,16
The medicine you get is more important than the doctor you see	1
Doctors use too many medicines	1,5,16
Most medicines are safe	1
<i>Source of statements</i>	
1. Interviews conducted with 35 chronically ill patients	9. Arluke, 1980
2. Conrad, 1985	10. Helman, 1988
3. Morgan and Watkins, 1988	11. Coulter, 1985
4. Fallsberg, 1991	12. New and Senior, 1991
5. Clinthorne <i>et al.</i> , 1986	13. Gabe and Lipshitz-Phillips, 1982
6. Becker <i>et al.</i> , 1978	14. Lorish, 1990
7. Cochran and Gitlin, 1988	15. Leventhal, 1986
8. Donovan and Blake, 1992	16. Rees-Jones, 1979

University and was completely independent of the hospital and that responses were confidential and anonymous and would not be seen by any of the staff involved in their care. It was hoped that this would encourage participants to respond in a way which represented their own views rather than those which they considered to be socially desirable

(Abraham and Hampson, 1996) and so avoid any response bias which might have resulted if patients had associated the researcher with the clinical team. Participants were presented with the 34 item pool as described above at the same time as a battery of questionnaires assessing other relevant constructs as described in Section 2 below. These measures (e.g. reported adherence and beliefs about illness) were included to assess the criterion-related validity of the BMQ and were chosen on the basis of hypothesised relations with medication beliefs. The instructions to participants, are shown in the Appendix. Clinic patients were asked to complete the questionnaire while waiting to see the doctor. Patients recruited from hospital wards were asked to complete the study questionnaire by the researcher who then arranged to collect it at a convenient time.

Principal Component Analysis (PCA)

PCA was conducted using the non-orthogonal (Direct Oblimin) method of rotation as recommended by Kline (1994) and Cattell (1995). Cases with missing data were deleted listwise and items were omitted on the basis of the Kaiser-Meyer-Olkin (KMO) statistic for each item (item omitted if $KMO < 0.7$), factor scree plot and final factor loading as recommended by Norusis (1992). In order to eliminate the influence of multi-dimensional outliers, items retained within the final factor structure were "cleaned" by removal of multivariate outliers (Mahalanobis distance > 3 standard deviations from the mean) and removal of cases with greater than five missing items (Tabachnick and Fidell, 1993).

Selecting Items for the BMQ Scales Using Exploratory PCA

The exploratory PCA of Specific beliefs about medicines prescribed for personal use was performed on responses to the 16 items representing beliefs about prescribed medication (*Specific*), shown in Table 2 above. The responses from the cardiac sample ($n = 120$) were analysed first. The rationale for choosing a single diagnostic group was that patients with one illness might receive very different medication from those with another and this might influence representational structures. We could not assume that patients with different illnesses would have similar ideas about their medication. Rather, our goal was to identify a simple factor structure for a single diagnostic group and then to test whether this structure was stable across other illness groups. The cardiac sample was chosen for initial analysis on the grounds that it was the single largest diagnostic group within the main sample.

The rationale for limiting initial exploratory factor analysis of specific items to a single illness group did not apply to beliefs about medicines in general. Here, the aim was to explore representations of medication as a broad concept, rather than beliefs which might be unique to a particular illness group. In an attempt to obtain a factor structure which was representative of patients with a range of chronic illnesses, data obtained from three diagnostic groups (asthmatic, diabetic and renal) were amalgamated and subjected to an exploratory PCA. The reason for selecting these particular diagnostic groups for combination was that the cardiac and general hospital samples were derived from the same population of hospital in-patients. Data were combined in order to investigate the themes underlying beliefs about medicines in general which would be common across chronic illness populations. Thus combining the cardiac and general medical inpatient samples may have reduced the 'scope' of the sample.

Testing the Factor Structure Derived from Exploratory PCA

Confirmatory factor analysis was performed by computing Pearson's correlations for factor loadings against a theoretical model of the predicted factor loadings (Tabachnick and Fidell, 1993). The theoretical model was defined by assigning a factor a loading of '1' to all items expected to load on the factor. All other items were assigned a loading of '0'. In this way, the expected pattern of loadings could be compared with that derived from the comparison groups.

The stability of the factor structure obtained for Specific beliefs in the cardiac group was tested by a further series of PCA on the responses to factor items obtained from the asthmatic, renal and general medical inpatient samples. The stability of the factor structure for General medication beliefs obtained from the amalgamated data set (asthmatic, diabetic, renal samples) was tested by investigating the extent to which the structure could be replicated when the factor items were entered in 3 separate PCAs using data from the individual cardiac, general medical and psychiatric samples.

The separation of Specific and General items was tested by a further PCA of the combined items loading on the factors identified by exploratory PCA. This analysis was performed on pooled data from all six illness groups ($n = 524$). PCA was performed using non-orthogonal (Direct Oblimin) rotation and setting a 4-factor solution as suggested by factor scree plot.

RESULTS

Exploratory PCA

Specific beliefs. The mean and SD for each of the 16 items eliciting beliefs about prescribed medication administered to the Cardiac sample are shown in Table 3.

Four items with KMO values < 0.7 were omitted. Factor scree plot analysis suggested a 2-factor solution explaining 51% of the variance. Having arrived at a core structure of two 5-item factors the data set was cleaned by removal of multivariate outliers (Mahalanobis distance > 3 standard deviations from the multi-dimensional mean) and removal of cases with greater than five missing items. This resulted in omission of 6 cases. Re-factoring on the 114 remaining cases produced a similar two factor structure explaining 53% of the variance.

Factor labels. The final 2-factor structure is shown in Table 4. The first factor comprised items relating to the positive effect of medication on health and were representative of the perceived necessity of medication for maintaining health. This factor was labelled *Specific-Necessity*. The second factor comprised items relating to concerns about the adverse consequences of medication based on beliefs about the potential for dependence or harmful long-term effects and that medication taking is disruptive. This factor was labelled *Specific-Concerns*.

General beliefs. The mean and standard deviation for scores on each of the 18 items eliciting beliefs about medicines in general are shown in Table 3. Elimination of six items with a low KMO statistic (< 0.7) and setting a two factor solution as suggested by scree plot analysis, followed by elimination of a further 4 items with low or diffuse loading resulted in two 4-item factors shown in Table 5.

Table 3 Mean and standard deviation SD of responses to specific and general statements

	Mean	SD
<i>Statements about prescribed medication (Specific)</i>		
It is difficult for me to take my medicines in exactly the way my doctor told me	2.09	0.75
My medicines disrupt my life	2.31	0.92
Having to take medicines worries me	2.70	1.07
I sometimes worry about becoming too dependent on my medicines	2.82	1.10
My medicines are a mystery to me	3.00	0.98
I sometimes worry about the long-term effects of my medicines	3.11	1.15
My medicines are powerful	3.33	0.77
I would like to change my present treatment	3.44	1.01
My life would be impossible without my medicines	3.51	0.95
My health in the future will depend on my medicines	3.62	0.93
I can cope without my medicines	3.62	0.96
Without my medicines I would be very ill	3.66	0.88
I am in control of my medication	3.73	0.85
My medicines protect me from becoming worse	3.91	0.71
My medicines are effective	3.94	0.56
My health, at present, depends on my medicines	4.03	0.73
<i>Statements about medicines in general (General)</i>		
Without medicines doctors would be less able to cure people	3.13	1.54
Newer medicines are more effective than older ones	3.37	0.84
Most medicines are addictive	2.73	0.89
People who take medicines should stop their treatment for a while every now and again	2.54	0.91
Medicines only work if they are taken regularly	3.75	0.80
Medicines do more harm than good	2.24	0.85
Medicines are not natural remedies	3.13	0.92
All medicines are poisons	2.24	0.97
It is better to do without medicines	2.61	1.08
Natural remedies are safer than medicines	2.88	0.91
Stronger medicines are more dangerous than weaker medicines	3.24	0.90
Medicines are a necessary evil	3.06	1.10
Doctors place too much trust in medicines	2.90	0.93
If doctors had more time with patients they would prescribe fewer medicines	3.17	0.98
There is a big difference between a medicine and a drug	3.24	0.88
The medicine you get is more important than the doctor you see	2.87	1.14
Doctors use too many medicines	2.84	0.91
Most medicines are safe	2.72	0.92

The first factor comprised items expressing beliefs about the way in which medicines are used by doctors. The essence of this factor, labelled *General-Overuse* is the notion that medicines are over-prescribed by doctors who place too much trust in them. The second factor, labelled *General-Harm* concerns the potential of medication to harm and comprises representations of medication as harmful, addictive, poisons and the belief that people who take medicines should stop their treatment every now again.

