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Community
Pharmacy Agreement



The Pharmacy
Guild of Australia

Consumer Needs Final Report

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Research & Development

FINAL REPORT

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Acronyms and abbreviations

Abbreviation	Description
3CPA	Third Community Pharmacy Agreement
4CPA	Fourth Community Pharmacy Agreement
5CPA	Fifth Community Pharmacy Agreement
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
BMQ	Brief Medication Questionnaire
CHF	The Consumer Health Forum of Australia
eHealth	Combined use of electronic communication and information technology in health
GP	General Practitioner
The Guild	The Pharmacy Guild of Australia
HMR	Home Medicines Review
PBS	The Pharmaceutical Benefits Scheme
PPI	Pharmacy Practice Incentive
PSA	Pharmaceutical Society of Australia
QCPP	Quality Care Pharmacy Program
QUM	Quality Use of Medicines

Definitions

Community pharmacy: refers to pharmacists (including pharmacy owners) and pharmacy assistants working in retail pharmacies and their provision of primary health care-related goods and services.

Pharmacist: pharmacists are healthcare professionals with specialised education, training and qualifications who perform various roles to ensure optimal health outcomes for their patients through proper medicine use. Pharmacists may also be small business proprietors, owning the pharmacy in which they practice.

Pharmacy staff: refers to others working within the pharmacy (not the pharmacist) including retail assistants, the pharmacy manager and pharmacy assistants.

Community pharmacy services: the Community Pharmacy Roadmap proposed by the Guild¹ 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:

- a) ‘Prescribed Medicines Services and Programs’ – linked to the function of the dispensary
- b) ‘Pharmacy Medicines and Health Products – Services and Programs’ – linked to the professional services area of the pharmacy
- c) ‘In-Pharmacy Health Services and Programs’ – utilises a private consultation area within the pharmacy
- d) ‘Outreach Health Services and Programs’ – delivered outside the physical pharmacy location

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.

Consumer need: needs are ‘must’ urges which consumers or the community have when seeking products and services. A met need can result in satisfaction and improve overall health, while an unmet need can result in dissatisfaction.²

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”.³ It is linked to what a consumer desires or wants, “... ie, what they feel a service provider should offer, rather than would offer”.⁴

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”.⁵

Consumer-centred care: a ‘consumer-centred’ model draws on the values of the World Health Organization definition of ‘person-centred health care’ (2006). These values include empowerment, participation, access and

¹ 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

² 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.

³ 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.

⁴ 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.

⁵ 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.

the central role of family and community. This means that people have the right and duty to participate in making decisions about their health care, not only regarding treatment and management, but also for broader issues of health care planning and implementation. The Department of Health has articulated this as 'a primary health care system which is designed around supporting the individual, their family and carers to be in control and actively supported in their care. It is also about a system which is easy for them to access the care they need and which helps them to manage their health care needs and stay as healthy as possible' (Australian Government Department of Health, 2009).

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.

Health literacy: health literacy refers to an individual's ability to seek, understand and use health information.

Interactions (medicine): when another medicine, food or alcohol changes how strongly a medicine works, or changes its side effects in some way. These interactions may be serious.⁶

Satisfaction: the term satisfaction used in this document refers to the consumers' self reported satisfaction levels relating to their pharmacy experience. For example, satisfaction may be explored through dimensions such as overall satisfaction, satisfaction with the accessibility of personnel (e.g. pharmacist and/or pharmacy staff) to assist and provide advice, satisfaction with the knowledge and advice provided amongst others.

Self efficacy: self-efficacy refers to a person's belief in their capability to organise and execute the course of action required to deal with prospective situations.

Self management: self-management has been defined as a set of skilled behaviours engaged in to manage one's own illness.⁷

Side effect (medicine): medicine side effects (also called adverse reactions) are the unintended effects of a medicine. Side effects are usually harmful.⁸

⁶ <http://www.nps.org.au/glossary/interactions> - Accessed 13 June 2013.

⁷ Ruggiero, L., Glasgow, R.E., Dryfoos, J.M., Rossi, J.S., Prochaska, J.O., Orleans, CT., Prokhorov, A. V., Rossi, S.R., Greene, G.W., Reed, G.R., Kelly, K., Chobanian, L., & Johnson, S. (1997). Diabetes self-management: Self-reported recommendations and patterns in a large population. *Diabetes Care*, 20(4), 568-576.

⁸ <http://www.nps.org.au/conditions-and-topics/topics/how-to-be-medicinewise/side-effects-interactions/understanding-side-effects>;
<http://www.nps.org.au/glossary/side-effects> - Accessed 13 June 2013.

1 Overview of the Consumer Needs project

This section details the background and context to the Consumer Needs project, the key objectives, overview of the approach and project governance arrangements.

1.1 Background and context

A key focus for Australia's primary health care reform is to create a stronger primary health care system through the better coordination of care for consumers. Community pharmacy can play a pivotal role in this model as one of the most frequently accessed primary health care services. In order to inform the further development of consumer-focused policy in relation to community pharmacy services, consumer needs, expectations and experiences must be better understood. Also important is better insight into the benefits that community pharmacy services can provide to consumers.

This was the basis for the *Consumer Needs* project which was funded by the Australian Department of Health as part of the Fifth Community Pharmacy Agreement (5CPA) Research and Development program managed by the Pharmacy Guild of Australia ('the Guild').

The 5CPA recognises community pharmacy's contribution to primary health care in Australia and provides \$15.4 billion over the five year duration of the agreement, distributed between approximately 5,250 community pharmacies. This funding is directed towards the delivery of the Pharmaceutical Benefits Scheme (PBS), the dispensing of medicines and the provision of other programs and services which impact the health of Australians.

Research and development forms a key priority under the 5CPA. The Research and Development (R&D) Program specifically aims to identify research and development priorities in the provision of community pharmacy services, allowing funding to be allocated to those programs showing the greatest potential in terms of improving consumer health outcomes. The *Consumer Needs* project was one of six projects funded under the R&D Program.

The Consumer Needs project was undertaken during a period of health care reform in Australia. The Australian Government is committed to building a stronger primary health care system that is more efficient, with lower rates of avoidable hospital admissions, reduced health inequalities and improved health outcomes. In line with this commitment, two key primary health care reforms at the national level include the establishment of Medicare Locals (primary health care organisations) and GP Super Clinics. There have also been recent changes to the health governance structures at a state/territory level. These include the establishment of Local Health Districts (LHDs) which oversee public hospitals and health services in the area. It is important for Medicare Locals in each jurisdiction to work collaboratively with LHDs to achieve an integrated and coordinated health system.

An important focus of recent primary health care reform is designing a health care system with the consumer at the centre – aligning to the National Health and Hospitals Reform Commission's principles to shape the Australian health system. A 'consumer-centred' model draws on the values of the World Health Organisations definition of 'person-centred health care' (2005) - empowerment, participation, the central role of family and community and access - whereby people have the right and duty to participate in making decisions about their health care, and not only in issues of treatment and management, but for broader issues of health care planning and implementation.

This shift towards a consumer-centred model of care will improve health literacy as a means to empower consumers, allowing them to successfully access, understand and participate in their health care and further acknowledge the benefits of self-management.

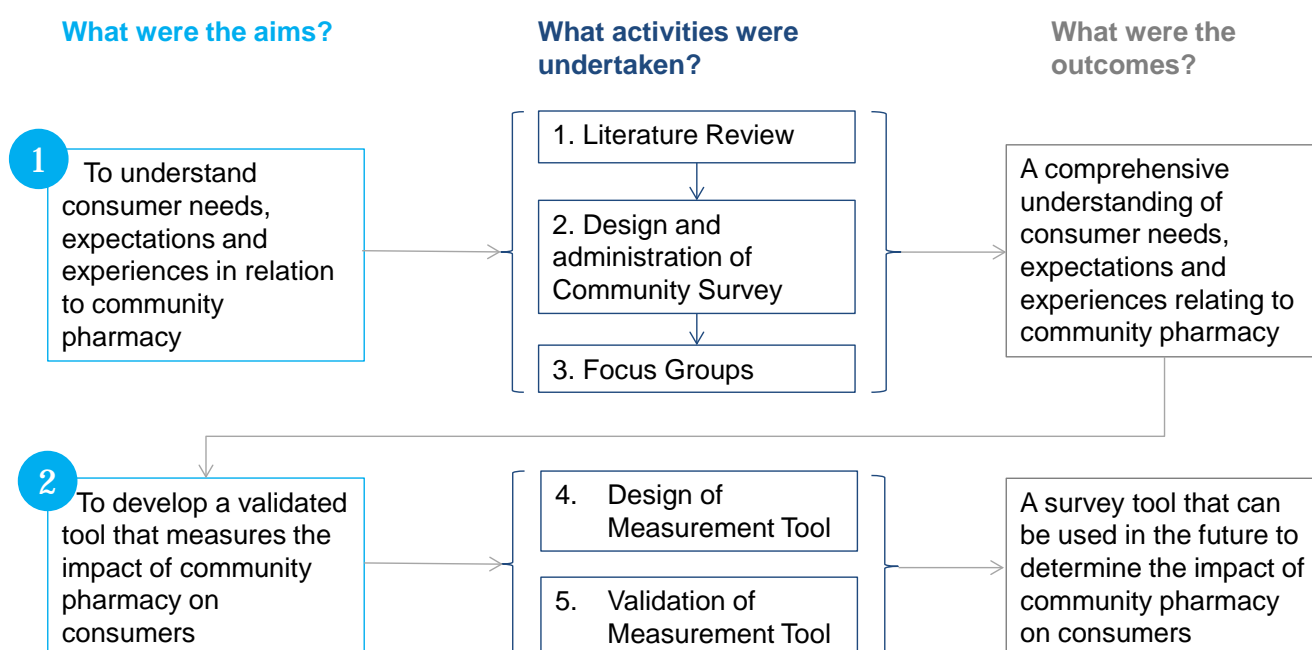
1.2 Project objectives

The objectives of the *Consumer Needs* project were to:

- develop, implement and pilot an appropriate methodology to inform policy related decisions on a pharmacy services, and
- develop and validate a tool to measure consumer health impact and outcomes sensitive to the community pharmacy context.

To achieve the first objective, the key activities undertaken were a literature review, a national Community Survey and ten focus groups. The information gathered from each of these activities fed into the next, which then directly informed the second objective to develop and validate a measurement tool. This is depicted in Figure 1.

Figure 1: Achieving the project objectives

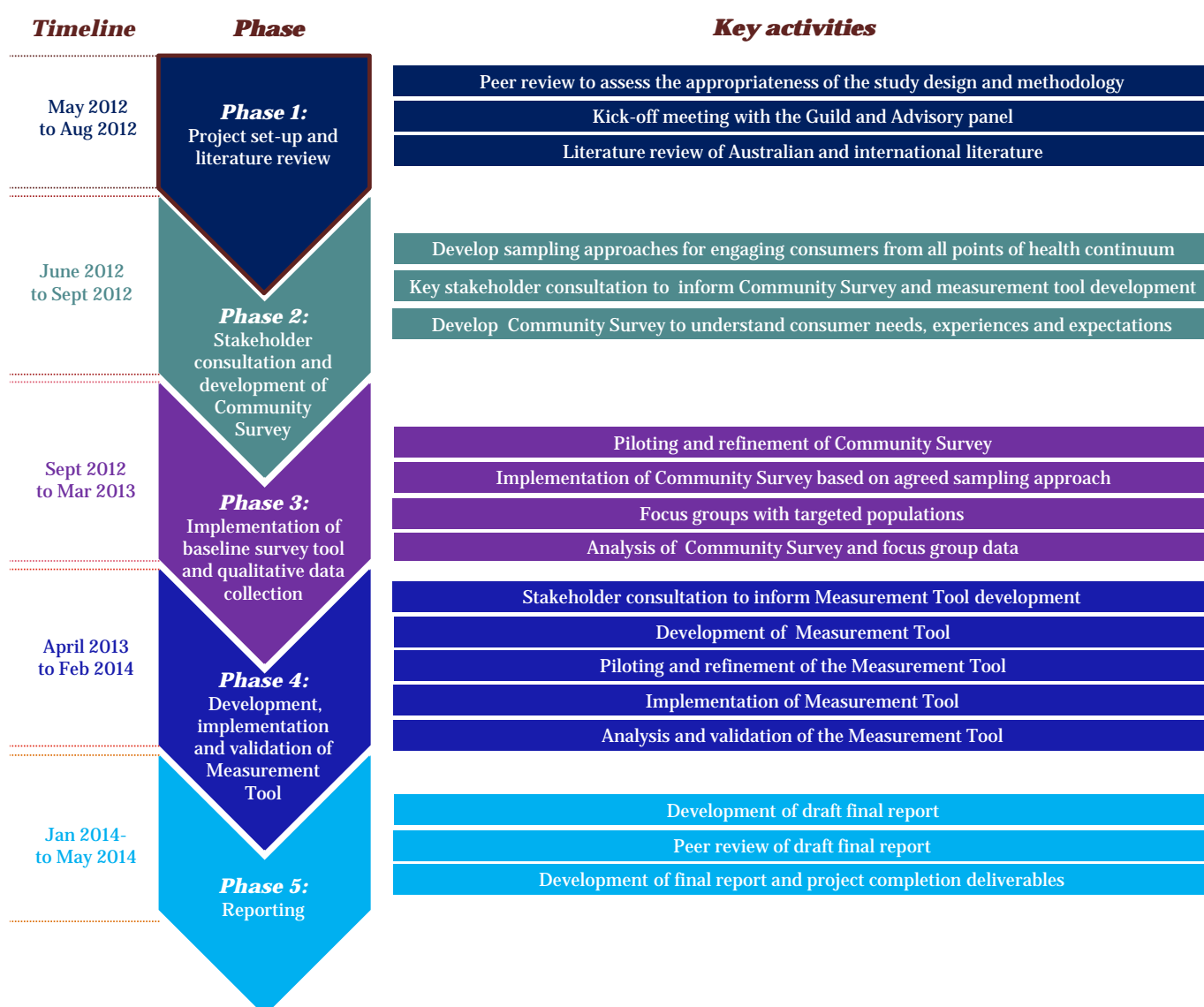


In terms of examining consumer needs, expectations and experiences, and also in developing a tool that measures consumer health outcomes, a holistic view of community pharmacy was taken for this research. This encompassed the pharmacist, the pharmacy staff, the pharmacy itself and the products and services available in community pharmacy.

1.3 Overview of the project methodology and timeline

Based on the objectives of the project, a five-phased approach to the project was developed and undertaken. The project commenced in May 2012 and was completed in May 2014. The key activities in each of these phases, as well as the timing of these, are detailed in Figure 2.

Figure 2: Project Approach



1.4 Project governance

As part of the rigorous project governance approach to the Consumer Needs project, the project was overseen by the Advisory Panel which included representatives from the Department of Health, the Guild, Pharmaceutical Society of Australia, the Consumers Health Forum of Australia and a research specialist. Their role was to provide expert input into and oversight to the research and project deliverables. The Research Team met with the Advisory Panel on six occasions prior to the submission of the final draft report, either via face-to-face meetings or teleconference.

Throughout the course of the project, Diana Aspinall (member of the Consumer Health Forum) and Tricia Greenway (one of the three project advisors) represented the Australian consumer – providing valuable insights into the consumer experience and perspective as it related to community pharmacy.

2 Key findings of the project

This section details the key findings of the literature review, the stakeholder consultations, the Community Survey and the consumer focus groups.

2.1 Literature review

The purpose of the Literature Review was to build an evidence base to establish:

- an understanding of current health reforms in primary health care and the policy context in which community pharmacy services are delivered in Australia
- definitions and an understanding of consumers of community pharmacy and their needs, expectations and experiences as well as trends and patterns of community pharmacy service usage, and
- an understanding of the relationship between community pharmacy services and consumer health impacts and outcomes.

2.1.1 Key findings of the literature review

Working definitions of consumer needs, expectations and experiences were identified through the Literature Review for the purpose of the project:⁹

- Consumer needs are 'must' urges which consumers or the community have when seeking products and services. A met need can result in satisfaction and improve overall health, while an unmet need can result in dissatisfaction.
- Consumer expectations are linked to the consumers' and the community's desires and are a predictive measure with which a consumer's experience of a product or service can be compared and evaluated.
- Consumer experiences are derived from interactions between consumers or the community and the products or services. These interactions provoke a personal reaction which can be positive or negative.

A review of the literature highlighted a consistent set of domains which have been measured in terms of consumer needs, experiences and expectations of community pharmacy services. These domains and examples of what has been measured are outlined in Table 1.

Table 1: Domains and measurements of consumer needs, expectations and experiences

Domains	Examples of what has previously been measured
1. Awareness	<ul style="list-style-type: none">• Awareness of the community pharmacy services offered• Awareness of the extended community pharmacist accreditation (e.g. Certified Diabetes Educator)
2. Attitudes	<ul style="list-style-type: none">• Preferences for service delivery (e.g. GP-delivered or community pharmacist-delivered)• Acceptability of the community pharmacist in providing services (e.g. the community pharmacist is skilled and knowledgeable)• Expectations of the role of the community pharmacist or of community pharmacy services• Confidence in the community pharmacy services to achieve their aim
3. Experiences	<ul style="list-style-type: none">• Uptake of services or likelihood of use of advice provided by the community pharmacist

⁹ See the Consumer Needs Literature Review Report for further detail

Domains	Examples of what has previously been measured
	<ul style="list-style-type: none"> • Willingness to pay for community pharmacy services • Satisfaction (e.g. consumer would use again, recommend to friends and family) about specific components and overall service provided • Accessibility of and range of the community pharmacy service • Level of comfort in discussing concerns with community pharmacist/level of comfort in the community pharmacy setting
4. Concerns	<ul style="list-style-type: none"> • Barriers to receiving community pharmacy service (e.g. perceived lack of time from community pharmacist, commercial bias in products recommended) • Gaps in/ suggestions for current community pharmacy service delivery
5. Outcomes	<ul style="list-style-type: none"> • Clinical measures specific to the service (e.g. medication adherence, lowered blood pressure) • Self-reported measures of health (e.g. improved health literacy, better control of medication use, improved self-efficacy)

One of the main aims of the Literature Review was to explore research on consumer needs, expectations and experiences of community pharmacy both in Australia and internationally. In this context, it was found that there was limited research on consumer needs; it appears difficult for consumers to articulate explicitly what their health needs are separate to their expectations and experiences of community pharmacy services. 'Experiences' in this section is a broad term used to include a number of domains outlined above such as awareness, attitudes and concerns.