Testing the Factor Structure

Confirmatory factor analysis. The results for the BMQ-General and BMQ-Specific factor structures are presented in Tables 6 and 7.

Table 4 Factor structure obtained by principal components analysis of BMQ-Specific items ($n = 114^*$ patients with chronic heart diseases)

<i>Structure Matrix:</i> <i>Principal components analysis with non-orthogonal</i> <i>(Direct Oblimin) rotation.</i>	<i>Factor 1</i> <i>Specific-Necessity</i>	<i>Factor 2</i> <i>Specific-Concerns</i>
My life would be impossible without my medicines	0.81	-0.06
Without my medicines I would be very ill	0.78	0.09
My health, at present, depends on my medicines	0.71	-0.02
My medicines protect me from becoming worse	0.67	-0.19
My health in the future will depend on my medicines	0.62	-0.11
I sometimes worry about the long term effects of my medicines	-0.00	0.80
Having to take my medicines worries me	-0.18	0.78
I sometimes worry about becoming too dependent on my medicines	-0.19	0.72
My medicines disrupt my life	0.05	0.67
My medicines are a mystery to me	-0.00	0.58
Eigenvalue	2.8	2.4
Percentage variance explained	28.5	24.0

*6 cases were removed during the cleaning procedure.

Table 5 Factor structure obtained by PCA of BMQ-General items ($n = 219$ patients with chronic illnesses-asthmatic = 77, diabetic = 99, haemodialysis recipients = 42)*

<i>Structure Matrix:</i> <i>Principal components analysis with non-orthogonal</i> <i>(Direct Oblimin) rotation.</i>	<i>Factor 1</i> <i>General-Overuse</i>	<i>Factor 2</i> <i>General-Harm</i>
If doctors had more time with patients, they would prescribe fewer medicines	0.80	0.11
Doctors use too many medicines	0.79	0.15
Doctors place too much trust in medicines	0.72	0.24
Natural remedies are safer than medicines	0.70	0.33
Medicines do more harm than good	0.33	0.72
People who take medicines should stop their treatment for a while every now and again	0.18	0.70
Most medicines are addictive	0.02	0.70
All medicines are poisons	0.28	0.69
Eigenvalue	2.8	1.5
Percentage variance explained	35.3	19.0

*Five cases were removed during the cleaning procedure.

Table 6 Confirmatory factor analysis for BMQ-General

	<i>Pearson correlation of items with predicted factor pattern</i>		
	<i>Cardiac</i>	<i>Psychiatric</i>	<i>General medical</i>
General-Overuse	0.90	0.88	0.70
General-Harm	0.93	0.83	0.73

Table 7 Confirmatory factor analysis for BMQ-General and BMQ-Specific scales

	<i>Pearson correlation of items with predicted factor pattern</i>					
	<i>Cardiac</i>	<i>Asthma</i>	<i>Renal</i>	<i>General medical</i>	<i>Psychiatric</i>	<i>Diabetes</i>
BMQ-General						
Overuse	0.90	NA	NA	0.70	0.88	NA
Harm	0.93	NA	NA	0.73	0.83	NA
BMQ-Specific						
Necessity	0.98	0.92	0.88	0.95	0.83	0.90
Concerns	0.98	0.88	0.88	0.90	0.96	0.95

Replication of factor structure. The 2-factor structure for Specific beliefs was replicated by PCA of the responses to the 10 items obtained from asthmatic, renal and general medical inpatient samples. Although there were minor differences in factor loadings, the factor structure obtained for each of the samples contained identical items. The 2-factor structure obtained for General beliefs by exploratory PCA of combined data from the asthmatic, diabetic and renal samples was replicated in the cardiac, and psychiatric samples, indicating acceptable stability of the factor structures across illness groups. PCA of the data from the General Medical in-patients, produced a similar factor structure, with the exception of one item: "*Natural remedies are safer than medicines*" which had migrated from factor 1 to factor 2.

PCA of combined Specific and General factor items. PCA of pooled data from all 6 illness samples showed a clear separation of Specific and General items. A 4-factor structure was obtained (see Table 8) which closely resembled the original Specific and General factor structures except that one item from the *Specific-Concerns* factor '*My medicines are a mystery to me*', loaded a little higher on the *General Harm* (0.55) than on *Specific-Concerns* (0.39). Removal of the General Medical Inpatient sample from the data set followed by a further PCA on pooled data from the discreet diagnostic groups (asthmatic, diabetic, renal, cardiac and psychiatric) replicated the original Specific and General factor structures.

SECTION 2: EVALUATION OF THE PSYCHOMETRIC PROPERTIES OF THE BMQ

PARTICIPANTS

1. The Chronic Illness sample ($n = 524$), described in Section 1 above.
2. A matched group of patients seeking care from allopathic (community pharmacy) and complimentary sources (homeopathy/herbal clinic). This sample was recruited in order to compare medication beliefs of allopathic and complementary care seekers. The Allopathic Care sample were recruited from a community pharmacy during week-day evenings over a four week period between January and February 1996. Consecutive patients presenting a prescription at a community pharmacy were approached by the researcher while they were waiting for the prescription to be dispensed. One hundred and twenty six study-eligible patients were approached, 22 refused to take part and 104 patients entered the study and returned completed questionnaires

Table 8 Structure matrix obtained by PCA on combined items from the Specific and General medication belief factors on pooled data from the six illness groups comprising the main sample (total $n = 524$)

<i>Item</i>	<i>Factor 1</i>	<i>Factor 2</i>	<i>Factor 3</i>	<i>Factor 4</i>
<i>S refers to medicines prescribed for a specific illness</i>	<i>Specific</i>	<i>Specific</i>	<i>General</i>	<i>General</i>
<i>G refers to medicines in general</i>	<i>Concerns</i>	<i>Necessity</i>	<i>Harm</i>	<i>Overuse</i>
S Having to take this medicine worries me	0.80	0.07	0.15	0.19
S I sometimes worry about becoming too dependent on my medicines	0.78	-0.02	0.14	0.20
S I sometimes worry about the long term effects of my medicines	0.76	0.07	0.17	0.15
S My medicines disrupt my life	0.60	0.16	-0.06	0.33
S My life would be impossible without medicines	0.12	0.81	-0.07	0.01
S My health, at present, depends on medicines	0.10	0.76	-0.04	-0.04
S Without medicines I would be very ill	0.17	0.74	-0.08	0.11
S My health, in the future, will depend on medicines	0.00	0.70	-0.09	-0.01
S My medicines protect me from becoming worse	-0.11	0.65	-0.22	-0.04
G If doctors had more time they would prescribe fewer medicines	0.16	-0.10	0.81	0.09
G Doctors place too much trust in medicines	0.04	-0.10	0.75	0.23
G Doctors use too many medicines	0.26	-0.13	0.71	0.17
G Natural remedies are safer than medicines	0.01	-0.12	0.47	0.45
G Most medicines are addictive	0.07	0.06	0.05	0.71
G Medicines do more harm than good	0.22	-0.11	0.22	0.67
G All medicines are poisons	0.16	0.14	0.21	0.58
S My medicines are a mystery to me	0.39	0.00	-0.09	0.55
G People who take medicines should stop their treatment for a while every now and again	0.33	-0.12	0.20	0.51
Eigenvalue	3.38	2.92	1.60	1.44
Percentage variance explained	18.8	16.2	8.9	8.0
Cumulative percentage variance explained	18.8	35.0	43.9	51.9

(> 90% items answered legibly). The response rate for the Allopathic Care sample was therefore $104/126 = 83\%$. The Complementary Care sample were recruited from the clinics of a single herbalist and single homeopath, in Brighton, during the same time period as the Allopathic Care sample. Both practitioners felt that it would be inappropriate to base a researcher in the clinic and so patients were invited to take part in the study by the herbalist/homeopath. Those who agreed were asked to fill out the questionnaire and return it to the author at the University of Brighton in the stamped addressed envelope provided. Fifty-four questionnaires were given out and 36 completed questionnaires were returned. The final response rate for the Complementary Care sample was therefore $36/53 = 67.9\%$.

Matched samples. Seventy two participants were matched for age and sex and educational experience. Patients from the Allopathic Care sample were selected to match the age and gender profile of the Complementary Care group. Matching was carried out because of the large disparity in group sizes and the possible confounding effect of age and gender. The characteristics of the matched samples are shown in Table 9.

There were no significant differences between Allopathic and Complementary samples in terms of age, and gender. The Complementary Sample had significantly greater educational experience (Pearson Chi-Square = 6.34; DF = 2; $p < 0.05$) and had made significantly more visits to homeopathic ($t = 3.35$; $n = 72$; $p < 0.001$) and herbal ($t = 4.84$; $n = 72$; $p < 0.001$)

Table 9 Characteristics of the Auxiliary Sample (a matched sample of recipients of Allopathic and Complimentary Care)

	<i>Allopathic care sample</i>	<i>Complementary care sample</i>
<i>n</i>	36	36
Age [mean (SD)]	42.3 (11.1)	47.3 (18.6)
Gender: number (%) male	9 (25)	8 (22)
Educational Experience		
Secondary (%)	66.6	44.4
Tertiary (%)	16.7	16.7
Advanced (%)	16.7	38.9
Mean (SD) number of visits over previous 6 months to:		
• General practitioner	2 (1.8)	1.7 (1.9)
• Homeopath	0.03 (0.17)	0.78 (1.33)
• Herbalist	0	1.5 (1.9)
Mean (SD) Number of hospital admissions over previous year	0.36 (1.1)	0.19 (0.58)

practitioners in the 6 months prior to the study than had the Allopathic Care sample. There were no significant differences between the samples in the number of reported visits to NHS General Practitioners or hospital admissions. The latter finding was interpreted as an indicator that the samples were comparable in terms of illness severity.

MEASURES

- *The Illness Perception Questionnaire (IPQ)* (Weinman *et al.*, 1996). The IPQ comprises five scales measuring the five components of illness representation specified in Leventhal's self-regulatory model of illness (Leventhal *et al.*, 1980). The five scales assess *identity* (the symptoms the patient associates with the illness), *cause* (personal ideas about aetiology), *time line* (the perceived duration of the illness), *consequences* (expected effects and outcome), and *cure/control* (beliefs about potential for cure and control of the illness). The psychometric properties of the IPQ have been evaluated in 7 patient groups including asthmatic, diabetic and hospital haemodialysis recipients and the internal consistency, test-retest reliability and the concurrent, discriminant and predictive validity of the IPQ scales are within acceptable limits (Weinman *et al.*, 1996).
- *Reported Adherence to Medication (RAM) scale*. Published adherence self-report scales were thought to be unsuitable because they are not specific to medication (DiMatteo *et al.*, 1993; Kravitz *et al.*, 1993) or because they do not elicit self-report of the frequency of adjusting or altering dosages (Morisky, 1986). A reported adherence to medication scale (RAM) was therefore devised for the present study. Non-adherence was indicated by the tendency to forget to take medication and to deliberately adjust or alter the dose from that recommended by the physician. The RAM scale comprises four adherence statements. Two items ('*I sometimes forget to take my medicines*' and '*I sometimes alter the dose of my medication to suit my own needs*') are scored on a 5-point Likert scale with reverse scoring (where 1 = strongly agree; 2 = agree; 3 = uncertain; 4 = disagree and 5 = strongly disagree). A further two items ('*Some people forget to take their medicines. How often does this happen to you?*' and '*Some people I have talked to say that they miss out a dose of their medication or adjust it to suit their own needs. How often do you do this?*') are phrased as direct questions asking the patient to report

Table 10 Items assessing medication-related cognitions used for psychometric evaluation of the BMQ scales

<i>Item statements</i>	<i>Medication-related cognition which item assess</i>
Items from original pool (see Table 3) retained for psychometric evaluation	
• <i>I would like to change my present treatment</i>	Dissatisfaction with present treatment
• <i>I can cope without my medicines</i>	Perceived ability to cope without prescribed medicines
• <i>It is better to do without medicines</i>	General reluctance to use medicines
Items not included in the PCA items pool from which the BMQ scales were derived	
• <i>I have been given enough information about my medicines</i>	Satisfaction with amount of medicines information received
• <i>I cannot always trust my medicines</i>	Lack of trust in prescribed medication

the frequency of adjusting or forgetting medication (scored on a 5-point scale where 5 = never, 4 = rarely, 3 = sometimes, 2 = often and 1 = very often). A total medication adherence score is obtained by summing responses to each of the four individual items. Scores ranged from 4 to 20, with higher scores indicating greater reported adherence. The Cronbach alpha coefficients for the RAM scale in the main sample range from 0.6–0.83.

- *The Sensitive Soma (SS) Scale.* This 5-item scale assesses perceptions of personal sensitivity to the potential adverse effects of medication (e.g. 'Even small amounts of medicines can upset my body'). The scale is currently under development at Rutgers University New Jersey, USA (Diefenbach *et al.*, 1997) and details of scale items are available from the authors. Responses are scored on a 5-item Likert scale and the individual item scores are summed to give a total *Sensitive Soma* score ranging from 5 to 25 where high scores = high perceived sensitivity to the potential adverse effects of medication: This *Sensitive Soma* scale was administered to the cardiac ($n = 120$) and general medical in-patient ($n = 91$) samples. The internal reliability of the scale, as measured by Cronbach's alpha, was acceptable in both groups (general-medical = 0.80; cardiac = 0.78).
- *Single measures assessing medication-related cognitions.* The psychometric evaluation of the BMQ utilised three of the single item statements from the original 34-item pool described above. The items had not loaded on the BMQ factors and so did not represent a Specific-Necessity, Specific-Concern, General-Harm or General-Overuse cognition. However, they seemed, at face value, to represent interesting medication related cognitions and so were used for psychometric evaluation of the BMQ scales.

In addition to these items a further two single item statements were also included as shown in Table 10. Responses to all five single items were: scored on a 5-point Likert scale where 1 = strongly disagree and 5 = strongly agree.

TESTING THE CRITERION-RELATED AND DISCRIMINANT VALIDITY OF THE BMQ

Criterion-related validity

The assessment of the criterion-related validity of each of the BMQ scales was based on the following predictions:

1. *Specific-Necessity.* Patients with stronger beliefs in the necessity of their medication would be less likely to believe that they can cope without it. Thus scores on the

Specific-Necessity scale would be negatively correlated with scores on the item: '*I can cope without my medicines*'. Beliefs in the necessity of prescribed medication would also be related to perceptions of illness. In particular, patients who believed that their illness would last a long time and who experienced more symptoms would have stronger beliefs in the necessity of the medication prescribed to treat it. Thus *Specific-Necessity* scores would be positively correlated with scores on the Identity and Timeline components of the IPQ which respectively assess perceptions of symptom severity and likely duration of the illness.