In exploring consumer expectations and experiences, they have been categorised across the four main types of community pharmacy services: (1) health promotion and prevention; (2) screening and diagnosis; (3) management, treatment and rehabilitation; and (4) palliative care. A summary of consumer expectations and experiences from both Australian and international research is listed in Appendix A.

For further detail on the key findings relating to the literature review, including an annotated bibliography, refer to the Consumer Needs Literature Review Report.

2.2 Stakeholder consultation

The purpose of the stakeholder consultations were to gain:

- a consensus on the definitions of consumer needs, expectations and experiences
- an understanding of what consumer needs, expectations and experiences of community pharmacy are and the factors which influence these
- an understanding of the important elements relating to consumer needs, expectations and experiences that the Community Survey (undertaken in Phase 3) should explore
- initial thoughts around potential measures that could be used to evaluate the impact of community pharmacy services on consumer health outcomes.

There were a total of 30 stakeholder consultations undertaken.

2.2.1 Key findings of the stakeholder consultations

Consumer needs relating to community pharmacy identified in the consultations are outlined below:

- **The dispensing of prescription medicines and counselling around the use of medicines:** the correct and timely dispensing of medicines and counselling around their use was expressed by every stakeholder as a foremost need and expectation that consumers have of community pharmacy.

- **Equipment hire:** pharmacies are a main point of call in the community for accessing aid and medical equipment. This need was expressed to be met, with consumers generally satisfied with the range of equipment that can be accessed in a pharmacy.
- **Non-prescription medicines:** pharmacies are also a primary access point for consumers seeking non-prescription medicines, which was another key need identified in the consultations. The increasing number of consumers purchasing these products from other sources, for example online and at the supermarket suggests that the need and reliance of consumers on community pharmacy for these products may decline in the future.
- **Health promotion and prevention services:** health promotion and prevention initiatives offered by pharmacists, including health risk identification and management, were noted to be a growing consumer need in the future. The establishment of partnerships between pharmacies and other organisations will facilitate the implementation of these services in a community pharmacy setting.
- **Health screening services:** similarly to health promotion and prevention services, health screening was acknowledged as a community pharmacy related need that is expected to increase in coming years.
- **Cultural competency:** there is an unmet need in terms of community pharmacy being able to accommodate people from a non English speaking background's needs relating to medicines and other services. Additionally, there is a need for cultural competency or the employment of Aboriginal and Torres Strait Islander staff within the pharmacy setting to proactively address the health needs and education of this population.
- **Palliative care:** another need which is predicted to grow in line with the ageing population is the role for pharmacy in the provision of palliative care services. With a growing number of people electing to spend the end of their life in the comfort of their own home, there is an augmented role for community pharmacy to play in supportive services such as home medicine reviews and the home delivery of prescriptions.

Consumer expectations are likely to vary substantially, based on those factors identified above. In saying this, there were some common themes identified in the consultations around perceived consumer expectations, detailed below. Generally, stakeholders articulated that consumers' expectations are likely to increase in the future, with consumers wanting to play a more active role in the decision making process around the management of their health:

- **Counselling around medicines:** consumers expect that community pharmacists will provide them with the necessary information about their medicines to prevent harmful interactions.
- **A role in the triage process:** it is expected that if a pharmacist suspects a consumer may need to seek alternative healthcare, that they direct them to the appropriate health professional.
- **A degree of collaboration in the primary health care domain:** there was a common view that some collaboration among primary health care professionals is assumed by many consumers.
- **Transparent communications:** there is an expectation that pharmacists will volunteer certain types of information. A key example is informing the consumer when a generic or alternative medicine for an existing prescription becomes available.

A strong positive association exists between expectation and experience. If consumers walk into their pharmacy with high expectations, they are more likely to leave dissatisfied if the service they received did not meet these expectations. Experiences will also vary depending on what services are being accessed. For example, the consultations indicated that in general, consumers have high expectations in relation to medicines dispensing and advice, but lower expectations around being offered additional health services.

In terms of external factors which play a part in shaping how a consumer responds to an interaction with their community pharmacy, several themes were drawn out from the consultations, many of which confirm findings presented in the Literature Review. These themes, outlined below, can all be seen as both barriers and enablers to consumers accessing community pharmacy services depending on the degree to which they are present:

- Level of engagement of community pharmacy staff

- Skills and knowledge of the pharmacist
- Demographics and training of the pharmacist and other staff
- Privacy and layout
- Access
- Affordability
- Business model/type of pharmacy.

For further detail on the key findings relating to the stakeholder consultations, refer to the Consumer Needs Consultation Report.

2.3 Community Survey

To better understand consumer needs, expectations and experiences relating to community pharmacy, a national consumer survey was designed and implemented. The purpose of the Community Survey was to identify:

- what consumers use their community pharmacy for
- what the most important factors are to consumers when deciding what pharmacy to go to
- what consumers perceive the role of the pharmacist to be, and
- how consumers would like to see community pharmacy change to better meet their needs.

The Community Survey (see Appendix B) consisted of 81 questions designed to explore the issues above. Roy Morgan Research was engaged to administer the survey to a representative sample of 3000 Australian consumers via telephone interview. The sample of participants was recruited from Roy Morgan's Single Source database.¹⁰ The survey took approximately 20 minutes, with questions filtered based on response.

Prior to the administration of the survey tool to the national sample of 3000 consumers, cognitive testing and a pilot of the Community Survey were undertaken to test consumers' understanding of the questions and the overall functionality of the survey. The implementation of the survey and the analysis of the data was conducted between September 2012 to March 2013.

For further detail on the key findings relating to the Community Survey, refer to the Consumer Needs Community Survey and Focus Group Report.

2.3.1 Key findings of the Community Survey

The key findings of the Community Survey are outlined as follows. Key findings relating to the demographic characteristics of participants should not be interpreted as reflective of the Australian population as these were not weighted in the analysis. The descriptive analysis of responses however was weighted by the distribution of participants by state, remoteness, age and gender as per the 2006 ABS census, and thus these findings can be interpreted as reflective of the Australian population. Descriptive analysis refers to the reporting of the responses to each question using a number and percentage for categorical variables and mean and standard error for continuous variables.

Further details on the findings of the survey are outlined in Appendix C.

What are the characteristics of survey participants?

There were a total of 3000 participants in the Community Survey, 70% were from major cities and just over half were female (52%). The majority of participants (79%) rated their health as 'good' or 'very good' on the SF1 scale, while 6% rated their health as either 'poor' or 'very poor'.

¹⁰ Roy Morgan's Single Source Database is a thorough and accurate market research tool that provides comprehensive information about consumers. For example it includes information around consumers' health status, this able to be leveraged in the analysis of results.

Approximately 60% of participants were taking one or more medicines (prescription, OTC and complementary), while 16% reported having no health conditions. The most commonly reported conditions were musculoskeletal conditions (71%) and mental health conditions (34%).

How do consumers use community pharmacy?

Key findings around how consumers use community pharmacy are detailed below:

- 49% of participants reported their last visit to a pharmacy had been in the last week. The proportion of participants who had visited a pharmacy in the last week increased steadily with age; also females (58%) were more likely to have visited a pharmacy in the last week compared to males (39%). Five participants reported they had never been to a pharmacy.
- Those participants who were taking five or more medicines and those who reported poor health status access pharmacy more frequently.
- The vast majority of participants (98%) reported no difficulty in accessing community pharmacy.
- 82% of participants reported going to the same pharmacy for most of their pharmacy needs (i.e. more than 75% of the time). This proportion increased with age (from 74% in the 18-24 age group to 95% in the over 65 age group).

What are consumers using pharmacy for?

Participants were asked to identify what they currently use pharmacy for. Key findings included:

- 88% of participants reported that they use community pharmacy to buy prescription medicines and 89% of participants reported that they expect to be offered a cheaper alternative (e.g. a generic brand) if one was available.
- 93% of participants reported that they generally follow the pharmacist's advice about prescription medicines and the preferred method of receiving information on prescription medicines was talking with the pharmacist (53%).
- 61% of participants used the pharmacy to buy pharmacy-only OTC medicines (e.g. high strength antihistamines), while 55% of participants used the pharmacy to buy general OTC medicines. The majority of participants (77%) expected to be offered a cheaper alternative for an OTC medicine if one was available.
- Of those participants who reported not buying OTC medicines from the pharmacy, 81% buy them from a supermarket, 3% buy them from a health food shop and 1% online.
- 37% of participants reported that they access a community pharmacy to buy complementary medicines. This was found to increase with age (i.e. from 32% for participants 18-34 to 45% for participants 65+), and female participants were also more likely (45%) than male participants (29%) to use pharmacies to buy complementary medicines.
- Other participants purchase complementary medicines at the supermarket (51%); health food shops (17%) and online (3%). The two main reasons stated for buying complementary medicines from the supermarket were convenience and lower cost.
- 35% of participants reported that they seek health advice on the treatment and management of health conditions at their community pharmacy.
- 12% of participants reported having accessed a health service that did not involve the dispensing of medicines in the last 12 months. The most commonly accessed service was a medicines review/MedsCheck (9%). Of those participants who reported having used a health service in the last 12 months, 66% reported being very satisfied. Participants aged 65 and over were more likely than on average (81%) to be very satisfied.
- When participants were asked what services they would use now or in the future if they were available, the most commonly reported service was blood pressure monitoring / checks (26%).

An increased role for community pharmacy around medicines reviews and MedsCheck services

The Community Survey results showed that 14% of participants were taking five or more medicines; however there was only 9% of participants who had accessed a medicines review or MedsCheck in the last 12 months. This low proportion is expected to align to an overall lack of awareness that this service can be accessed in community pharmacy. Further, when participants were asked what health services they would most likely use in the future, 19% of participants reported a medicines review – this being the second most commonly reported service after blood pressure monitoring/checks. These findings highlight that there is a role for community pharmacy to play around increasing consumer awareness of the availability of these services, for example pharmacists volunteering these services to consumers who are taking multiple medicines or those expected to benefit.

What do consumers perceive the role of the pharmacist to be?

Key findings on what consumers perceive the role of the community pharmacist to be are detailed below:

- 16% of participants reported going to their pharmacy in the first instance 'always' or 'most of the time' for information on prescription medicines, compared to 40% for information on OTC and complementary medicines and 34% for information on minor ailments.
- When participants were asked where they would go in the first instance for future advice/information on prescription medicines, 65% chose their GP, compared to 36% who indicated that they would go to a pharmacy.
- However, when participants were asked where they would go in the first instance for future advice/information on OTC medicines and complementary medicines, 79% of participants chose their pharmacist, compared to 12% who chose their GP. The top two reasons that consumers chose their pharmacy first for OTC and complementary medicines were: 1) to receive trusted advice and information; and 2) it was cheaper than going elsewhere.
- When participants were asked where they would go in the first instance for future advice/information on minor ailments or chronic conditions, 51% chose their pharmacist, compared to 46% who chose their GP.
- 74% of participants expected their pharmacist to refer them to seek treatment from another health provider if they believed it was necessary, while 80% of participants believed it was important for the pharmacist to provide up-to-date information on new and existing medicines that they are taking.

What consumer characteristics influence pharmacy as the first point of consultation?

In the principal component analysis carried out on the frequency of pharmacy as the first point of consultation, it was shown that:

- The frequency of pharmacy as a first point of consultation decreased with age
- The frequency of pharmacy as a first point of consultation was higher among female participants
- Participants in the NT and WA were more likely to frequent pharmacy first, compared to participants from SA, TAS and VIC
- People with cardiovascular co-morbidities appeared slightly less likely to use the pharmacy as first consultation.

What factors influence consumers' choice of pharmacy?

Key findings around the factors that influence consumers' choice of pharmacy are detailed below:

- The four leading factors impacting participants' choice of pharmacy were: convenience (59%); knowing and trusting the pharmacist/staff (18%); cost (14%); and good service (6%).
- Convenience was the leading factor across all age groups. For participants below the age of 50, the second most important factor was cost, while for participants 50 or older, the second most important factor was the interaction or relationship they had with the pharmacist.

- Approximately half (48%) of all participants reported a private consultation area in a pharmacy to be important, while 80% of participants expect to be able to speak privately with the pharmacist if needed and 49% were satisfied with the amount of privacy in their pharmacy. A higher proportion of female participants reported privacy as being important, and the level of importance placed on privacy was shown to decrease with age.
- 82% of all participants reported that they rarely or never go to a pharmacy, different to their regular pharmacy, to buy prescription medicines cheaper.

How do consumers interact with the pharmacist and other pharmacy staff?

Key findings around how consumers interact with the pharmacist and other pharmacy staff are detailed below:

- 90% of participants reported being satisfied with the interaction they had with their pharmacist (based on the last three visits to the pharmacy), with satisfaction shown to increase with age, and higher among females and those taking one or more medicines. The main reason for satisfaction was that the pharmacist is knowledgeable and provides good advice (51%).
- 56% of participants reported that they encountered no barriers to speaking with the pharmacist. However for those who did report a barrier, the key barrier was that the pharmacist appeared to be busy or not available (30%).
- 88% of all participants reported being satisfied with the interaction they had with other pharmacy staff (based on their last three visits to the pharmacy), with satisfaction being shown to increase with age, and higher among females and participants taking one or more medicines. The main reason for satisfaction was that the pharmacy staff are knowledgeable and provide good advice (39%).
- The most important factor for participants in terms of expectations was to be treated with respect and consideration by the pharmacist and pharmacy staff.

What consumer characteristics are significantly associated with the level of expectations around community pharmacy?

In the principal component analysis carried out on the expectations held in relation to pharmacy, it was shown that:

- Females were seen to have a much higher level of expectation than men
- Participants with very poor or very good self-rated health had a higher level of expectation
- Level of expectation increased with socioeconomic status (i.e. the higher the socioeconomic status the higher the expectation).
- Participants with a greater number of mental health co-morbidities appeared to have higher expectations than those without

What are the areas for improvement in community pharmacy?

Key findings in terms of the areas of improvement for community pharmacy are detailed below:

- 70% of all participants did not report on any services they would like to see newly offered or offered more of in the community pharmacy. For areas of improvement identified through the focus groups, refer to Section 2.4.1.
- 66% of participants did not report anything when asked whether anything could change in community pharmacy to better meet their needs.
- 57% of all participants reported that they did not feel they needed to consult with any other health professional apart from the pharmacist.

2.4 Consumer focus groups

To complement the findings of the Community Survey, ten focus groups were conducted with population groups anticipated to be either high users, or have unique needs, expectations and experiences relating to community pharmacy. These groups were discussed and agreed on with the Advisory Panel. The purpose of these focus groups was to carry out a deep dive analysis of the underlying attitudes and beliefs towards community pharmacy that impact consumer behaviours. Specifically the focus groups sought to explore in more detail:

- what consumers use their community pharmacy for
- what the most important factors are to consumers when deciding which pharmacy to go to
- what consumers perceive the role of the pharmacist to be
- how would consumers like to see community pharmacy change to better meet their needs.

The ten focus groups carried out are outlined in Appendix D. Sampling for the focus groups was not intended to be representative of the Australian population (as was undertaken in the Community Survey), but rather an opportunity to explore different groups of consumers' experiences and needs relating to pharmacy in more depth.

2.4.1 Key findings of the consumer focus groups

What are consumers using pharmacy for?

Consumers in the focus groups were seen to use their community pharmacy for prescription, over the counter and complementary medicines as well as accessing health advice for minor conditions. To a lesser extent, consumers were seen to access health services in community pharmacy. Key findings included:

- The most common use of community pharmacy in all focus groups was for prescription medicines. Consumers with chronic conditions, disability and mental illness reported accessing the pharmacy most frequently – usually fortnightly or monthly for prescription medicines. Older consumers were found to be more likely to return to the same pharmacy for the majority of their prescription needs compared to younger participants.
- The majority of consumers felt they were almost always offered a generic for a prescription medicine if it was available. Opinions were mixed around whether the generic was preferred, with low cost the primary reason as to why consumers chose to take the generic. Older consumers were more likely to prefer to continue with the branded medicine due to them being more comfortable with it and that it minimised confusion around what medicine was for what condition.

"If I stay with the brand then I do not get my medicines mixed up"

- There is an expectation that the pharmacist will explain prescription medicines in detail, including how to take the medicine and possible side effects.
- Consumers buy over the counter and complementary medicines from a number of different sources: the pharmacy, the supermarket, the health food store and online, with low cost being the primary factor influencing this.

"I buy it (over the counter medicines) where it's cheapest...which is generally not your community chemist"

- The majority of consumers had previously gone to see a pharmacist for health advice for minor conditions and ailments. Convenience and accessibility were the key reasons cited behind this.

"It takes time to get into the doctor, if it's a quick question I'd go to pharmacist first, if not, I'd go to the doctor"

- There was a general lack of awareness around health services being available in a pharmacy setting, particularly among younger consumers. There were very few participants who knew that pharmacists could

undertake a medicines review or a MedsCheck. Where consumers had experienced a health service, satisfaction was high.

"I didn't know that you could get health services in a community pharmacy"

What do consumers see the role of the pharmacist to be?

Key findings around consumers' perceived role of the community pharmacist are detailed below:

- Consumers perceive the primary role of community pharmacists to dispense medicines. Further, there is an expectation that the pharmacist will volunteer information about taking medicines without the consumer having to ask for it, e.g. side effects and interaction with other medicines.

"A good chemist will understand you and the other medicines you are on and the interactions"

- Consumers expect the pharmacist to be capable at offering health advice around minor conditions and ailments.

"...a professional opinion at a moment's notice"

- Consumers did see the pharmacist as part of their medical team, however it was raised by some consumers that the growing commercial interests of community pharmacy have, to a degree, diluted the traditional 'professionalism' of the pharmacist's role.

What do consumers value in relation to community pharmacy?

Key findings around the factors influencing consumers' overall experience of community pharmacy are detailed below:

- **High quality service:** this was seen to encompass a pharmacist who is familiar with your health status and background, a pharmacist that offers trusted, reliable advice and who will go the extra mile in terms of service delivery, a pharmacist that keeps a record of consumer spending and prescriptions, a pharmacist that can accommodate the needs of people from a non-English speaking background and a pharmacist that collaborates with other health professionals if needed.

"...the staff are the most important thing in your business – they must be thoroughly trained, obliging, and show empathy with peoples' problems"

"My medicine is \$34 at the pharmacy and \$12.99 at the chemist warehouse, but I still go to the pharmacy because I can afford to do it – I pay for the service I get"

- **Convenience:** this was a key driver behind choice of pharmacy for consumers. Other factors that were important to older consumers included the pharmacy having wide aisles that could accommodate walking frames, the availability of parking, extended opening hours and a home delivery service.

"For me the most important thing in deciding which pharmacy to go to is convenience"

- **Product range and other services:** while high quality service and convenience were the two principal factors influencing consumers' choice of pharmacy, the range of products stocked and also other non-health related services offered were also seen to impact consumers' choice of pharmacy.

"I tend to go to different pharmacies for different things... depending on what range the pharmacist stocks - that will influence of my decision"

- **Price of medicines:** price was an important influencing factor behind choice of pharmacy for many consumers. *"I was horrified at the difference in the pricing from one pharmacy to another"*

Where could there be change?

There were a number of areas for improvement or change in community pharmacy noted by consumers in the focus groups. These are detailed below:

- **More information about complementary medicines, including interactions with prescription medicines and pharmacists' knowledge in this area:** on the whole, consumers felt they did not receive much information about complementary medicines from the pharmacist, including the possible interactions that can result with prescription medicines.

"More needs to be known on interactions between all your medicines and complementary medicines"

"I don't think of pharmacists as being as trained in complementary medicines compared to prescriptions...I'd go to the naturopath as I think they would be more trained"

- **Greater differentiation from the supermarket:** consumers agreed that the traditional role of the pharmacist both as a dispenser of medicines and someone who provides trusted health advice needs to be preserved. In line with this notion, they would like to see pharmacies lend a greater focus towards selling specialised products, rather than general products that are available in the supermarket.

"I would have more respect for the pharmacist if they didn't sell things like cat and dog shampoo...it questions their credibility"

- **Electronic transfers and storage of information:** consumers would value the added convenience of having their prescriptions stored electronically, and transferred directly from their GP to the pharmacy as well the pharmacist keeping a record of all medicines, including OTC and complementary, that the consumer had previously bought.
- **More privacy:** consumers were in consensus that there is not much privacy offered in a community pharmacy setting to discuss private health matters – with the majority of participants never having consulted privately in a pharmacy.
- **More integration with other health service providers, for example increased communication between pharmacists and GPs:** some older consumers commented that they would like to see increased collaboration between pharmacists and other health professionals, in particular GPs and nurses.
- **Increased communication to the community, for example around extended opening hours, pricing of prescriptions and what services are offered:** it was commented that communication around these areas is often lacking, in particular the cost of prescriptions given this varies between pharmacies.
- **Increasing the role that community pharmacy has in delivering primary health care to consumers:** examples raised were pharmacists carrying out overall health assessments and wider adoption of home delivery services.
- **Increased accommodation of the specific needs of people with English as a second language:** An example given was pharmacies having CMI leaflets in other languages available either in the pharmacy, or the pharmacist being able to tell consumers where to find the translated material online.
- **Increased knowledge and experience of other pharmacy staff members:** Some consumers expressed that since the pharmacy staff are often the first point of contact with the consumer, they should be more experienced and better able to answer questions.
- **Longer opening hours:** A common point raised across participants in all focus groups was the need for more 24 hour/night time pharmacies.

3 Measurement Tool

This section provides an overview of the development, implementation and validation of a Measurement Tool to measure the impact of community pharmacy on consumers. It details the purpose for developing the tool, the design of the tool, the approach taken for validation and the conclusions drawn.

3.1 Purpose

One of the principal objectives of the Consumer Needs project was to develop and validate a self-reported Measurement Tool (the tool) to measure consumer health impacts and outcomes sensitive to the community pharmacy context.

The purpose of the validation process was to develop a tool which can:

- help government, policy makers and community pharmacy monitor the impacts that community pharmacy services have on the health outcomes of consumers, and
- understand whether community pharmacy services are meeting the current needs of consumers, including consumers' satisfaction with community pharmacy.

The information gathered through previous phases of the project – that is the Literature Review, Community Survey and Focus Groups - served to inform the development of the tool. For the purpose of this project, the tool was not designed to collect a baseline in terms of monitoring the impact of community pharmacy services. Rather, the intention was to validate the tool so that it is fit for purpose for future administration, allowing for the impact of community pharmacy on consumers to be measured at a population level.

3.2 Design of the Measurement Tool

3.2.1 Domains

In the development of the tool, questions were grouped into four domains: demographic information, utilisation, attitudes/beliefs and impact. The types of questions asked under each of these domains are described in Table 2 below.

Table 2: Measurement Tool domains

Domain	Description
Demographic and health information	<p>The following demographic information was collected:</p> <ul style="list-style-type: none">• Age and gender• SEIFA and geographical location <p>The following health information was collected:</p> <ul style="list-style-type: none">• Self-rated health status (SF1)• Number of medicines the participant is taking (broken down into prescription and over the counter or complementary), and whether participant had experienced any side effects from medicines they were taking
Utilisation	<p>To provide context to how consumers use community pharmacy, participants were asked to consider their pharmacy experience in the last month including:</p> <ul style="list-style-type: none">• Frequency – how frequently they visit a community pharmacy and whether they use their pharmacy to purchase medicines.• Whether or not participants had used health services in a community pharmacy.

Domain	Description
	<ul style="list-style-type: none"> Who they usually interact with at the pharmacy – pharmacist or pharmacy staff.
Attitudes/ beliefs	<p>Questions in this domain examined:</p> <ul style="list-style-type: none"> Self-efficacy around medicine management: this refers to a person's belief in their capability to organise and execute the course of action required to deal with prospective situations. Questions were included in the tool that explored how confident participants are in taking their medicines. Participants' self-rated importance placed on various aspects of community pharmacy.
Impact	<ul style="list-style-type: none"> Questions in this domain explored: Whether or not participants had experienced an adverse event or interaction from medicines Satisfaction - the participant's self-reported satisfaction levels relating to their pharmacy experience Health literacy - to what extent consumers are able to seek, understand, and use health information.

3.2.2 Use of already validated scales

Two previously validated scales were administered alongside the tool to measure participants' beliefs about medicines and their medicine adherence. These were:

- The Beliefs about Medicines Questionnaire (BMQ) (Horne et al 1999)*: This questionnaire seeks to understand personal views about medicines in general. Respondents are asked to what extent they agree or disagree on two factors that is; whether medicines are harmful/addictive (General Harm) or whether that medicines are overused by doctors (General Overuse).
- Medication Adherence Questionnaire (MAQ) (Morisky et al 1986)*: A 4-item and valid measure of patient medicine adherence. The properties of the scale are designed to facilitate the identification and addressing of problems and barriers to adequate compliance.

Given these scales were found to be well established in the literature and already validated, it was determined that administering these in their original form, alongside the tool developed, would allow for the most accurate measurement of participants' beliefs about medicines and medicine adherence – two aspects important when examining community pharmacy's impact on consumer health. Due to restrictions around copyright, the individual items in both the BMQ and the MAQ were unable to be incorporated into the final measurement tool. Thus it is recommended that these two scales be administered and scored alongside the tool in their original form.

Both the BMQ and the MAQ are included in Appendices E and F respectively in their original form.

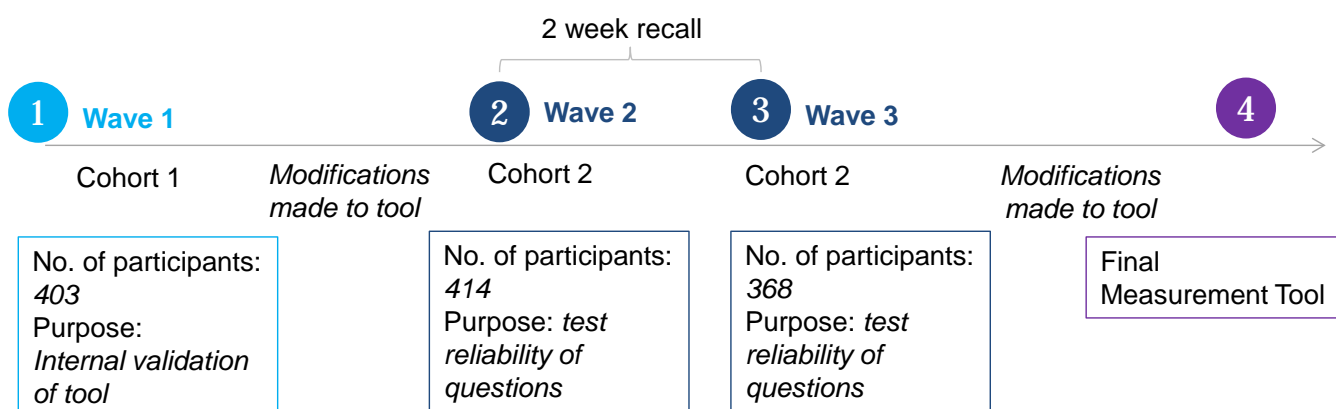
In addition to these scales, the SF-1 or the first item of the SF-36 survey (a validated self-rated scale designed to measure the patient's perspective of his or her health), was used in our tool.

3.3 Approach to validation

Validation of the tool was a critical step in order to determine whether the questions measure what they are supposed to, whether the questions provide consistent results and finally whether the questions are sensitive to differences between population groups – for example based on age, gender or socio-economic status.

The process of validation involved administering the tool at three points in time, or across three 'waves'. This is depicted in Figure 3 below.

Figure 3: Process for validation of the tool



Wave 1 of administration was targeted to a sample of participants from Roy Morgan's Single Source Database. The purpose of Wave 1 was to undertake internal validation of the tool – i.e. determining whether or not the questions measure what they are designed to measure, and based on the results, to ascertain whether any changes to the tool were required to improve its internal validity in subsequent waves.

Waves 2 and 3 of administration of the tool were conducted on a different sample from Roy Morgan's Single Source Database. The purpose of these two waves was to test the reliability of the questions. To achieve this, Wave 3 administration was undertaken two weeks after Wave 2 and with the same cohort. This short recall period was designed to minimise the likelihood of any change influencing participants' responses. A target of 410 participants was set for Wave 2 to allow for a small attrition rate in between the two rounds of administration.

A cohort of 400 participants was deemed to be sufficient to accurately determine the validity and the reliability of the tool. As mentioned above, a target of 410 participants was set for Wave 2 to account for attrition between Waves 2 and 3. Quotas for sampling were set by:

- Gender – male/female
- Age group – across three brackets: 18-34; 35-64; 65+
- SEIFA score – across three brackets: 1-3; 4-6; 7-10 (the higher the SEIFA score, the higher the socio-economic status of participants).
- Number of medicines – across two brackets: 0-1 medicines and 2+ medicines.

Only participants who had visited a pharmacy in the last month were eligible to participate. The sampling framework targets and those achieved are detailed in Appendix G.

In addition, prior to Wave 1 of administration, cognitive testing was undertaken to test the functionality, usability, consumer understanding and length of the tool. Cognitive testing was carried out with six individuals. A number of changes were made to the structure and content of the tool as a result of the cognitive testing.

3.4 Administration of the tool

3.4.1 Wave 1 administration

A pilot of the tool was conducted at the outset of Wave 1 with 17 participants. The pilot found that:

- the average length of the interview was 20.34 minutes
- no participant did not know or refused to answer how many medicines they were taking
- questions were easy to answer, with few refusals to answer the questions or 'I don't know' answers
- no participant mentioned that they couldn't distinguish between the pharmacist and other pharmacy staff.

There were a total of 403 interviews were completed in Wave 1 based on the sampling framework. By the end of the administration, the average interview time was 19 minutes.

Analysis and modifications made to the tool post Wave 1 administration

Key findings of Wave 1 were:

- Analysis of Wave 1 responses showed that overall there was good internal consistency of the scales used. This was evident with the cronbach alpha being over 0.75 (range 0-1) for the majority of scoring scales.
- There were however a number of questions, mostly those relating to satisfaction with pharmacy, that had a high proportion of participants responding 'I don't know' or 'Not applicable' which resulted in a high number of missing values.
- Analyses also showed that the internal consistency of the tool could potentially be increased through the clustering of questions when applying scoring scales.

Based on these key statistical findings, the tool was modified slightly for Waves 2 and 3 of administration in order to improve its validity. The key changes made were:

- **A total of 12 questions were removed from the tool.** These were primarily those questions that asked the participant whether it was the pharmacist or another pharmacy staff member who offered explanation, help or advice on things such as how to take prescription medicines and over the counter medicines and medicines management. These questions were removed given that it was evident in the analysis of Wave 1 responses that for prescription medicines, the large majority of participants consult with their pharmacist and for non-prescription medicines, the majority of participants consult with pharmacy staff. Further, participants are asked upfront whether it is the pharmacist or pharmacy staff that they spend more time talking to. It was also determined that these questions did not contribute to the validation of the tool. Based on these findings, it was concluded that the questions did not add value and were thus removed to improve the overall flow of the tool.
- **The response scale for satisfaction questions was changed from a rating of poor to excellent to a scale ranging from very dissatisfied to very satisfied.** This was intended to make it easier for the participant to respond and to minimise the number of missing values (participants responding 'I don't know' or 'Not applicable').
- **Questions with a high number of missing values in Wave 1 were reworded.** This was to try and minimise the number of participants responding 'I don't know' or 'Not applicable'. It was also determined that for the analysis of Wave 2 and 3 responses, clustering would be applied to identified groups of questions aiming to improve the internal consistency of the tool.

3.4.2 Wave 2 administration

The tool was piloted with 30 participants in Wave 2. The key point of feedback from the pilot was to move the screening questions of: whether or not the participant had been to the pharmacy for themselves in the last month; and also questions relating to age, gender and postcode up front, before the participant is asked for their contact details. This was so it can first be determined whether or not the participant qualifies for the survey.

There were a total of 414 interviews achieved in Wave 2 of administration. The average survey length was 22 minutes. This was slightly longer than Wave 1, as participants were asked for more personal contact information so they could be entered in a draw for an incentive prize (there was no draw in Wave 1).

3.4.3 Wave 3 administration

Wave 3 of administration of the tool was carried out on the same subset as Wave 2. The only change made to the tool between Waves 2 and 3 was the requirement that they had to have been to a pharmacy in the last month. All participants needed to have been to a pharmacy in the last month in order to participate in Wave 2, however they may not have been back to a pharmacy by the time they were contacted for Wave 3 (which was approximately two weeks following Wave 2). Rather than terminating the survey for these participants (as per

previous filtering specifications), it was concluded that these participants should still respond to all questions that weren't specific to experience or satisfaction in the last month.

Participants were contacted approximately two weeks after their Wave 2 interview for the administration of Wave 3. There were a total of 368 interviews achieved in Wave 3 of administration, which was lower than the interviews achieved in Wave 2. It was determined however that it would not impact the ability to test the validity of the tool.

3.5 Analysis for the purpose of validation

The George Institute for Global Health undertook the statistical analysis on the data collected from the administration of the tool in all three waves.

Analysis of responses to questions corresponding to the BMQ and the MAQ was carried out based on the scoring algorithms of these tools. For questions related to consumer satisfaction with community pharmacy, scores were created by testing different combinations of questions – i.e. grouping questions, to which a score was applied. For those questions relating to how important consumers perceived aspects of community pharmacy, new scores were applied.

In total, 13 different scores were used on sub groups of questions included in the tool. Some of these scores were calculated based on an average across the individual questions included in the subgroup, whilst others were calculated based on a sum across questions. For scores based on averages, two methods were tested to address missing data. The first was calculating the score only if there was no missing data, the second calculating the score if at least 50% of the questions in the group were answered.

The validity of the tool was determined by examining the following four statistical measures for each scoring scale used in the analysis:

1. **The proportion of missing values** – i.e. examining how many participants responded “I don't know” or N/A.
2. **The internal consistency (measured by the Cronbach alpha)** – i.e. testing the average correlation of questions (how closely they are related) in the tool to gauge its overall consistency.
3. **The sensitivity (measured by the Cohen d)** – i.e. testing the standardised difference between two means.
4. **The reproducibility (measured by the Intraclass Correlation Coefficient (ICC))** – i.e. measuring the ability of the responses to be accurately replicated (that is, bringing about the same responses by participants).