2. *Specific-Concerns*. Patients with stronger concerns about their prescribed medication would be more distrustful of it, would tend to want more information about it and would be more likely to want to change their current treatment. Thus it was hypothesised that the *Specific-Concerns* scale scores would be positively correlated with scores on the 'Lack of trust in prescribed medication' and 'Desire to change present treatment' items and would be negatively correlated with scores on the 'Satisfaction with amount of medicines information received' item. Additionally, those who perceived themselves to be susceptible to the potential adverse effects of medication would have stronger concerns about their prescribed medication. Thus scores on the *Specific-Concerns* scale would be positively correlated with scores on the *Sensitive Soma* scale.
3. *General-Harm*. Patients who believed that medicines in general are intrinsically harmful would be more likely to believe that it is better to avoid taking them. Thus scores on the *General-Harm* scale would be positively correlated with scores on the '*It is better to do without medicines*' and '*I can cope without my medicines*' items. Moreover, participants who believed that medicines in general are intrinsically harmful would be more likely to consider themselves to be susceptible to potential adverse effects of medication. Thus scores on the *General-Harm* scale would be positively correlated with scores on the *Sensitive Soma* scale which assess perceptions of personal sensitivity to the adverse effects of medication.
4. *General-Overuse*. Scores on the *General-Overuse* scale would be positively correlated with scores on the '*I can cope without my medicines*' and the '*It is better to do without medicines*' items.
5. *Relations between BMQ scales and reported adherence to medication (RAM)*. It was hypothesised that stronger beliefs in the necessity of prescribed medication would be associated with higher reported adherence. Thus, *Specific-Necessity* scores would be positively correlated with the RAM scale scores. Conversely, patients with stronger concerns about prescribed medication and those who believed that medicines in general were harmful substances which are overused by doctors would report lower medication adherence rates. Thus correlations between the *Specific-Concerns*, *General-Harm* and *General-Overuse* and the RAM scale would be negative.

Discriminant Validity

The discriminant validity of the BMQ-Specific scales was tested on the basis of their ability to distinguish between different illnesses and hence treatment modalities. The discriminant validity of the BMQ-General scales was tested on the basis of their ability to distinguish between patients presenting a personal prescription at a community pharmacy and those seeking complementary therapies. The specific hypotheses were as follows:

1. *Specific-Necessity*. Beliefs about the necessity of prescribed medication would be influenced by the type of treatment typically prescribed for the illness. The characteristic

effects of medication on symptoms would be particularly important. For example, diabetic patients who fail to take their treatment may become severely ill very quickly. Asthma medication often produces symptom relief which the patient can clearly relate to taking the medication. Similarly, omitting medication may quickly result in adverse symptoms. Conversely, patients receiving medication for mental health related problems may perceive a much more tenuous link between their medication and concrete benefit in terms on symptoms. Thus it was hypothesised that: *Specific-Necessity* scores would discriminate between patients from different diagnostic groups. In particular, diabetic patients would be expected to have higher scores than asthmatic patients who in turn would have higher mean *Specific-Necessity* scores than psychiatric out-patients.

2. *Specific-Concerns*. Asthma treatment often incorporates corticosteroids. This is a large group of compounds, some of which are associated with adverse side-effects. Additionally, other members of this drug group are frequently misused in sport and have a high "media-profile". Patients' concerns could be influenced by this, particularly if they fail to differentiate between steroids they are taking for asthma (which are generally inhaled and therefore less "dangerous") and the more potent formulations which are often the subject media attention. Similarly, psychiatric out-patients are often prescribed 'tranquillisers', which have also received adverse media attention (Cohen, 1983). Thus it was hypothesised that *Specific-Concerns* scores would discriminate between patients from different diagnostic groups. In particular, asthmatic and psychiatric patients would have higher mean *Specific-Concerns* scores than other illness groups.
3. *General-Harm* and *General-Overuse*. People who believe that medicines in general are intrinsically harmful substances which are overused by doctors may be more inclined to seek alternative methods of treatment. The hypothesis used to test the discriminant validity of the BMQ-General scales was that people seeking care from a homeopathic or herbal clinic would have higher mean scores on the *General-Harm* and *General-Overuse* scales than those presenting a prescription for dispensing by a community pharmacist.

PROCEDURE

The psychometric evaluation was conducted on the basis of interactions between the BMQ factors and the above measures which had been administered to the main sample at the same time as the pool of mediation belief items from which the BMQ was derived. The Allopathic/Complementary Care samples were recruited after the BMQ had been derived from the main sample (as detailed in Section 1). Only the 8-item BMQ-General (comprising the *General-Overuse* and *General-Harm* scales) was administered to the Allopathic/Complementary Care samples. The *Sensitive Soma* Scale was not available when the asthmatic, diabetic, renal and psychiatric samples were recruited. The scale was however available when the cardiac and general medical samples were recruited a few months later. Thus different samples were used to evaluate different psychometric properties. The internal reliability of each scale was evaluated for all 6 illness groups comprising the main sample. Test-retest reliability was evaluated using the asthmatic sample. Repeat questionnaires were sent to the patients, together with a stamped addressed envelope, two weeks after they had been seen in clinic. Criterion-related validity of the BMQ-Specific scales was evaluated using the asthmatic sample, except for interaction between the *Specific-Concerns* and Sensitive Soma scales which were evaluated using the

general medical inpatient samples. Relations between BMQ scales and RAM were evaluated on pooled data from the Cardiac and General Medical samples. The discriminant validity of the BMQ-Specific scales was evaluated in the main sample. The discriminant validity of the BMQ-General scales was evaluated in the Allopathic/Complementary Care sample.

Statistical Techniques

The internal consistency of each BMQ scale was evaluated using Cronbach's alpha. Spearman correlations (ρ) were used to evaluate test-retest reliabilities between initial and repeated test scores for each scale and also the relations between scales used to test the criterion-related validity of the BMQ. The *a priori* hypotheses relating to the discriminant validity of the BMQ-Specific scales were investigated using one-way ANOVA and linear contrasts. Further differences between illness samples were identified using (*post hoc*) Tukey's HSD test. Multivariate analysis of variance (MANOVA) was not used for analysis of differences in measures due to the moderate level of intercorrelation between *Specific-Concerns* and *General-Harm* ($\rho = 0.31$; $n = 524$; $p < 0.01$) and *General-Overuse* ($\rho = 0.24$; $n = 524$; $p < 0.01$). Differences in mean BMQ-General scores between Allopathic and Complementary care seekers was assessed using an independent samples *t*-test. A one-tailed test was used as the direction of association had been specified within the relevant hypothesis.

RESULTS

Reliability and Scale Intercorrelation

Cronbach alpha values obtained for each of the diagnostic group are shown in Table 11. These data indicate that both the BMQ-Specific and the BMQ-General scales have satisfactory internal consistency, with the exception of the *General-Harm* scale in three of the diagnostic groups. As both the psychiatric and diabetic samples had received all the items which subsequently comprised the Specific-Concerns scale Cronbach alpha values could be calculated for this scale. However, only 3 of the 5 *Specific-Necessity* items were included in the original item-pool administered to the diabetic sample and 4 of the 5 were included in the pool originally administered to the psychiatric sample. Therefore, for the psychiatric and diabetic samples, Cronbach alpha values were calculated for a 3 and 4-item *Specific-Necessity* scale respectively. A total of 31 of the asthmatic sample ($n = 78$)

Table 11 Internal consistency (Cronbach alpha) for the BMQ scales and test-retest correlations

	<i>Asthmatic</i> ($n = 78$)	<i>Diabetic</i> ($n = 99$)	<i>Renal</i> ($n = 47$)	<i>Cardiac</i> ($n = 116$)	<i>Psychiatric</i> ($n = 89$)	<i>General medical</i> ($n = 90$)	<i>Test-retest asthmatic patients</i> ($n = 31$)
Specific-Necessity	0.80	0.74 ¹	0.55	0.76	0.74 ¹	0.86	0.77*
Specific-Concerns	0.75	0.80	0.73	0.76	0.63	0.65	0.76*
General-Overuse	0.74	0.80	0.77	0.74	0.73	0.60	0.60*
General-Harm	0.47	0.66	0.83	0.51	0.70	0.51	0.78*

* $p < 0.001$.

¹The diabetic and psychiatric out-patient samples completed shortened versions of the *Specific-Necessity* scale (¹4 items; ²3 items).

returned the repeat questionnaires, giving a 40% response rate. The correlation coefficients shown in Table 11 indicate that the test-retest reliability of the scales is within accepted limits. Correlations between BMQ scales are shown in Table 12.

Criterion-related Validity

1. *Specific-Necessity*. Evidence for the criterion-related validity of the *Specific-Necessity* scale was provided by the negative correlation between scale scores and responses to the statement: "I can cope without my medicines" ($\rho = -0.44$; $n = 78$; $p < 0.001$) as expected. As predicted there were also positive correlations with scores on the IPQ Timeline ($\rho = 0.49$; $n = 77$; $p < 0.001$) and Identity ($\rho = 0.24$; $n = 76$; $p < 0.05$) scales which measure perceived duration and subjective symptomatology of the illness.
2. *Specific-Concerns*. Scores for the asthmatic group were positively correlated with the statement: 'I cannot always trust my medicines' ($\rho = 0.33$; $n = 78$; $p < 0.005$), and 'I would like to change my present treatment' ($\rho = 0.37$; $n = 78$; $p < 0.001$). The hypothesis that *Specific-Concerns* would be associated with a desire for more information about medicines was confirmed by the significant negative correlation with responses to the statement: 'I have been given enough information about my medicines' ($\rho = -0.45$; $n = 78$; $p < 0.001$). As hypothesised, a significant positive correlation was obtained between *Specific-Concerns* and beliefs about personal sensitivity to the adverse effects of medication as assessed by the Sensitive-Soma scale administered to the General Medical and Cardiac samples ($\rho = 0.5$, $n = 211$, $p < 0.001$).
3. *General-Harm* and *General-Overuse*. Correlation between *General-Harm* scores and responses to the single item statement "It is better to do without medicines" was as expected ($\rho = 0.23$; $n = 78$; $p < 0.05$). Responses to the statement "I can cope without my medicines" correlated significantly, in the predicted direction, with both the *General-Harm* ($\rho = 0.24$; $n = 77$; $p < 0.05$) and *General-Overuse* scales ($\rho = 0.34$; $n = 78$; $p < 0.005$). Correlations between the *General-Harm* and *Sensitive-Soma* scales ($\rho = 0.25$, $n = 91$, $p < 0.05$), although small in magnitude, were in the predicted direction and statistically significant.
4. *Adherence to treatment*. Correlations between BMQ scales and reported adherence assessed by the RAM scale to medication were as expected. *Specific Necessity* beliefs correlated with higher reported adherence ($\rho = 0.19$; $n = 210$, $p < 0.01$). Correlations between the RAM scale and the *Specific-Concerns* ($\rho = -0.28$; $n = 210$; $p < 0.001$), *General-Overuse* ($\rho = -0.19$; $n = 210$; $p < 0.01$) and *General-Harm* ($\rho = -0.06$; $n = 210$; $p > 0.05$) scales were all in the predicted direction, although those between the RAM and *General-Harm* scales failed to reach statistical significance.

Discriminant Validity

1. *BMQ-Specific scales*. Table 13 shows the results of a series of one-way analyses of variance (ANOVA), with (*a priori*) linear contrasts and (*post-hoc*) Tukey's HSD tests

Table 12 Correlation between BMQ scales (total $n = 524$)

	<i>Specific-Necessity</i>	<i>Specific-Concerns</i>	<i>General-Harm</i>
<i>Specific-Concerns</i>	-0.01		
<i>General-Harm</i>	-0.05	0.31*	
<i>General-Overuse</i>	-0.17	0.24*	0.40*

Note: * $p < 0.001$.

Table 13 Scale means and standard deviations for BMQ scales for the six illness groups comprising the main sample

Scale	Asthmatic n = 78	Diabetic n = 99	Renal n = 47	Cardiac n = 116	Psychiatric n = 85	General medical n = 86	F df = 5,505	P
Specific-Necessity								
Mean	19.67 _b	21.26 _a	19.45 _{b,c}	18.72 _{b,c}	17.72 _c	19.65 _b	11.73	<0.01
SD	3.23	2.98	2.78	3.02	3.75	3.92		
Specific-Concerns								
Mean	15.76 _a	12.91 _c	13.77 _c	13.95 _c	15.60 _{a,b}	14.26 _b	7.49	<0.01
SD	4.09	3.38	4.28	3.73	3.36	3.92		
General-Harm								
Mean	10.24 _a	9.29 _a	9.91 _a	9.98 _a	9.92 _a	9.86 _a	1.29	0.26
SD	2.30	2.43	3.76	2.32	2.81	2.80		
General-Overuse								
Mean	11.64 _{a,b}	11.43 _a	12.66 _{a,b}	12.80 _b	12.25 _{a,b}	12.42 _{a,b}	3.48	0.01
SD	2.59	2.77	3.19	2.90	2.84	2.76		

Note: Means sharing a common subscript are not significantly different by (*a priori*) linear contrasts or (*post hoc*) Tukey's HSD test ($p > 0.05$).

Table 14 Group differences in BMQ-General scores for matched samples of orthodox and complementary patients

Measure		Allopathic (n = 36)	Complementary (n = 36)	t (df = 70)	P (1-tailed)
General-Overuse	Mean	12.44	16.56	5.89	<0.001
	SD	3.26	2.62		
General-Harm	Mean	10.75	11.85	1.94	<0.05
	SD	2.61	2.20		

in which mean scores on the BMQ scales were compared across illness samples. It can be seen that the BMQ scales were able to distinguish between patients on the basis of illness (and treatment) groupings. The predictions for discriminant validity of the *Specific-Necessity* scale were confirmed by the finding that diabetic group had significantly higher *Specific-Necessity* scores than all other groups and the asthmatic patients had significantly higher scores than the psychiatric outpatients who attained the lowest mean as predicted. As was expected, the asthmatic and psychiatric samples had significantly higher *Specific-Concerns* than the other illness groups, supporting the discriminant validity of this scale.

2. *BMQ-General scales.* As was predicted, patients attending a Complementary clinic (homeopath/herbalist) had significantly higher scores on both the *General-Overuse* and *General-Harm* scales than those presenting a personal prescription for dispensing at a community pharmacy, as shown in Table 14.

DISCUSSION

Exploratory PCA of commonly-held beliefs about medication prescribed for a specific illness (Specific beliefs) and more general beliefs about medicines as a whole (General beliefs) produced simple factor structures which were subsequently verified by confirmatory factor analysis. Replication of factor structures in different illness samples showed an acceptable degree of stability and suggested that the factors represent 'core themes' underpinning common representations of Specific and General medication.