Performance against each of these was assessed using the following guidelines:¹¹

	% Missing	Cronbach alpha	Cohen d	ICC
Good	<5%	>0.7	>0.8	>0.6
Average	5%-10%	0.5-0.7	0.3-0.8	0.4-0.6
Bad	>10%	<0.5	<0.3	<0.4

After testing the 13 different scoring scales against the four statistical measures above it was concluded that:

- Most scores reported high to very high internal consistency
- Reproducibility was either moderate or substantial
- Restricting the calculation of a score to just those cases where there were no missing values for questions (i.e. only questions that were answered by all participants) was found to increase reproducibility slightly, yet it also increased the proportion of missing scores. This was particularly the case with scores calculated on

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Retrieved from the Kings College London, <http://www.kcl.ac.uk/iop/depts/biostatistics/SAS/faqs9.aspx>

questions in the tool measuring satisfaction with community pharmacy. Based on this, scores calculated using averages were only computed when at least 50% of the questions had been answered.

- Questions relating to consumer awareness of services offered in a community pharmacy setting were shown not to add value to the overall validity of the tool, and thus were removed in the final version included in Appendix H.
- Questions relating to consumer satisfaction specific to prescription and non-prescription medicines were also shown not to add value to the overall validity of the tool due to high numbers of missing values, and thus were removed in the final version included in Appendix H.

Further, the tool was found to be **sensitive to differences in population groups** across the following factors:

- **Age** – the tool was found to be sensitive to differences in age across responses to all questions.
- **Gender** – the tool was found to be sensitive to difference in gender for questions relating to health literacy, and the level of importance consumers placed on various aspects of community pharmacy
- **SEIFA** – the tool was found to be sensitive to differences in socio-economic status (measured by SEIFA score) for questions relating to health literacy, satisfaction with community pharmacy services and the importance consumers placed on various aspects of community pharmacy.
- **Number of medicines (prescription and non-prescription/complementary)** – the tool was found to be sensitive to differences in the number of medicines a consumer was taking for questions relating to health literacy, satisfaction with community pharmacy services, and the importance consumers placed on various aspects of community pharmacy.
- **SF1** – the tool was found to be sensitive to differences in a consumer's self-rated health status, measured by the SF1, to questions relating to health literacy, self-efficacy around medicine management, and the importance consumers placed on various aspects of community pharmacy.

Descriptive analysis

Descriptive analyses were carried out on all questions included in the tool. This analysis highlighted those questions with a high proportion of missing values. Specifically, it identified the following questions which had the most significant number of missing values:

- Does your pharmacist communicate with your doctor about your medicines or general health?
(394/414 missing = 95%)
- In the last month, how satisfied were you with the extent to which your pharmacist involved you in decisions about your medicines? For example whether you preferred a generic medicine, discussing the range of cold and flu medicines available and what might be best for you etc.?
(90/414 missing = 22%).

It is likely that these questions had the highest number of missing values as they had not experienced, or knew about, their pharmacist communicating with their doctor, nor had their pharmacist involve them in decisions about medicines – leading participants to respond 'I don't know' or 'Not applicable' to these questions. Based on this finding, these questions have also been removed from the final Measurement Tool presented in Appendix H.

3.6 Conclusions

Given the significant investment in programs and services in community pharmacy, there is a need to better understand and measure the benefit and experience that community pharmacy provides to the Australian community. As such, one of the principal objectives of the Consumer Needs project was to develop and validate a measurement tool that could provide insights into how community pharmacy impacts consumers. This has been achieved and the tool is ready for future use, as is evidenced in the statistical validation described previously. In particular, the robustness of the tool is evident in the fact that it was found to be sensitive across

all four factors tested – that is by age, gender, socio-economic status (measured by SEIFA) and self-rated health status (measured by SF1).

Now that the tool has been validated, it is fit for purpose to be administered to consumers, helping to better understand the benefit and experience they get from investment in community pharmacy programs and services. This will be useful in informing future primary health care policy and needs to form part of an improved measurement strategy of the investments made in both community pharmacy and primary health care more broadly. Practical guidance notes on administering the tool have been included in Appendix I.

Examples of how the tool could be used in the future include:

- Identifying differences between population groups in terms of how consumers experience community pharmacy and what the barriers/enablers are in terms of accessing services – this can be achieved given the tool has proven sensitive to differences across demographic characteristics.
- Determining the impact of a community pharmacy intervention on a group of consumers – this could be achieved through administering the tool directly before and after the intervention to monitor the impact that it had. This may be in terms of a consumer's health literacy, beliefs about medicines (measured through the BMQ), or medication adherence (measured through the MAQ).
- Measuring change at a community pharmacy agreement level – for example administering the tool before and after the fifth community pharmacy agreement to monitor change in relation to consumers' level of satisfaction with community pharmacy
- Monitoring differences in consumers' perceptions and expectations relating to community pharmacy and medicines depending on a number of factors – e.g. whether they frequent a community style pharmacy versus a discount style pharmacy/how frequently they access community pharmacy/their gender or age.
- Applying the tool to measure change and impact in other areas of primary health, for example general practice. The broad question domains that make up the tool have been designed in a way that they can be replicated across other areas.

Administering the tool may also serve as an initial step to inform cost benefit analyses around the value of community pharmacy run programs or interventions. The tool is designed to show value or impact realised at a consumer level; which is important to consider in addition to value at a health system level. For example, administering the tool before and after a community pharmacy program has been implemented may show tangible improvements in a consumer's level of health literacy or self-efficacy around medicine management. The dollar value of these changes could then be calculated in a cost benefit analysis aimed at determining whether or not the program should be continued or discontinued.

5 Discussion

This section provides a discussion of the findings from the Consumer Needs project.

How can community pharmacy play an increased role in a changing primary healthcare system?

The primary healthcare system is changing, with service delivery becoming more integrated to face the growing demand on the health system. This increase in demand is being driven by an ageing population, the increased prevalence of chronic disease, ever growing community expectations and continued advances in medical technology including the expansion of information systems. The changing landscape is characterised by a move towards more collaborative multidisciplinary care models with the consumer at the centre – i.e. designed around supporting the individual, their family and carers in the care received. This shift towards a consumer-centric model is creating a more empowered group of consumers who actively participate in decisions about their health.

Community pharmacy has great potential to play a much larger role in reforming the way primary care is delivered. The accessibility of community pharmacy, with its convenient location, longer opening hours and appointment free visits, means that it is often the first point of contact between consumers and the health care system. This makes it well placed to provide services to consumers and only goes to reaffirm the increased role it can play in the context of recent primary health reform. In order for community pharmacists to become integrated into the system, there is a need for both collaboration with other health professionals, namely prescribers, and greater focus on the consumer – i.e. delivering a service that goes beyond just providing a product.

Community pharmacy can play a significant role in helping consumers better manage their health conditions in the community and also in health promotion and prevention. Two key identified areas of focus are administering medicines reviews and increasing consumer health literacy, empowerment and self-efficacy. Through increased administration of medicines reviews, community pharmacy can help increase medicine adherence, reduce adverse events from interactions between medicines, and increase consumer health literacy in helping consumers to learn how their medicines impact their medical conditions.

Community pharmacy further has the potential to increase consumer empowerment and self-efficacy in relation to health, encouraging consumers to take a more pro-active approach in the management of their health. Consumers with high self-efficacy in relation to their health are more likely to change risky behaviours such as smoking, will set more challenging goals to improve their health and have higher persistence against setbacks that may undermine motivation. Before consumers can adopt an empowered approach in the management of their health, they need to be health literate. Not only does the literature show that low health literacy is a statistically independent risk factor for poor health¹² but it also highlights that only 41% of Australians have adequate to high levels of health literacy to successfully access, understand, evaluate and communicate health information as a way to promote, maintain and improve health.¹³ In the interactions that pharmacists have with consumers, whether it be advising them how to take a medicine or offering health advice around a minor ailment or chronic condition, pharmacists could take advantage of this opportunity to both increase consumer health literacy and encourage consumers to take a pro-active approach to the management of their health.

The importance of understanding consumer needs, expectations and experiences

In order for community pharmacy to play an increased role in the delivery of primary health care services, it is important that there is a comprehensive understanding of consumer needs, expectations and experiences as

¹² Kanj, M. and Mitic, W. (2009). *Health Literacy and Health Promotion: Definitions, Concepts and Examples in the Eastern Mediterranean Region*. Individual Empowerment- Conference Working Document. World Health Organisation

¹³ Australia Bureau of Statistics (2006) *Health Literacy, Australia*. Retrieved from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features20June+2009>

they relate to community pharmacy. This is essential in terms of informing the pharmacy profession and policy makers which areas are currently working well and those that require change or development. A better understanding of consumer needs, expectations and experiences is also important from a business perspective for community pharmacy, given the growing competition from discount pharmacies and supermarkets.

The *Consumer Needs* project has begun to form a baseline understanding of consumers of community pharmacy through the Literature Review, Community Survey and Focus Groups.

In terms of consumer needs from community pharmacy, there was very little information found in the literature. This is likely to be attributed to the lack of consensus on the definition of 'need', as well as the difficulty consumers have differentiating specific health needs from expectations. The Community Survey showed that the large majority of consumers access their pharmacy at least once a month with frequency of access increasing with age. Consumers were seen to go to the same pharmacy to meet the majority of their needs, this more evident in consumers over the age of 65. Not surprisingly, the most common reason for accessing a pharmacy was to buy prescription medicines. When it came to over the counter and complementary medicines, consumers reported often buying these at the supermarket due to convenience and lower cost. The Community Survey and focus groups showed that while consumers do access their pharmacy for health advice for minor ailments and conditions, they do not see their community pharmacist as a provider of health services, with only 12% of respondents in the survey reporting accessing health services outside the dispensing of medicines. This finding is likely a result of an overall lack of awareness of what services can be accessed in community pharmacy.

Convenience was the leading influencing factors behind consumers' choice of pharmacy. The Community Survey showed a slight variation, depending on age, for the second most important factor that influenced choice of pharmacy. For consumers below the age of 50, it was cost; and for those aged 50 or older, it was the interaction or relationship they had with the pharmacist.

In terms of consumer expectations as they relate to community pharmacy, it was found that consumers expect:

- the pharmacist to provide advice on medicines
- to be offered a generic version of a medicine if it is available
- to be informed when updated information becomes available on medicines
- for the pharmacist to provide health advice on minor conditions
- for the pharmacist to collaborate with their GP if necessary
- to be able to speak privately with the pharmacist
- to be treated with respect and consideration

Interesting to note is that the literature review, stakeholder consultations and focus groups were consistent in finding that there is a perception of pharmacists being 'too busy' to provide personalised advice to consumers. Further, there was a perceived lack of time for community pharmacists to provide health services other than prescribing medicines – for example health promotion and management services. It was also found that a lack of privacy in the pharmacy creates a barrier to the uptake of these services.

Both the literature and the Community Survey and focus groups showed that overall consumers are satisfied with the services used in community pharmacy and the interactions they had with their pharmacist or pharmacy staff. Interestingly, the Community Survey showed satisfaction increased with age, which may be due to older participants more likely to have established a strong relationship with their pharmacist over many years and more likely to go to the same pharmacy for most of their needs.

It is important to consider consumer satisfaction in the context of initial expectations and the level of consumer awareness. For example, it was found that overall consumers' still view the principal role of the pharmacist to dispense and give advice around how to take prescription medicines, as opposed to providing screening and health promotion services. This lack of awareness around the expanded role pharmacists can play is linked to lower expectations in this area, which may then translate to higher satisfaction when these services are offered to the consumer.

Overall, many of the findings of the Community Survey and Measurement Tool were in line with the findings and perceptions in the literature.

Areas of future focus for community pharmacy

This research project has highlighted two key focus areas for community pharmacy in the future:

- There is a need to increase consumer awareness around what health services, other than the dispensing of medicines, can be accessed in community pharmacy. This will be important in terms of increasing consumer recognition of the full capabilities of community pharmacists and further the integral part they play in the primary health care team.
- Community pharmacists can play a greater role around helping consumers better manage their medicines, including complementary medicines. In particular, around the possible interactions with prescription and over the counter medicines. This can be expected to have an impact on the number of medicine related adverse events.

Other areas for change identified included:

- Greater differentiation of the pharmacy from the supermarket
- Increased use of electronic transfers and storage of information
- More privacy to discuss health matters with the pharmacist
- More integration with other health service providers, for example increased communication between pharmacists and GPs
- Increased communication to the community, for example around extended opening hours, pricing of prescriptions and what services are offered.

However, the cost effectiveness of these areas for change need to be determined before being implemented.

Measuring the impact of community pharmacy on consumers

The Literature Review showed that in terms of community pharmacist delivered care, three types of indicators were identified: (1) clinical; (2) humanistic and (3) behavioural. Studies showed many of the core measurement indicators were the same suggesting that the measurement of a core group of indicators has the potential to observe the input and impact on consumer health outcomes across a range of areas in community pharmacy.

Building on the findings in the literature, a measurement tool was developed and validated. Questions were developed under four core domains: demographic and health information, utilisation of community pharmacy services, attitudes and beliefs around medicines – including self-efficacy around medicines, and the impact of community pharmacy on consumers, both in terms of overall consumer satisfaction and the impact of pharmacy on the health literacy of consumers.

An underlying goal of the project was to design a tool that could provide insights into how community pharmacy impacts consumers. This has been achieved, and is evidenced in the following statistical validation outcomes of the tool:

- The majority of scores reported high to very high internal consistency
- Reproducibility was either moderate or substantial
- The tool was found to be sensitive to differences in population groups across age, gender, SEIFA, the number of medicines (prescription and non-prescription/complementary) a consumer was taking and a consumer's self-rated health status (SF1).

Now that the tool has been validated, it is fit for use and will help to better understand and measure the benefit and experience that consumers gain from community pharmacy and to inform future policy and investment in programs and services. Examples of how the tool could be used in the future include identifying differences between population groups in terms of how consumers experience community pharmacy and what the barriers/enablers are in terms of accessing services and determining the impact of a community pharmacy intervention on a group of consumers.

The tool needs to form part of a better measurement strategy in primary health care. For example, administering the tool may provide an initial step in informing cost benefit analyses on the value of community pharmacy run programs or interventions. The tool is designed to show value or impact at a consumer level which is important to consider in addition to value at a health system level. For example, administering the tool before and after a community pharmacy program may show tangible improvements in a consumer's level of health literacy or self-efficacy around medicine management. The dollar value of these changes could then be calculated in a cost benefit analysis aimed at determining whether or not the program should be continued or discontinued.

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Appendix A Summary of consumer expectations and experiences by area of service delivery

Service delivery area	Consumer expectations and experiences
Health prevention and promotion	<p><i>Consumer expectations</i></p> <ul style="list-style-type: none"> • Lack of awareness of services and of community pharmacists' skill and knowledge • Perception about the lack of privacy in community pharmacies • Perception of pharmacists being "too busy" and biased in recommending products • Low expectations about being offered health prevention and promotion services in community pharmacies • High willingness to seek advice about medications • Belief that community pharmacist is capable of providing advice on lifestyle changes <p><i>Consumer experiences</i></p> <ul style="list-style-type: none"> • Low usage of health education and information • Little encouragement from pharmacist to receive services • Consumers rarely actively seek advice from community pharmacist • High satisfaction with health education and information services
Screening and diagnosis	<p><i>Consumer expectations</i></p> <ul style="list-style-type: none"> • Perceived lack of privacy in community pharmacies • Negative view of community pharmacists as an alternative for GPs for serious health issues • Desire for community pharmacists to play a bigger role in complementary and alternative medications use • Believed community pharmacists were capable of screening or testing for raised blood pressure and diabetes • Positive views of community pharmacist medications expertise in prescribing • Negative views of community pharmacists in regards to developing a relationship with consumers, lack of access to medical records and limited role in primary health care provision • Negative views of pharmacists' knowledge about complementary and alternative medicines (CAMs) <p><i>Consumer experiences</i></p> <ul style="list-style-type: none"> • High satisfaction with community pharmacist signposting to other health professionals • Positive experiences with cardiovascular, alcohol and bone density sensitive screening • Positive experiences with chlamydia testing • Positive experiences with community pharmacy consultations about CAMs

Service delivery area	Consumer expectations and experiences
Management, treatment and rehabilitation	<p><i>Consumer expectations</i></p> <ul style="list-style-type: none"> • Low awareness of medications review and management services, e.g. Home Medicines Review (HMR) • Perception that GPs are better qualified to provide advice • Low willingness to use community pharmacy services • Low awareness of pharmacists' advanced certifications in chronic disease management, e.g. Diabetes Educator • High expectations regarding advice about medications • High willingness to use chronic disease management services • Preference for community pharmacists to play a bigger role in asthma care • about lack of privacy in community pharmacy <p><i>Consumer experience</i></p> <ul style="list-style-type: none"> • High satisfaction for individual consultations • A reported lack of privacy for individual consultations • Perceived lack of time for community pharmacists to provide services • Increased consumer knowledge of medications/ health literacy • High level of satisfaction with medications management services in Australia and internationally • Low satisfaction with provision of cardiovascular medications • Willingness to pay for community pharmacist provided asthma services
Palliative care	<p><i>Consumer expectations</i></p> <ul style="list-style-type: none"> • Perception that community pharmacists are willing to go out of the way to help • Belief that pharmacists are a valuable resource for medication advice and side effects <p><i>Consumer experience</i></p> <ul style="list-style-type: none"> • Valued easy accessibility of community pharmacists • Community pharmacists were often the first point of contact

Appendix B 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 NECCESARY, 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 NECCESARY, 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 C Community Survey Analysis