The core themes relating to medication prescribed for the patient were: beliefs about the necessity of the medicines for maintaining health (*Specific-Necessity*) and concerns about medication (*Specific-Concerns*). The *Specific-Necessity* construct represents the perceived role of medication in protecting against deterioration of the present and future health status of the patient. The *Specific-Concerns* construct comprises aspects of both an emotional (e.g. "Having to take my medicines worries me") and a cognitive ("My medicines are a mystery to me") representation and thus may provide access to both aspects of the parallel processing described by Leventhal in the SRM (Leventhal *et al.*, 1980)

Both the general factors contain items relating to aspects of medication which are essentially negative and a coherent "benefit" dimension did not emerge from our original items. This may be because the items we used were not representative of an underlying dimension of "benefit". Alternatively, it may simply be that a clear representation of benefit is obscured by strong beliefs about the potential for harm. It is salient that in most of the studies from which the item pool was derived, the benefit of medicines was often taken for granted. People who had generally negative views about medication tended to cite the potential for harm, rather than the lack of "efficacy" or "benefit" as a focus for their concerns about medication (Conrad, 1985; Morgan and Watkins, 1988) and other authors have remarked on this (Fallsberg, 1991). At first sight, the representations of medicines in general encompassed by the BMQ-General scales seem to amount to a rather negative view of medicines as harmful and overused by doctors. However, this does not necessarily mean that most people see medicines in this way. It is possible to disagree with the statements on each factor and so express a view of medication as essentially safe and appropriately used. The main point here is that PCA showed that certain medication beliefs (e.g. about addiction, poison, harm, regular long term use) could be organised into coherent themes relating to the nature of medicines (*General-Harm*) and views about how they are used by doctors (*General-Overuse*).

Measures of internal consistency and test-retest reliability of the BMQ scales were encouraging as was the criterion-related and discriminant validity data. Expected correlations were obtained between BMQ scale scores and other measures of illness and medication beliefs and between *Specific-Concerns* and self-reported adherence to medication. The BMQ scales were able to distinguish between different illness groups/treatment modalities, between particular adherence behaviours and between users of allopathic and complementary therapies.

The internal consistency of the *General-Harm* sub-scale was disappointing in three data sets (asthmatic, cardiac and general medical). Examination of Cronbach alpha values following individual item deletions showed that this could not be attributed to a single "rogue item" but was a true reflection of low internal consistency. However, in other data sets this scale had a greater degree of internal consistency. The reason for this disparity is unclear but seems to support the premise that patients with certain illnesses tend to develop a more coherent representation of medication in general, which is perhaps influenced by their

personal experience with prescribed medication. We are currently conducting further studies on the cognitive representation of beliefs about medicines in general using other samples in an attempt to resolve these issues. In the meantime we recommend that the General-Harm scale is used with caution.

The scope of the present evaluation is limited by the fact that, due to the lack of availability of validated measures of medication beliefs, aspects of the criterion-related validity of the BMQ scales were evaluated against single-item constructs of attitudes to specific and general medication. The evaluation of the validity of the BMQ was also limited by the absence of data testing the predictive validity of the measure. This is currently being evaluated by examining inter-relations between BMQ scales and other variables separated over a 3-month period. Despite these limitations the data described above provide preliminary evidence for the criterion-related validity, discriminant validity and the reliability of the BMQ scales and support its use as a research tool within the context of studies investigating peoples' beliefs about medication.

The BMQ-Specific is a flexible instrument which can be adapted to assess beliefs about all medicines for a particular condition or for individual components of the regimen. This can be achieved by changing the reference statement associated with the questionnaire as shown in the Appendix. We have also developed versions to assess partner or carer's views about a patient's medication, and parents' perceptions of medication prescribed for their child. (Partner and parent versions are available on request from the authors). The Specific and General questionnaires may be used separately or in combination.

In conclusion, the data presented in this paper confirm the value of the BMQ as a novel method for assessing beliefs which patients commonly hold about their prescribed medication and about medicines in general. We hope that the measure will facilitate further research into patients' perspectives of treatment.

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APPENDIX: BMQ ITEMS

BMQ-Specific

*Your views about medicines prescribed for you**

- We would like to ask you about your personal views about medicines prescribed for you.
- These are statements other people have made about their medicines.
- Please indicate the extent to which you agree or disagree with them by ticking the appropriate box.
- There are no right or wrong answers. We are interested in your personal views.

Rated: strongly agree, agree, uncertain, disagree, strongly disagree

My health, at present, depends on my medicines
 Having to take medicines worries me
 My life would be impossible without my medicines
 Without my medicines I would be very ill
 I sometimes worry about long-term effects of my medicines
 My medicines are a mystery to me
 My health in the future will depend on my medicines
 My medicines disrupt my life
 I sometimes worry about becoming too dependent on my medicines
 My medicines protect me from becoming worse

Note:

To elicit beliefs about individual components of the treatment regimen the reference statement should refer to the medicine by name e.g. *Your views about aspirin prescribed for you*. Additionally items can refer to a named illness e.g. *Your views about medicines prescribed for your asthma*

BMQ-General

Your views about medicines in general

- We would like to ask you about your personal views about medicines in general.
- These are statements other people have made about medicines in general.
- Please indicate the extent to which you agree or disagree with them by ticking the appropriate box.
- There are no right or wrong answers. We are interested in your personal views.

Rated: strongly agree, agree, uncertain, disagree, strongly disagree

Doctors use too many medicines
 People who take medicines should stop their treatment for a while every now and again
 Most medicines are addictive
 Natural remedies are safer than medicines
 Medicines do more harm than good
 All medicines are poisons
 Doctors place too much trust on medicines
 If doctors had more time with patients they would prescribe fewer medicines.

Appendix J: Medication Adherence Questionnaire

Concurrent and Predictive Validity of a Self-Reported Measure of Medication Adherence

Author(s): Donald E. Morisky, Lawrence W. Green and David M. Levine

Source: *Medical Care*, Vol. 24, No. 1 (Jan., 1986), pp. 67-74

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Concurrent and Predictive Validity of a Self-reported Measure of Medication Adherence

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AND DAVID M. LEVINE, MD‡

Adherence to the medical regimen continues to rank as a major clinical problem in the management of patients with essential hypertension, as in other conditions treated with drugs and life-style modification. This article reviews the psychometric properties and tests the concurrent and predictive validity of a structured four-item self-reported adherence measure (alpha reliability = 0.61), which can be easily integrated into the medical visit. Items in the scale address barriers to medication-taking and permit the health care provider to reinforce positive adherence behaviors. Data on patient adherence to the medical regimen were collected at the end of a formalized 18-month educational program. Blood pressure measurements were recorded throughout a 3-year follow-up period. Results showed the scale to demonstrate both concurrent and predictive validity with regard to blood pressure control at 2 years and 5 years, respectively. Seventy-five percent of the patients who scored high on the four-item scale at year 2 had their blood pressure under adequate control at year 5, compared with 47% under control at year 5 for those patients scoring low ($P < 0.01$). Key words: concurrent validity; predictive validity; compliance; blood pressure control; provider-patient interaction; chronic disease. (Med Care 1986, 24:67-74)

The problem of nonadherence to medication regimens has received much attention during the past two decades. Through 1984,

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approximately 700 studies had been conducted, using more than 200 variables to assess the determinants of adherence behavior. The major categories investigated include disease factors,^{1,2} patient characteristics,^{3,4} referral and appointment process,^{5,6} therapeutic regimen,⁷ and patient-provider interaction.⁸⁻¹⁰ The first two categories have received the most attention, mainly because they are easy to measure, but unfortunately well over half of these determinants have not been shown to have significant associations with adherence behavior. Those areas that displayed higher levels of association include patient-provider interaction, psychosocial and sociologic aspects of the patient, and various types of environmental support given to the patient.^{11,12}

Adherence to the medical regimen is the

single most significant clinical problem in the management of patients with essential hypertension. Drawing on data collected in the early 1970s, less than 50% of the population was aware of their hypertension status; today almost 75% of the population is aware.¹³ Although awareness has increased significantly throughout the 1980s, the percent of controlled hypertensives had remained proportionately constant.¹⁴ Results from the most recent national survey indicate that approximately 34% of hypertensive patients are controlling their blood pressure.¹⁵ Data from recently funded NHLBI Statewide Coordination Programs also substantiate the need for greater emphasis on the management and long-term control of high blood pressure. Two cross-sectional surveys in Maryland and California indicate significant improvements in levels of awareness and treatment, but only moderate improvements in proportions of patients with their blood pressure under control.^{16,17} The majority of the problem still remains in long-term adherence and control, once an individual has been brought under control. The goal of achieving adherence with medical recommendations for hypertensive patients is to improve blood pressure control and ultimately to reduce the risk of premature cardiovascular morbidity and mortality. It is assumed that one who adheres to the medical recommendations will benefit significantly, through the lowering of risk status. The clinical importance of nonadherence relates to the degree to which it interferes with the therapeutic goal. According to Sackett, blood pressure begins to fall significantly only when patients take more than 80% of their medication.¹⁸ Thus, even if adherence rates improve to 50–60%, it is still possible that blood pressure levels will remain uncontrolled. Consequently, health care providers are becoming increasingly aware of the significance and detection of nonadherence in the long-term management of patients with high blood pressure.