Consumer Needs

Appendix C: 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

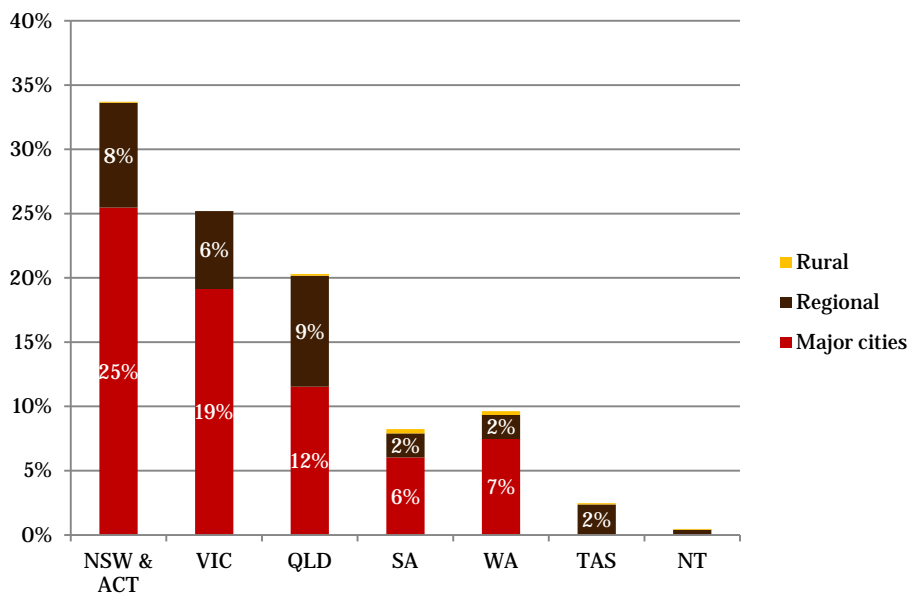
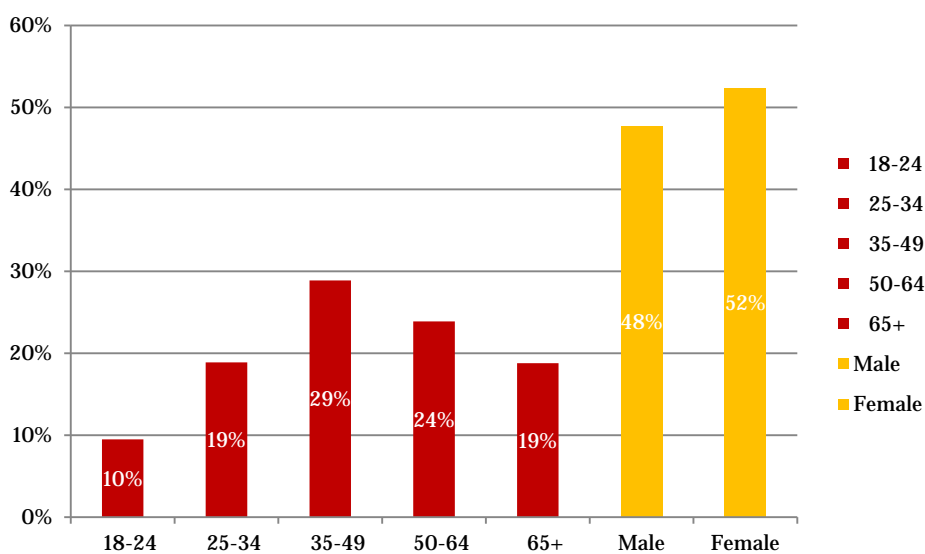
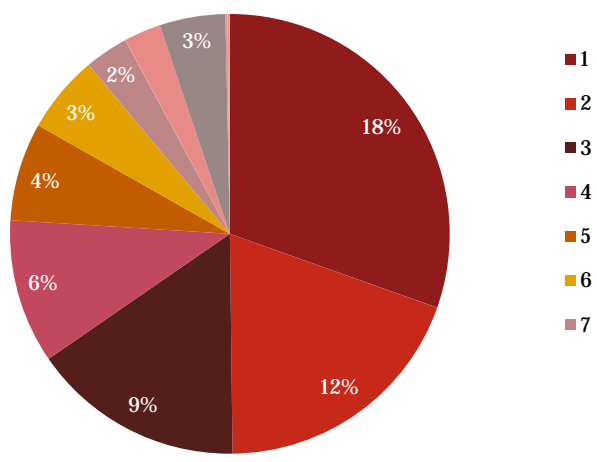


Figure 2: Age and gender of participants



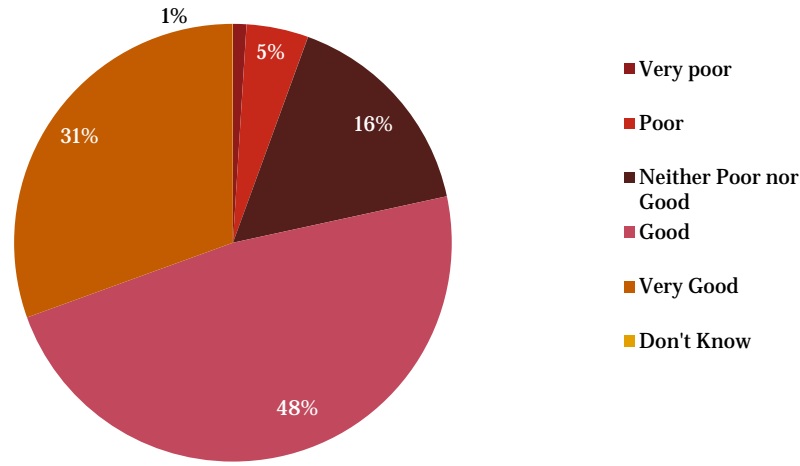
Number of medicines participants were taking

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



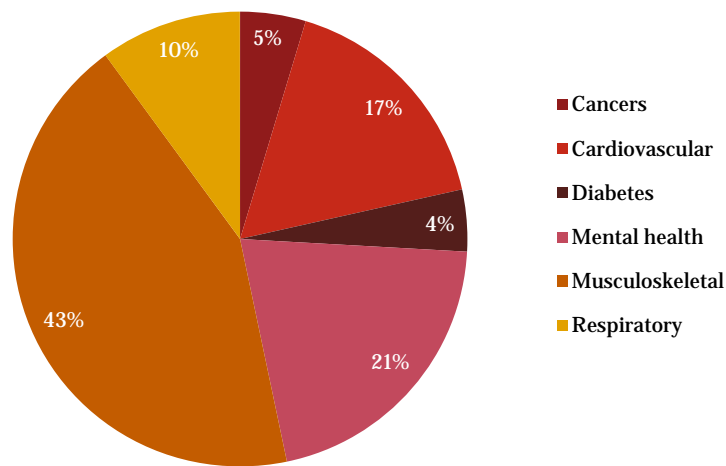
Participants self rated health status

Figure 4: Participants self-rate health status



Proportion of participants with health conditions

Figure 5: Proportion of participants with health conditions



Health condition classifications

<i>Cancers</i>	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)	<i>Mental health</i>	Anxiety Attention deficit disorder Autism Bipolar Depression Mood disorder (not depression or bipolar) Obsessive compulsive disorder Panic attack Schizophrenia Stress
<i>Cardiovascular</i>	Angina Arteriosclerosis Stenosis - Cardiac Cardiovascular disease Cholesterol problems Deep vein thrombosis Heart attach Heart disease High blood pressure Irregular heartbeat Oedema Stroke Vericose veins	<i>Musculoskeletal</i>	Arthritis Back pain Gout Knee pain Muscular aches and pains Muscular dystrophy Osteoarthritis Osteoporosis Rheumatoid arthritis Scoliosis Shoulder pain Spinal disorders
<i>Diabetes</i>	Diabetes Type 1 Diabetes Type 2 - treated with diet Diabetes Type 2 - treated with tablets Diabetes Type 2 - treated with insulin	<i>Respiratory</i>	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)

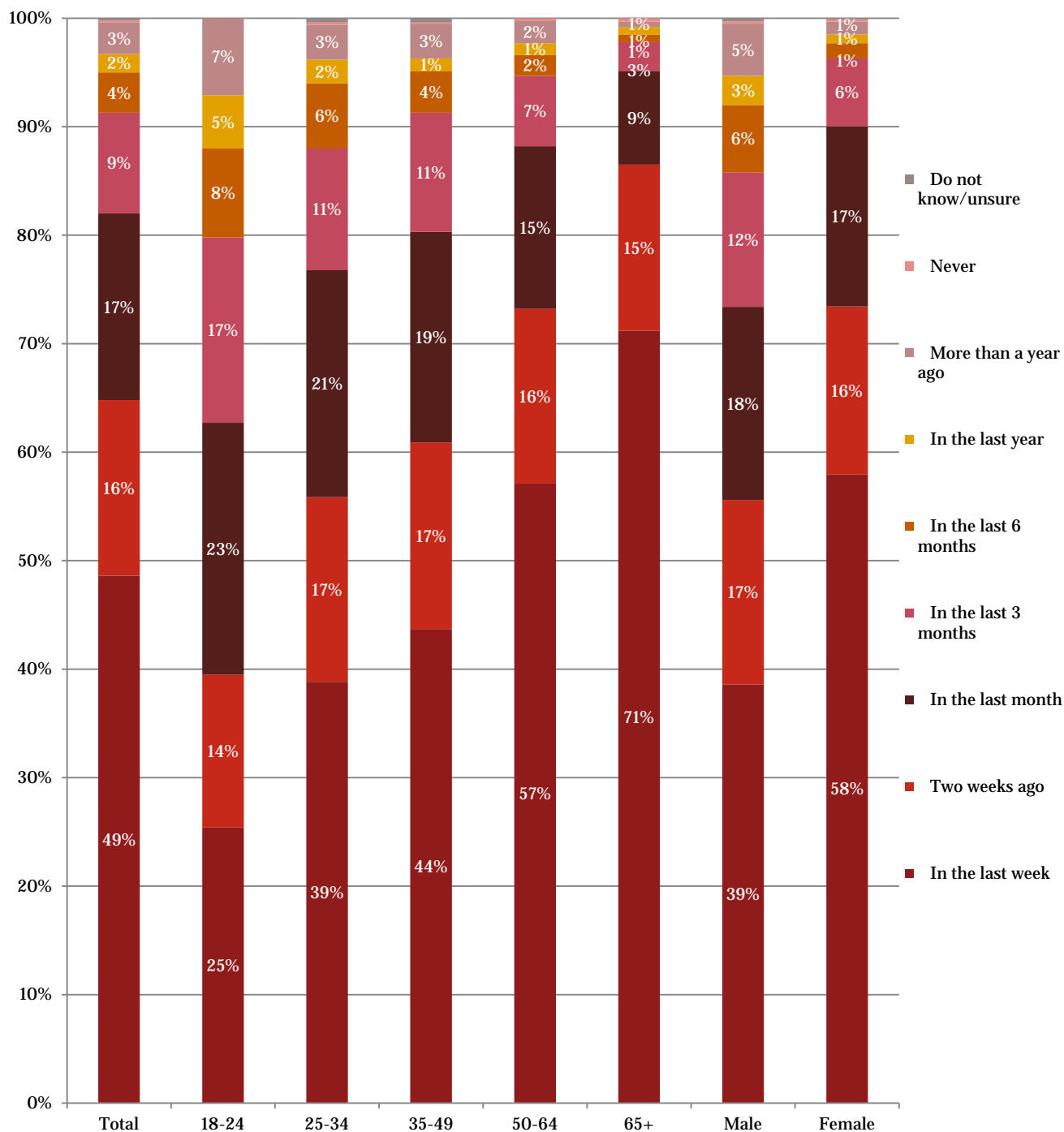


Figure 7: Q1. Last visit to a pharmacy (by location and SEIFA)

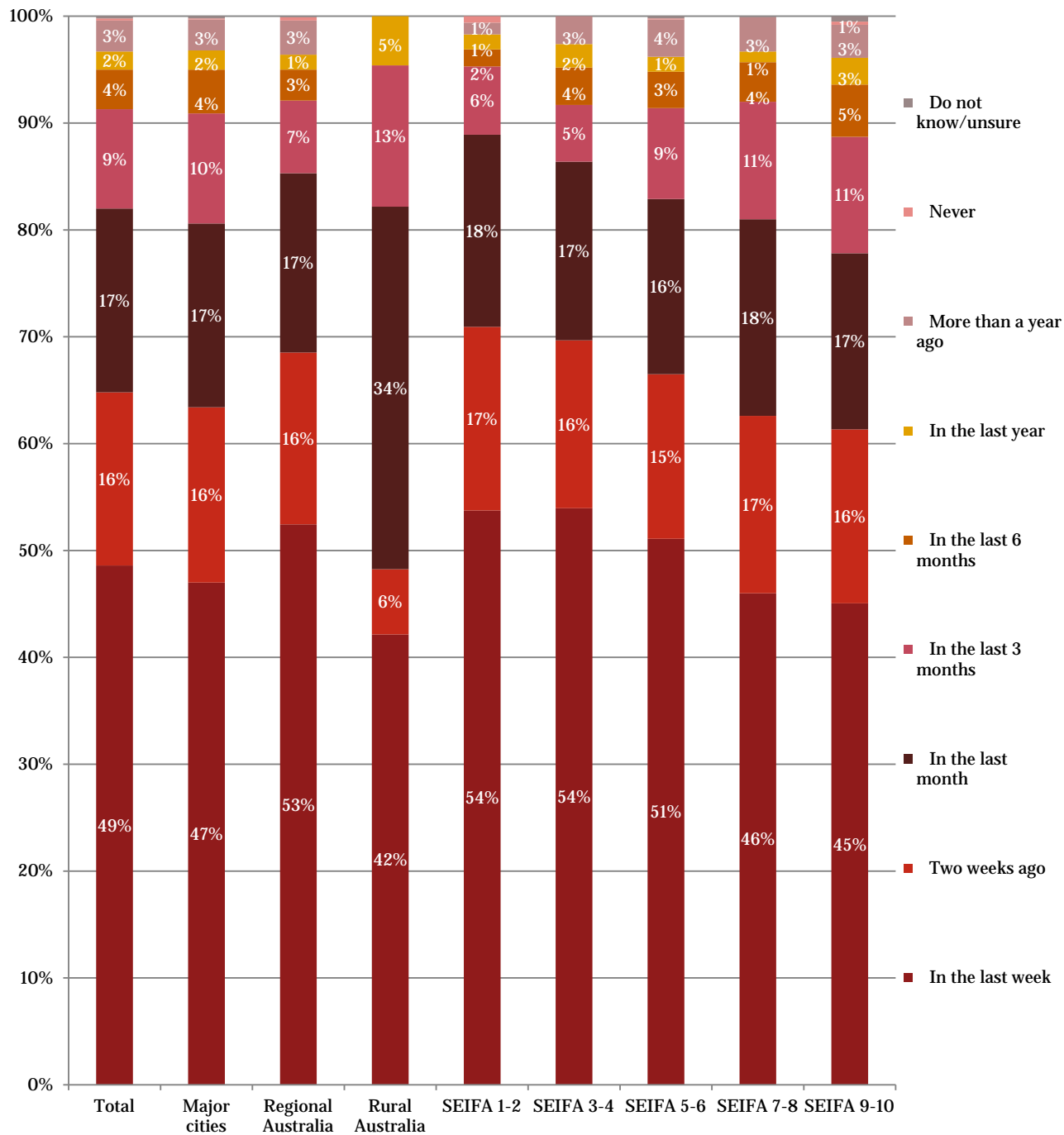


Figure 8: Q2. Why have you never been to a pharmacy? (by age and gender)

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)

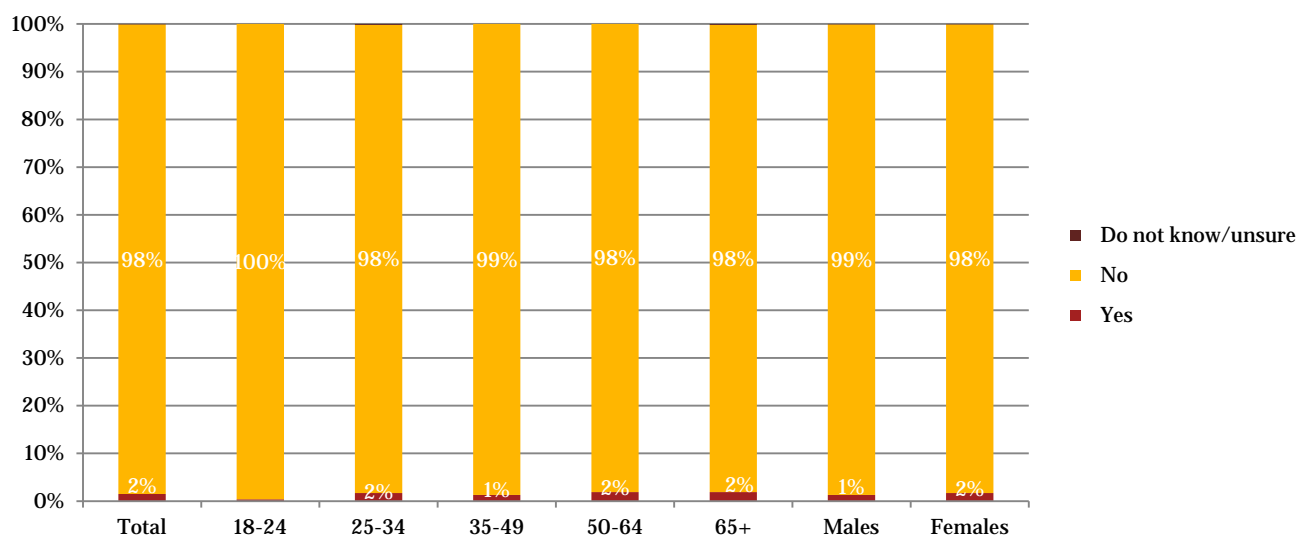


Figure 11: Q3. Difficulties accessing a pharmacy? (by location and SEIFA)