The term “compliance” usually refers to the extent to which patients follow the in-

structions—proscriptions and prescriptions—of their physician or other health care provider. The concern is generally with nonadherence, but the use of the term “noncompliance” implies a pejorative or negative affect toward patients, who are often presumed to be uncooperative. Several investigators, however, have suggested that the provider and his or her style or communicating with the patient may alter the patient’s ability and inclination to comply.^{8,18–20} Although the provider–patient relationship has received wide attention and is assumed to be important in the delivery of medical services, remarkably little is known about what it is; what its components are; and how the components are defined and measured. As Hulka stated in 1979 regarding the provider–patient relationship, “there is hardly a phrase in all the health services literature about which so much is said yet so little is known.”²¹ Much research since then has been directed at investigating this important interaction.^{22–24}

Although health care practitioners may be increasingly aware that nonadherence is a significant public health problem, individual patients do not readily divulge their nonadherence without specific efforts to detect levels of adherence. Several studies continue to confirm the work by Haynes² and the earlier conclusions of Mitchell²⁵ and Caron and Roth²⁶: no readily observable characteristics of patients correlate consistently with poor rates of adherence that may permit their easy identification. Drug levels or pharmacologic markers are sometimes used by providers, but this is not feasible in most practice settings and is not available for many drugs, and interpretation as a measure of adherence is complicated by potential pharmacokinetic differences between drugs and patients.²⁷ Other methods involve checking on the filling of the prescriptions or conducting pill counts, which are also not feasible in most practice settings and are char-

acterized by many methodologic difficulties.^{28,29} One of the major improvements in assessing adherence rates among hypertensive patients has been the use of interview data. The advantages of this method over other measures include its feasibility in all care settings, simplicity, speed, and potential enhancement of validity. The purpose of this research report is to describe a technique to assess patient medication-taking behavior. The technique employed is simple and straightforward and easily incorporated into patient care processes. Data are presented to evaluate the internal consistency of the measure as well as its sensitivity and specificity in validating blood pressure control. Further, in assessing compliance levels, the technique provides a mechanism of improving and strengthening provider-patient communications.

Methods

Setting

The study was undertaken in two outpatient clinics of a large teaching hospital.³⁰ The clinics were treated as two separate strata within which random sampling procedures were applied. To be included in the study, patients had to have been receiving care at the clinic at least 6 months prior to selection. A total of 400 patients were randomly selected for interviews. They were 91% black and 70% female and had a median age of 54 years and a median of 8 years of formal education. Patients had been receiving care for their high blood pressure at these two clinics for an average of 6 years.

Based on a prior needs assessment of patients attending these same clinics, an educational program designed to improve compliance with treatment, appointment keeping, and weight loss was developed. Three complimentary educational interventions, tailored to the identified needs of the patients, were implemented over an 18-month period. The interventions were directed at

TABLE 1. Self-reported Medication-taking Scale and Item-to-total Correlation Coefficients

	Corrected Item-to-total Correlation
1. Do you ever forget to take your medicine?	0.515
2. Are you careless at times about taking your medicine?	0.479
3. When you feel better do you sometimes stop taking your medicine?	0.527
4. Sometimes if you feel worse when you take the medicine, do you stop taking it?	0.561

Scoring: high-low; yes = 0; no = 1.
Range: 0-4.
Mean (weighted): n = 290; \bar{x} = 2.31.
Cronbach alpha: 0.61.

explaining and reinforcing the instructions of the practitioner concerning the medical regimen, increasing family member understanding and support, and strengthening patient self-confidence through small-group discussions centering on hypertension management and compliance.³¹⁻³⁴

Measurement

Previous methods used to assess patient adherence to medical regimens were reviewed. Pill counts, the most commonly used method, did not prove to be a reliable indicator because of multiple pharmacies in which each patient obtained prescription refills and because some patients combined all antihypertension medication into one container. Chemical tests were neither feasible nor affordable nor available on all drugs used. Green et al.³⁰ first described an alternative approach with the presentation of a five-item self-reported scale measuring medication-taking behavior in outpatients being treated for high blood pressure. The self-reported measure of medication-taking behavior used in this study (Table 1) was developed from the original five items. The theory underlying this measure was that drug errors of omission could occur in any or all of several ways: forgetting, careless-

TABLE 2. Patient Responses to Medication-taking Behavior Scale

Patient Answered "Yes" to:	%	n
0 items (High)	43	125
1 item (Med)	24	70
2 items	17	49
3 items (Low)	7	20
4 items	9	26

ness, stopping the drug when feeling better, or starting the drug when feeling worse. The tendency in responding to questions about their regimen adherence is for patients to give their physicians or other health care provider positive answers, because providers usually phrase their questions in such a way that the answer they want to hear is "yes."³⁵ By reversing the wording of four questions about the way patients might experience drug omissions, the sum of "yes" answers would provide a composite measure of non-adherence. Rather than attempting to overcome the "yes-saying" bias, this approach attempts to use it to obtain disclosures of nonadherence.

Patients in the study were interviewed at the end of the 18-month formalized educational program. The same instrument used in the baseline needs assessment was used to assess medication-taking behavior on the study population. The rationale and baseline experiences with the instrument are reported elsewhere.³⁶ This report is based on the 2- and 5-year follow-up measure.

The reliability of the scale is reflected in its relatively high (0.61) measure of internal consistency. Each item in the scale contributed significantly to the overall reliability coefficient, with a decrease in the alpha level if any single item was deleted. This result was achieved after eliminating items whose item-to-total correlations were lower or contributed negatively to the reliability estimate. The corrected item-to-total correlations present the correlation between that item's score and the scale score computed from the other items in the set.

Principal components analysis was used to determine the extent to which the set of items measure the same construct or measure two or more clusters of variables that represent different dimensions of adherence. A single factor was identified through this method, with convergence being reached in six iterations. Factor loadings for each item in the scale significantly contributed to the accounted variance in the factor score. The frequency of responses to the composite items in the scale are displayed in Table 2. A total of 43% responded "no" to all four items, indicating high levels of medication-taking behavior. Patients answering "yes" to one or more items comprised 57% of the responses.

Blood pressure levels were determined by averaging systolic and diastolic measures found in the medical record over the final 6 months of the follow-up period. An age-specific measure that had been agreed on by physicians in these clinics was used to determine blood pressure control status.³⁷ The definitions for elevated blood pressure were as follows: for patients aged 39 years and younger, greater than 140/90 mm Hg; 40–59 years, greater than 150/95 mm Hg; and 60 years or older, greater than 160/100 mm Hg. If either the systolic or diastolic readings exceeded the limit set for controlled blood pressure, the level was considered elevated.

In addition to the unidimensionality and reliability of this measure, the scale also demonstrated concurrent validity with blood pressure control at baseline. Individuals scoring low on the scale had a control rate of 42%, compared with 54% for those who scored high.³⁶

Results

A total of 290 of the original 400 patients who participated in this study have follow-up data on both medication-adherence behavior and blood pressure control at year 2 and year 5 and comprise this analysis. Previous analyses compared the baseline char-

acteristics of these 290 patients with those of the original 400 patients and found no significant differences with respect to age, race, sex, years of diagnosed high blood pressure, or other comorbidities. Patients who dropped out or who discontinued medical care tended to have lower medication-adherence measures and were more likely to have elevated blood pressures.³⁸

This study extends this prior work by investigating the longer-term prediction of the self-reported measure using blood pressure control as a criterion. This analysis expands the concurrent validity of this measure and assesses the predictive validity using subsequent blood pressure control measures. To test the hypothesis that the medication-taking behavior scale has both concurrent and predictive validity with blood pressure control as the standard, the relationship between these two measures was assessed at year 2 and year 5.

Figure 1 presents the proportion of individuals with their blood pressure under control at 6 month and 42 month time periods according to their score on the four-item medication-taking scale. At the 6 month interval, a significant relationship was found between these two variables. Individuals who scored high on the scale were more likely to have their blood pressure under control than those individuals who scored low. The point biserial correlation was equal to 0.43 ($P < 0.01$). This finding reconfirms the previously assessed concurrent validity as noted in the baseline needs assessment.³⁶ Analysis of the scale's predictive validity (medication-taking behavior at baseline regressed with blood pressure control levels at 42 months) indicates a more pronounced linear relationship. Individuals scoring high on the adherence scale were significantly more likely to have their blood pressure under control compared with individuals who scored low ($r = 0.58$; $P < 0.01$). Seventy-five percent of the individuals who scored high on the adherence scale at baseline had their blood pressure under control at 42 months,

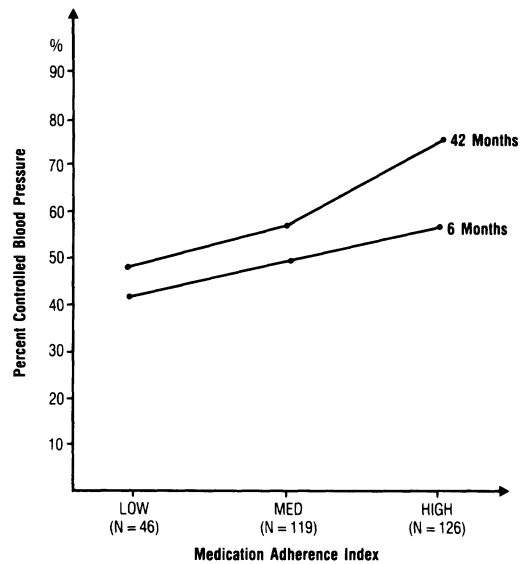


FIG. 1. Blood pressure control by verbal medication-adherence index ($n = 290$); $r_{6 \text{ ms.}} = 0.43$, $P < 0.01$; $r_{42 \text{ ms.}} = 0.58$, $P < 0.01$.

compared with only 47% of those scoring medium or low, respectively (Fig. 1). In other words, a 5-percentage-point improvement in blood pressure control was noted for persons scoring low on the self-reported medication adherence scale between 6 and 42 months, while for individuals scoring high, a 21-percentage-point increase was observed. A paired t -test between groups using diastolic blood pressure as the criterion revealed statistically significant differences as well ($t = 6.43$; $P < 0.01$). To assess the strength of the relationship between the self-reported medication-taking scale and blood pressure-control measure, the coefficient of determination (R^2) was used. This coefficient was also found to be significant ($R^2 = 0.33$; $P < 0.01$), indicating reasonable predictive ability with respect to blood pressure control.

Sensitivity and Specificity

The actual use of the scale in predicting an individual patient's adherence or blood pressure control level cannot be based entirely on statistical validity. Mushlin³⁹ found that without such a formal procedure or tool

TABLE 3. Sensitivity and Specificity of the Medication-taking Behavior Scale

	Adequately Controlled at 42 months	Inadequately Controlled at 42 months	Total
Predicted to be adequately controlled by (high) index score	94	31	125
Predicted to be inadequately controlled by (low) index score	22	24	46
Total	116	55	171

$$\text{Sensitivity} = \frac{94}{116} = 0.81.$$

$$\text{Specificity} = \frac{24}{55} = 0.44.$$

$$PV_+ = 0.75.$$

$$PV_- = 0.47.$$

$$PV = 0.69.$$

for measuring patient adherence, physicians correctly identified patients as compliant or noncompliant less than one half of the time and that at least three fourths of their predictions of noncompliance were incorrect. To what extent does the compliance scale in this study improve upon the less than 50:50 odds of estimating adherence? Using only "high" adherence scores on the scale to select the adherent patient, the predicative value when positive would be 0.75, as indicated by the proportion with their blood pressure control at year 5. The predicative value if negative, that is using only the "low" score to predict nonadherence, would be 0.47. The sensitivity and specificity of the measure can be calculated from the data presented in Table 3. Using information from the 171 patients in the high (n = 125) and low range (n = 46) of index scores (Table 3), the sensitivity is 0.81 and the specificity is 0.44. This index is an "inefficient" predictor of blood pressure control, since 119 patients have midrange scores. Including the midrange scores into these estimates, overall predictive value is reduced from 0.69 ((94 + 24)/171) to 0.60 ((94 + 82)/290).

Discussion

With the increased prevalence of chronic disease requiring long-term adherence to treatment, a feasible, reliable, and valid measure of patient adherence, usable in the usual medical practice circumstance, is

needed. This article presents analyses of such an adherence scale. The properties of the scale are designed to facilitate the identification and addressing of problems and barriers to adequate compliance. The scale can be utilized initially as a diagnostic tool in which patient levels of understanding as well as adherence behaviors are assessed. When specific problems are identified, appropriate education of the patient can then be implemented. Such approaches may include correcting misbeliefs (e.g., should one discontinue treatment if feeling better); adapting the regimen to the patient's daily schedule to address forgetting (e.g., linking medication taking to brushing teeth or eating meals); or involving other family members for long-term support and reinforcement.

Inui et al.⁴⁰ provided evidence that providers of care can carefully monitor blood pressure control levels based on verbal inquiry and patient self-reports and adjust dosage and frequency appropriately. Haynes et al.⁴¹ also provided evidence of the increased sensitivity and specificity of self-reports over other techniques.

In connection with the adjustment of dosage and frequency of medication, future studies should monitor both the adherence measure and blood pressure levels over time to assess the long-term effectiveness of the index. For patients found to be under adequate control but with a midrange score on the index, it is recommended that health care

providers consider altering the dosage or frequency of medication. This is particularly true for individual patients who are on weight-reduction and/or salt-restriction diets in addition to a medical regimen. This "step-down" approach has been recommended by the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.⁴²

Individuals who are included in this analysis represent the "survivors" of a 60-month follow-up period; consequently, the performance of this index is characterized by a population of relatively compliant patients. Given the fact that drop-out patients tended to score low on the adherence scale and have higher rates of uncontrolled blood pressure, it is suspected that the performance of the index in its "low range" would be enhanced by data from the drop-out patients. These individuals, however, were excluded from the analysis because of missing blood pressure information.

We believe that this relatively simple scale is an added contribution to the literature in assessing adherence levels of hypertensive patients and perhaps compliance with drug treatment in general. The scale has continued to be implemented and found to be reliable, valid, and useful in other patient populations as well as in the general population in community-based educational outreach programs.^{43,44} The scale has been incorporated into the care process for patients in the Adult Hypertension Clinic in the General Medical Clinic Practice at both Johns Hopkins Hospital and the Baltimore City Hospital. The senior author is currently assessing the concurrent validity of this scale in several work-site-based high blood pressure control programs in California. We continue to utilize this instrument to diagnose adherence problems initially and to monitor adherence over time, particularly when there is recidivism. An important feature of the scale is that attitudinal and behavioral problems the patient may be facing are identified and that positive steps can be taken early to address them. Further work is needed to test and validate

this measure in other settings and with other health problems; it is hoped that this will lead eventually to the identification of a "gold standard" for compliance measurement.⁴⁵

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