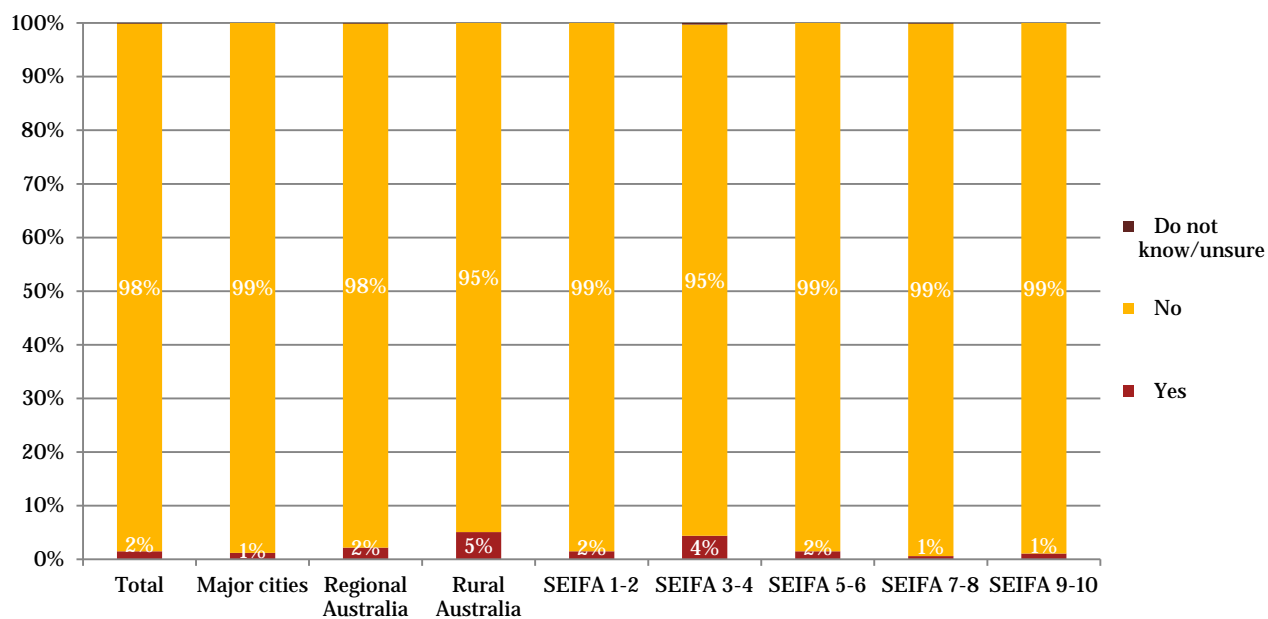


Figure 12: Q4. Reasons for difficulty accessing pharmacies (by age and gender)

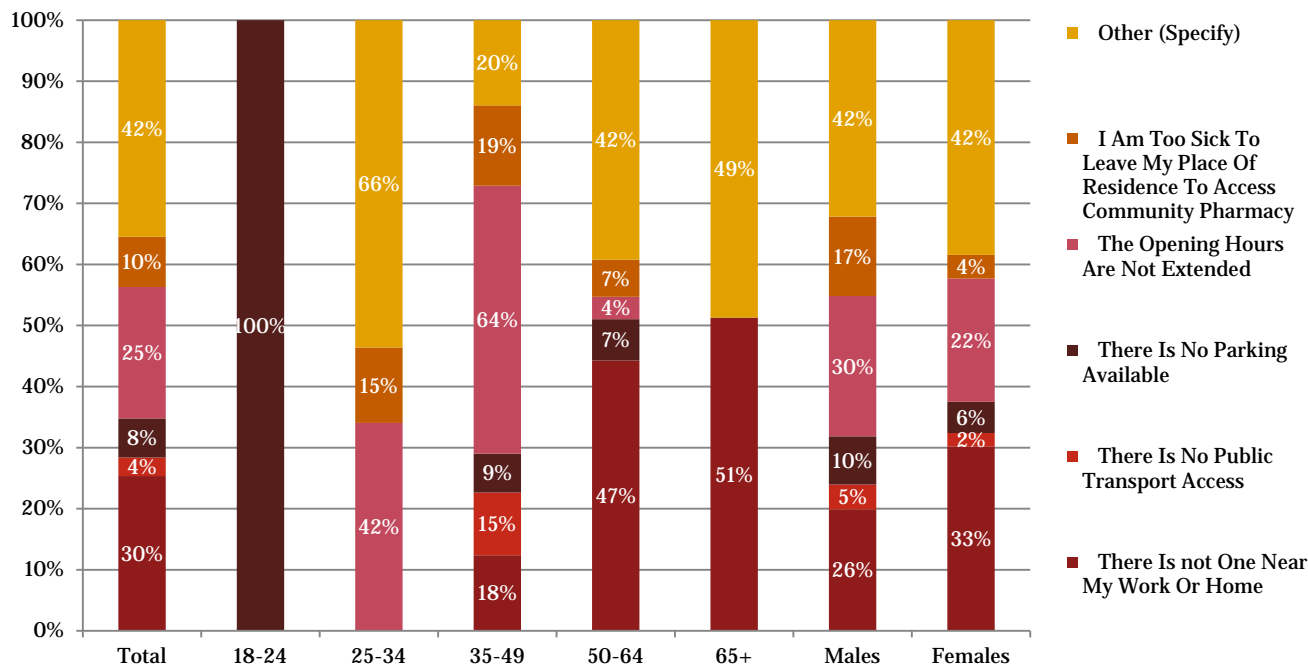
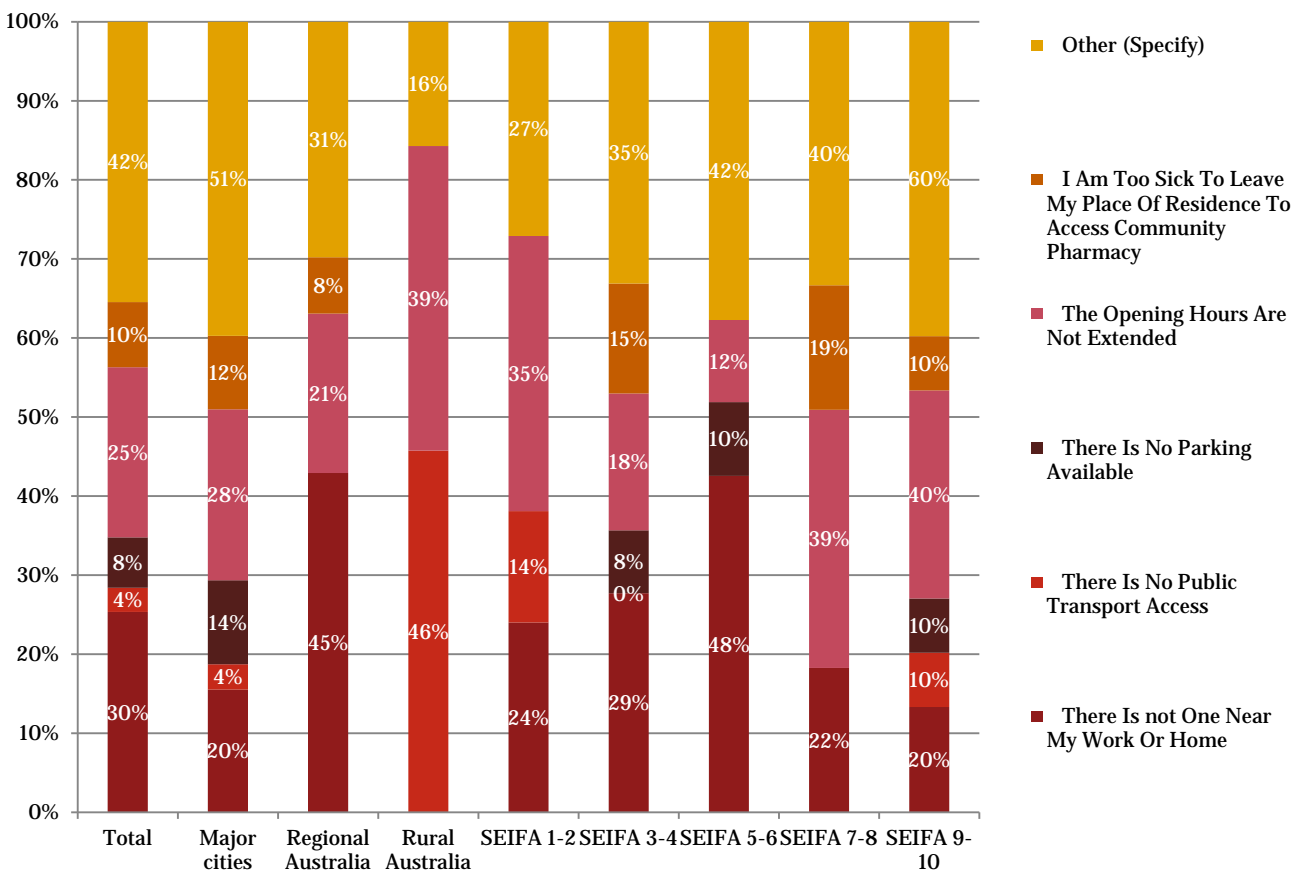


Figure 13: Q4. Reasons for difficulty accessing pharmacies (by location and SEIFA)



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)

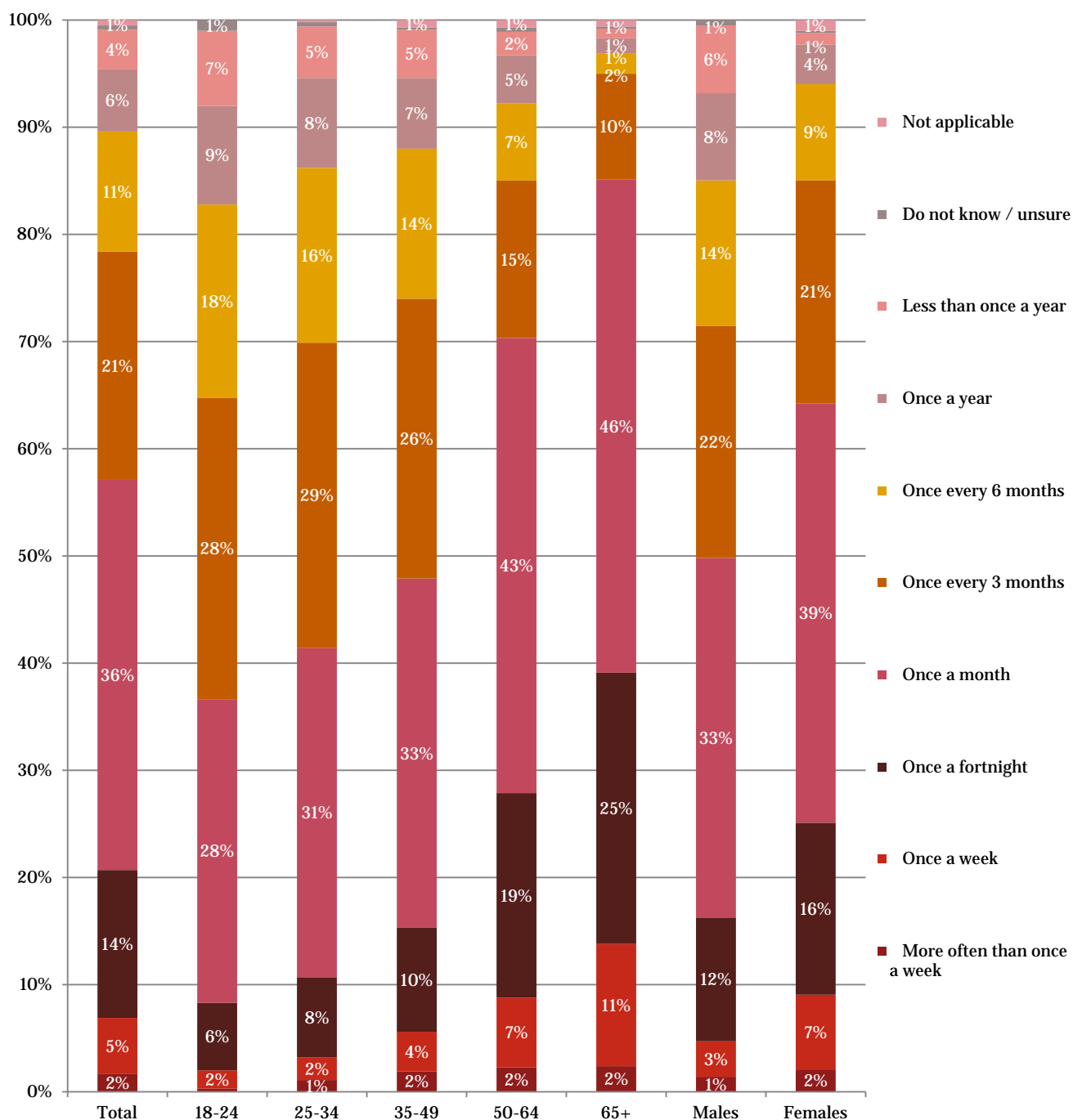


Figure 15: Q5A. Frequency of using pharmacy for yourself only (by location and SEIFA)

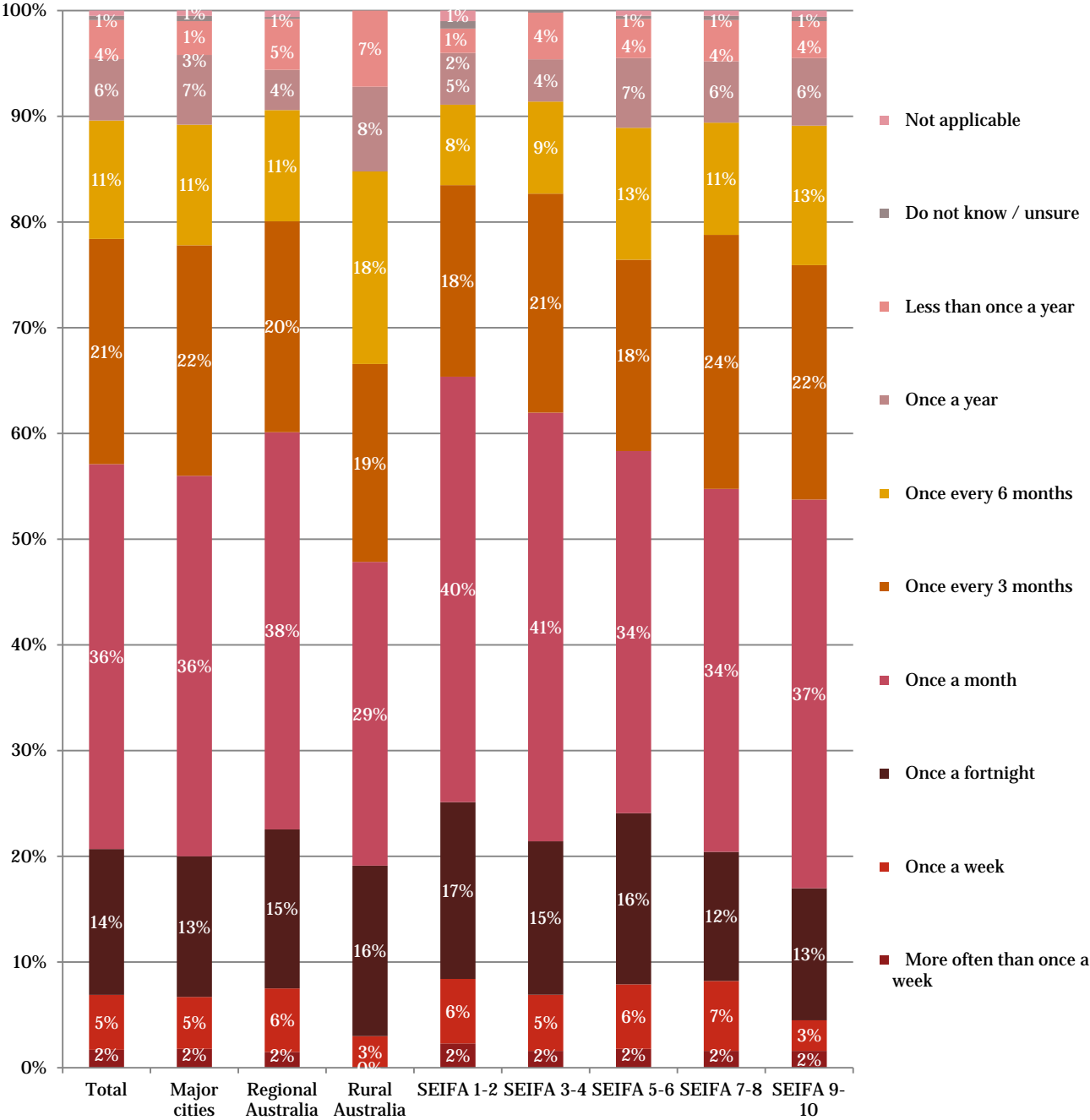


Figure 16: Q5B. Frequency of using pharmacy for yourself and others (by age and gender)

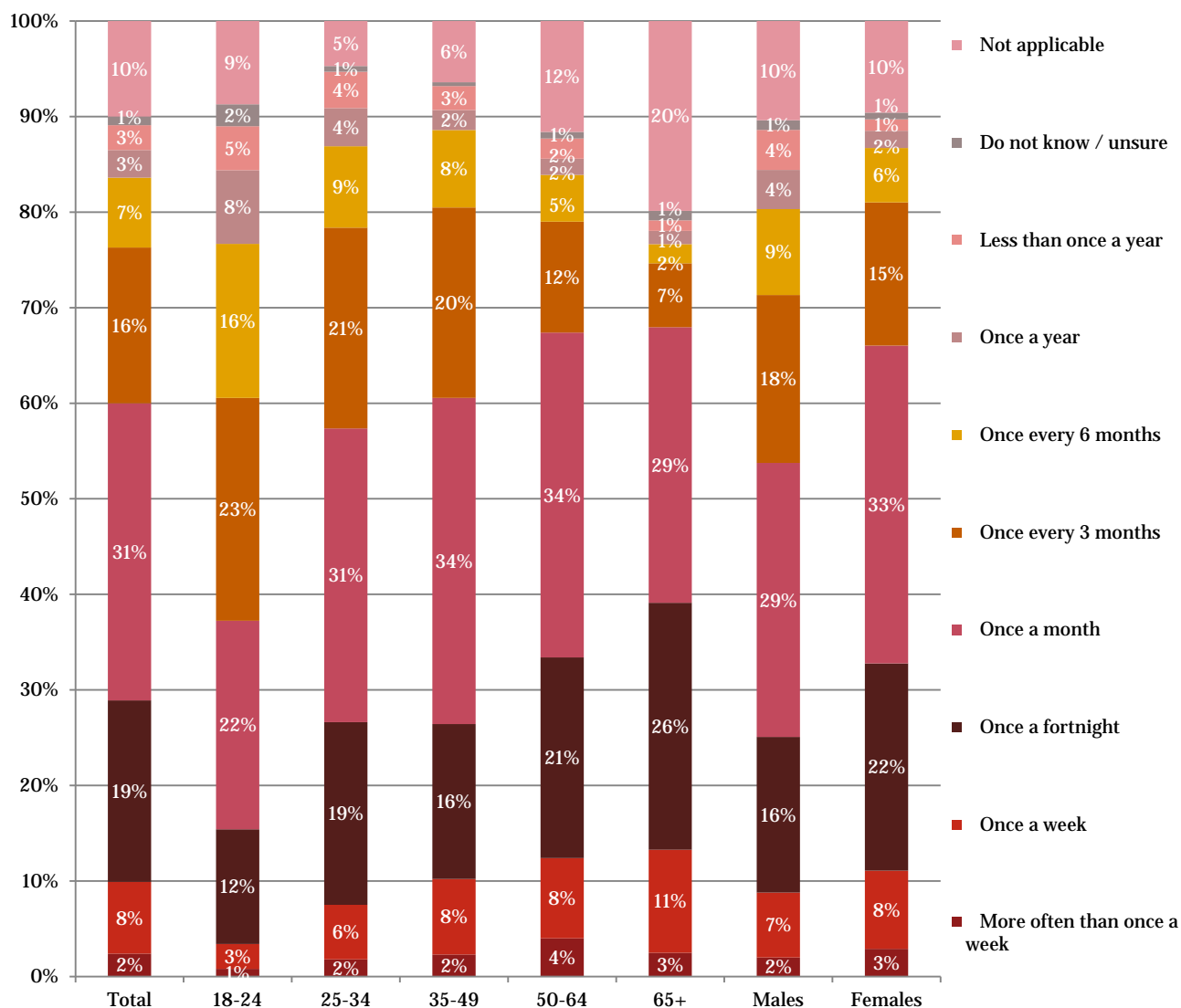


Figure 17: Q5B. Frequency of using pharmacy for yourself and others (by location and SEIFA)

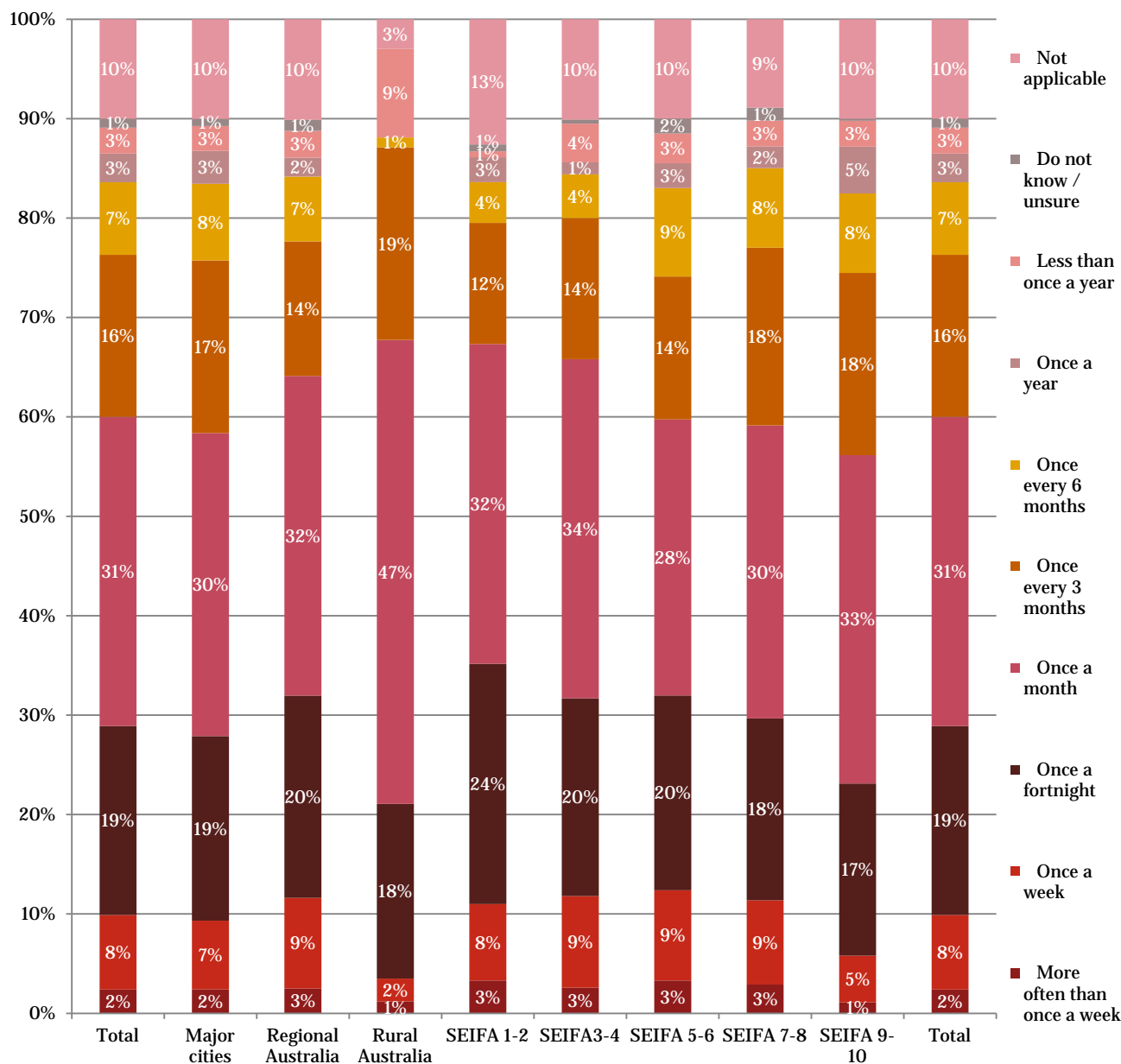


Figure 18: Q5C. Frequency of using pharmacy for others only (by age and gender)

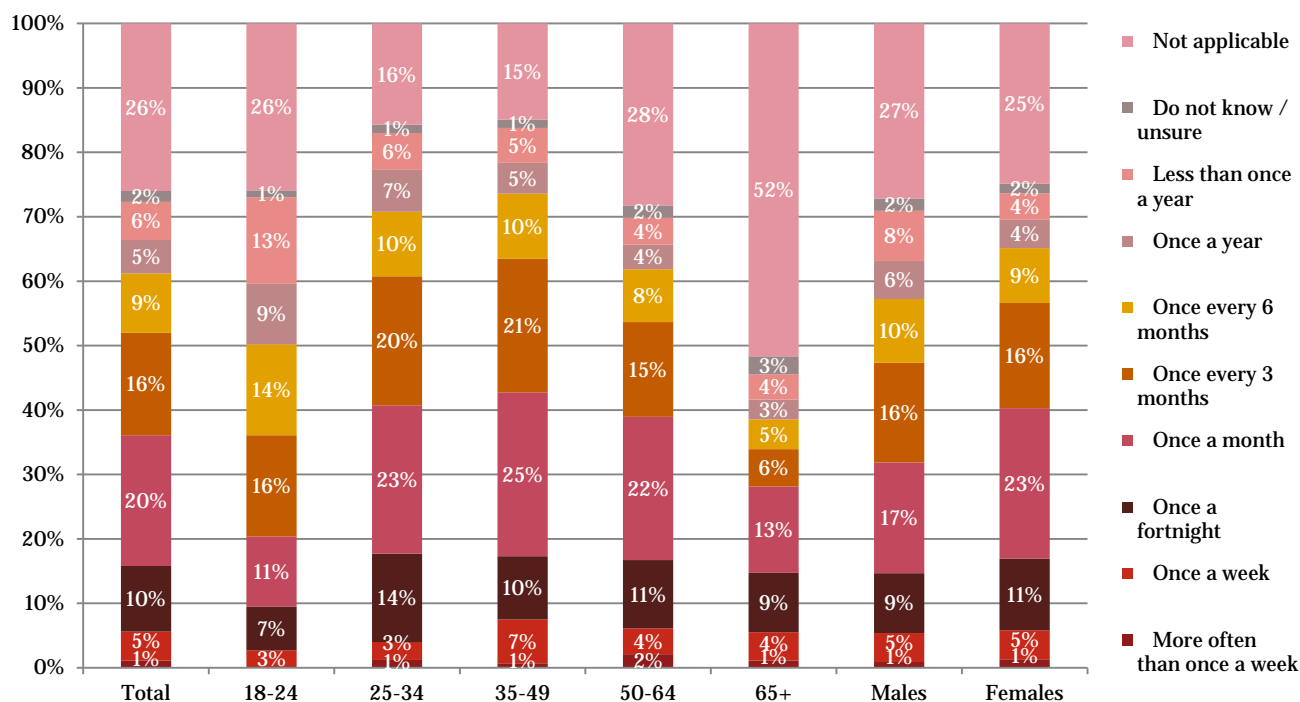
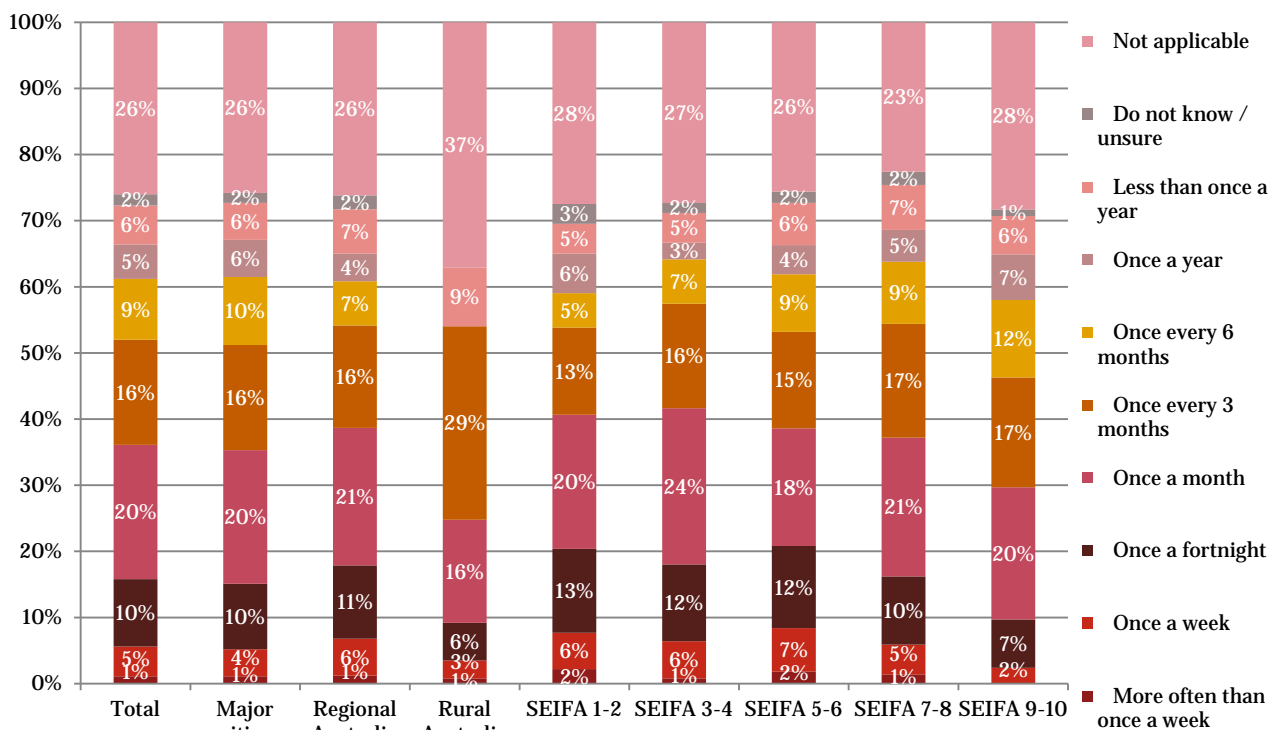


Figure 19: Q5C. Frequency of using pharmacy for others only (by location and SEIFA)



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)

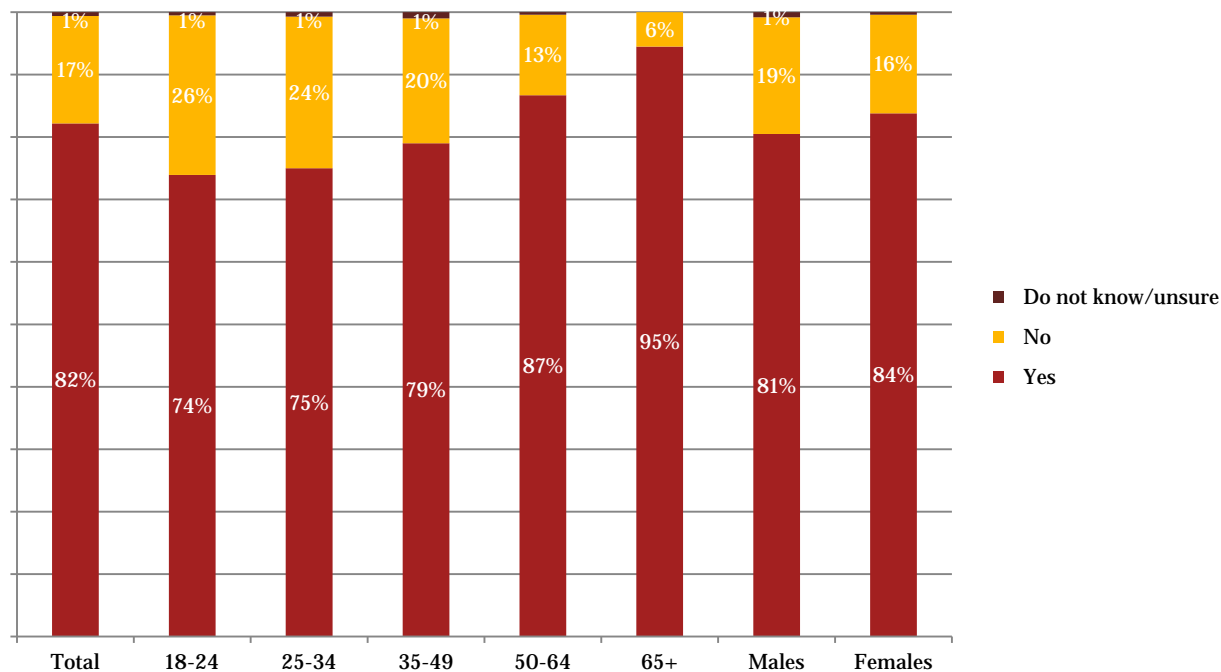


Figure 21: Q7. Do you go to the same pharmacy for most of your pharmacy needs more than 75% of the time? (by location and SEIFA)

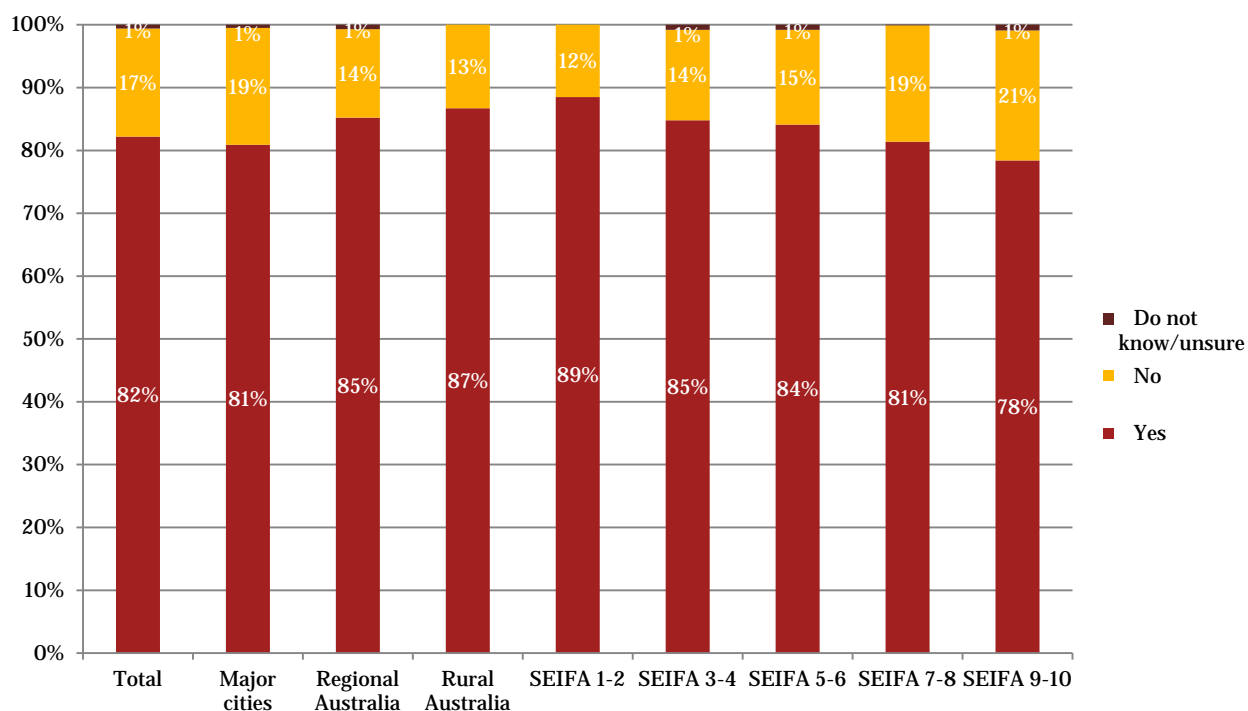


Figure 22: Q10. How many different pharmacies have you used in the last three months? (by age and gender)

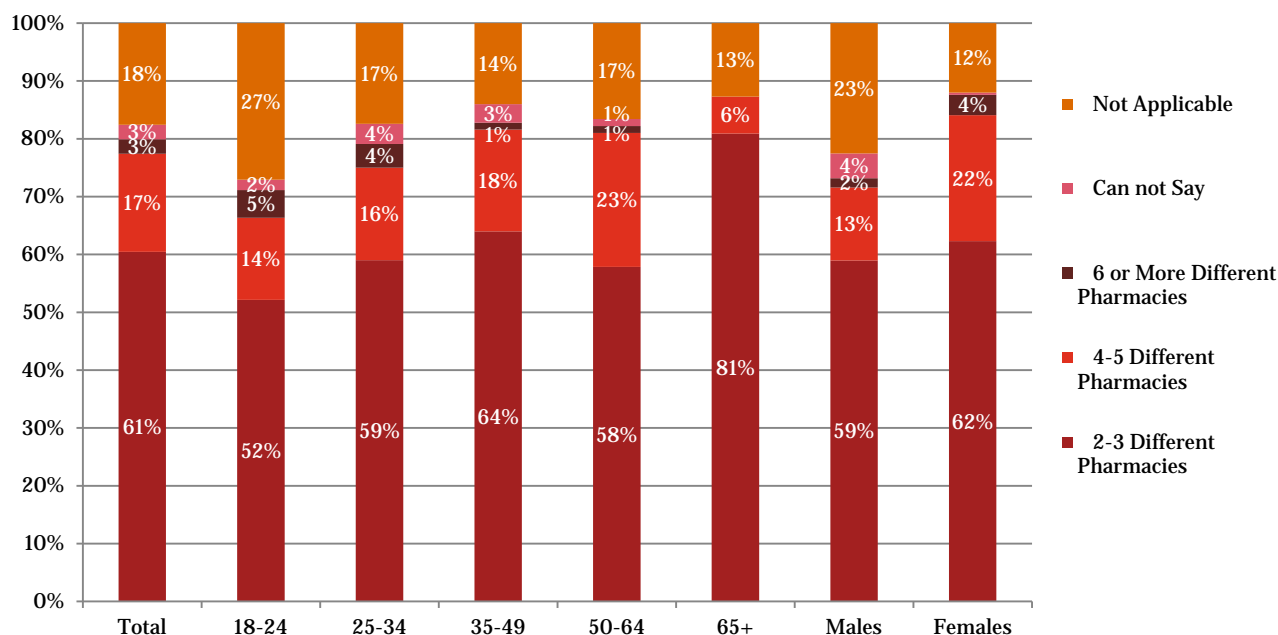
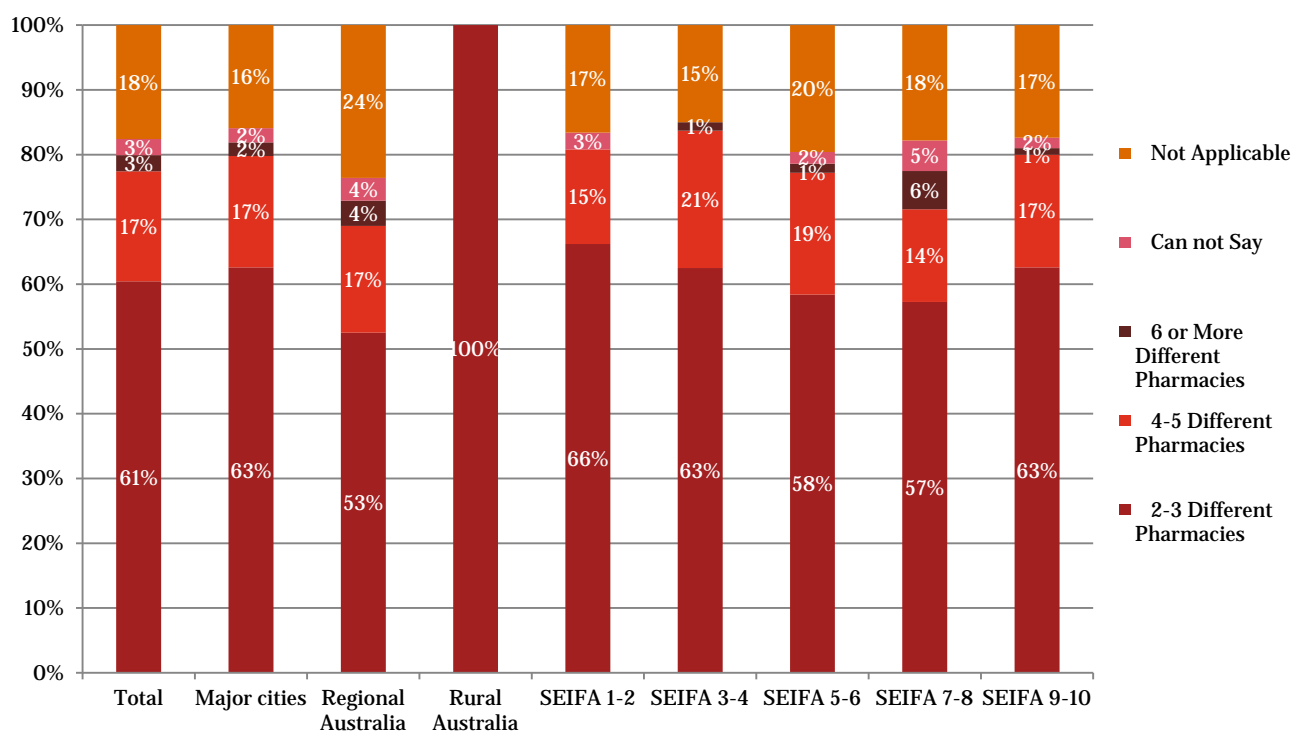


Figure 23: Q10. How many different pharmacies have you used in the last three months? (by location and SEIFA)



1.2.5 Type of pharmacies accessed

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

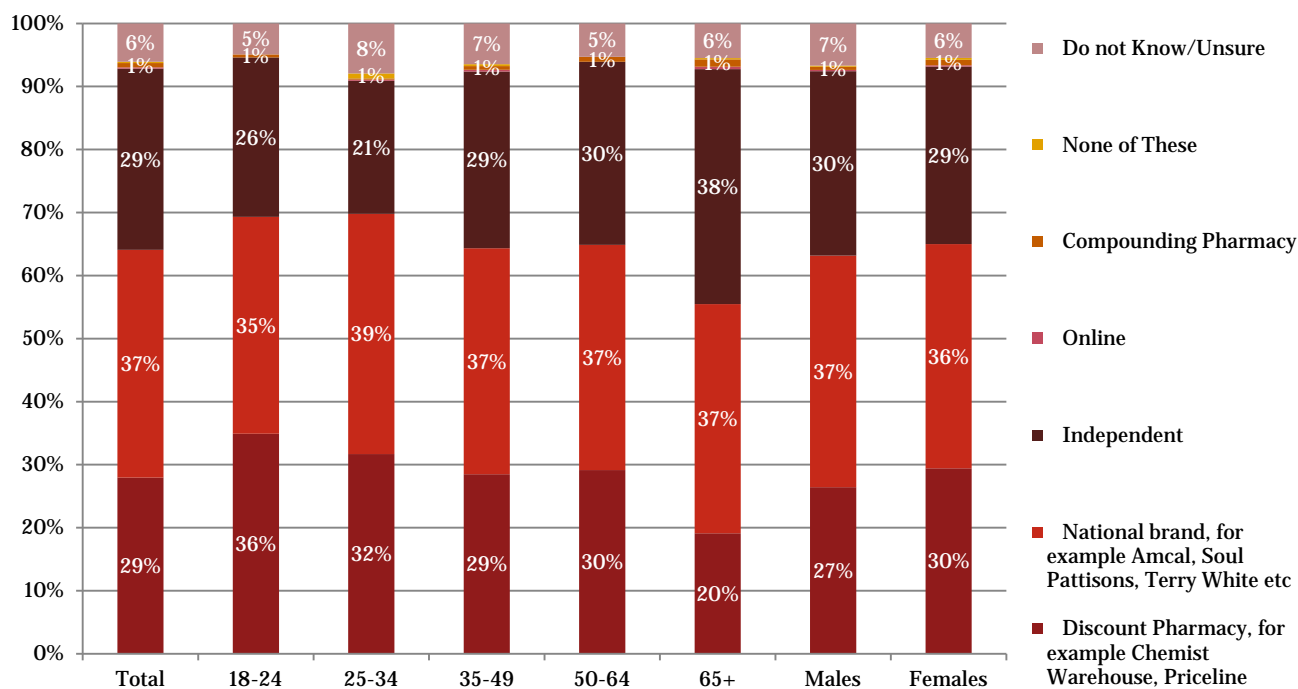
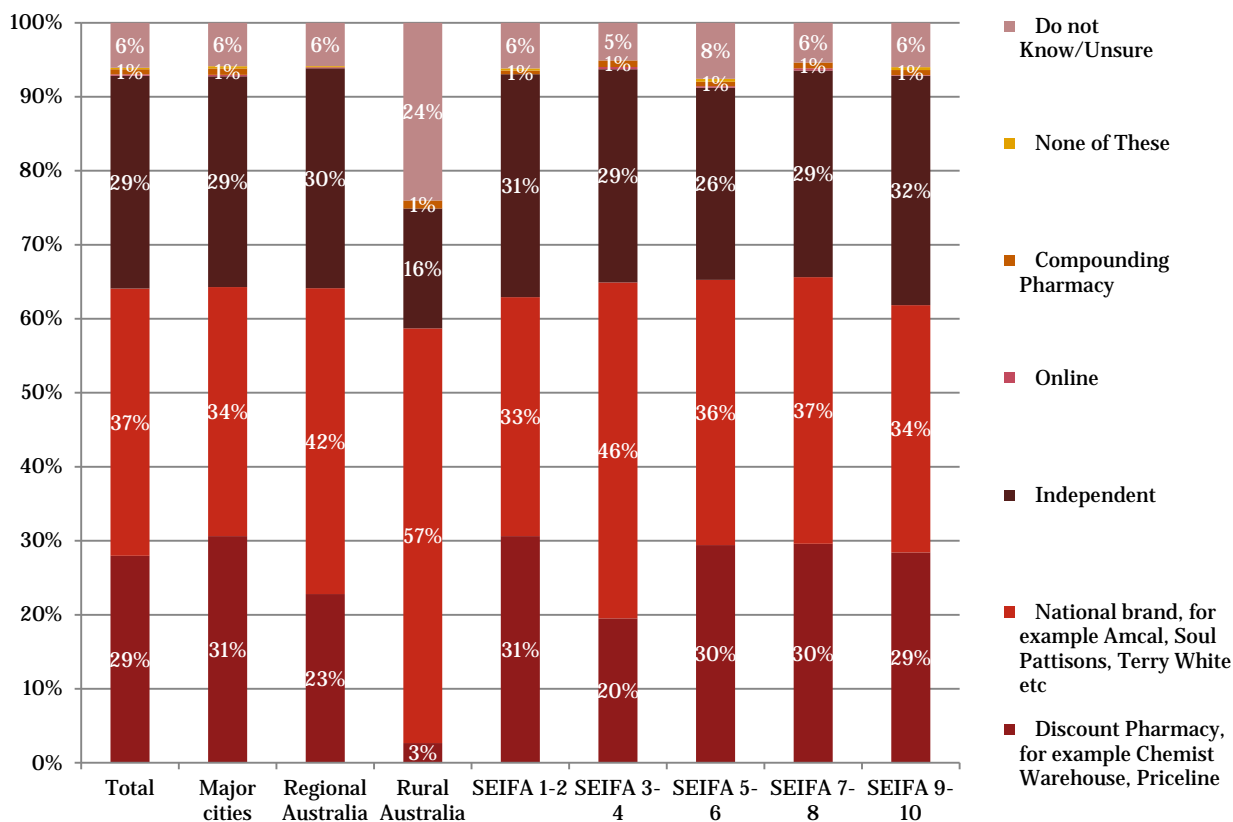


Figure 25: Q9. What type of pharmacy is your usual pharmacy? (by location and SEIFA)



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)

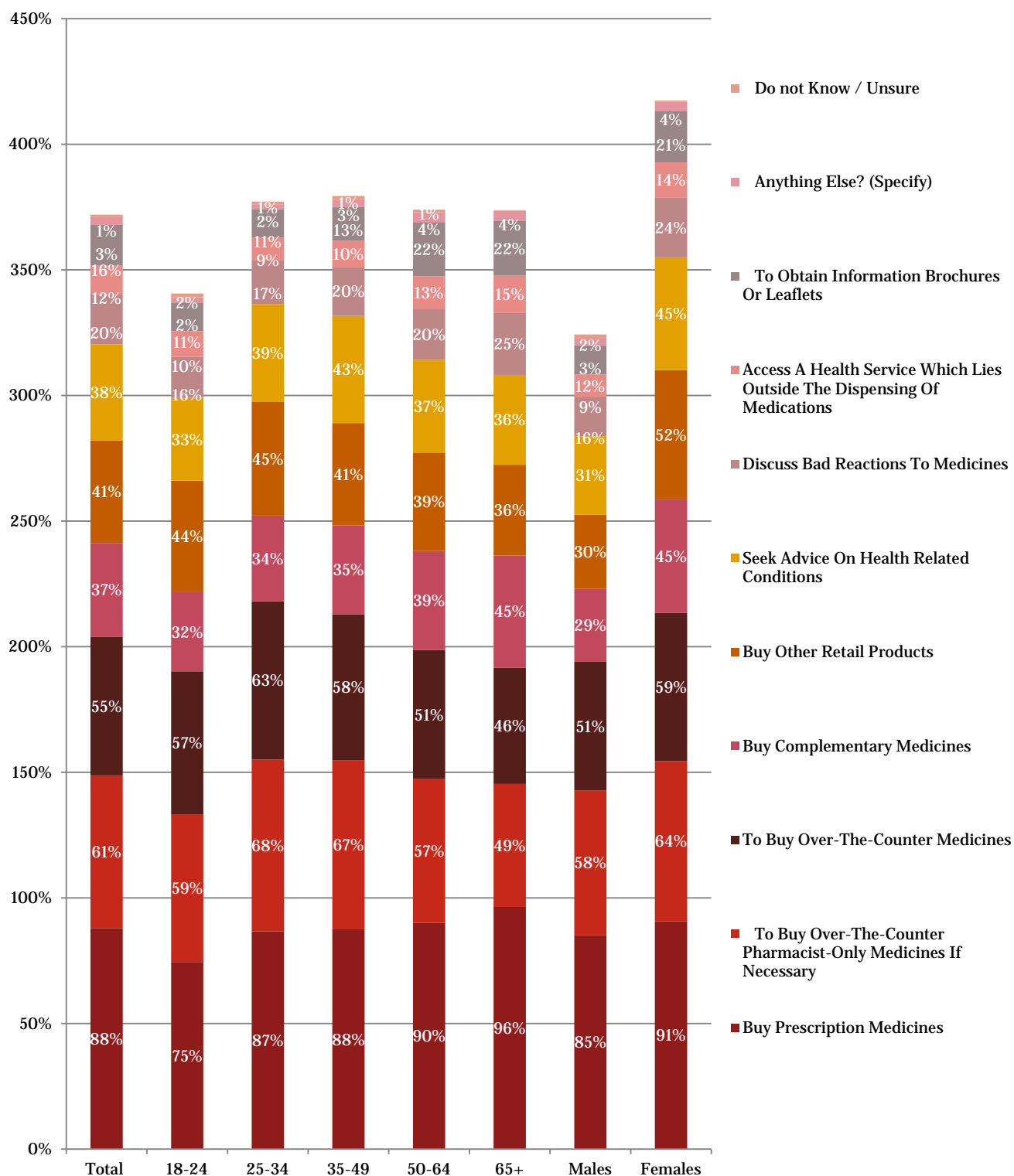
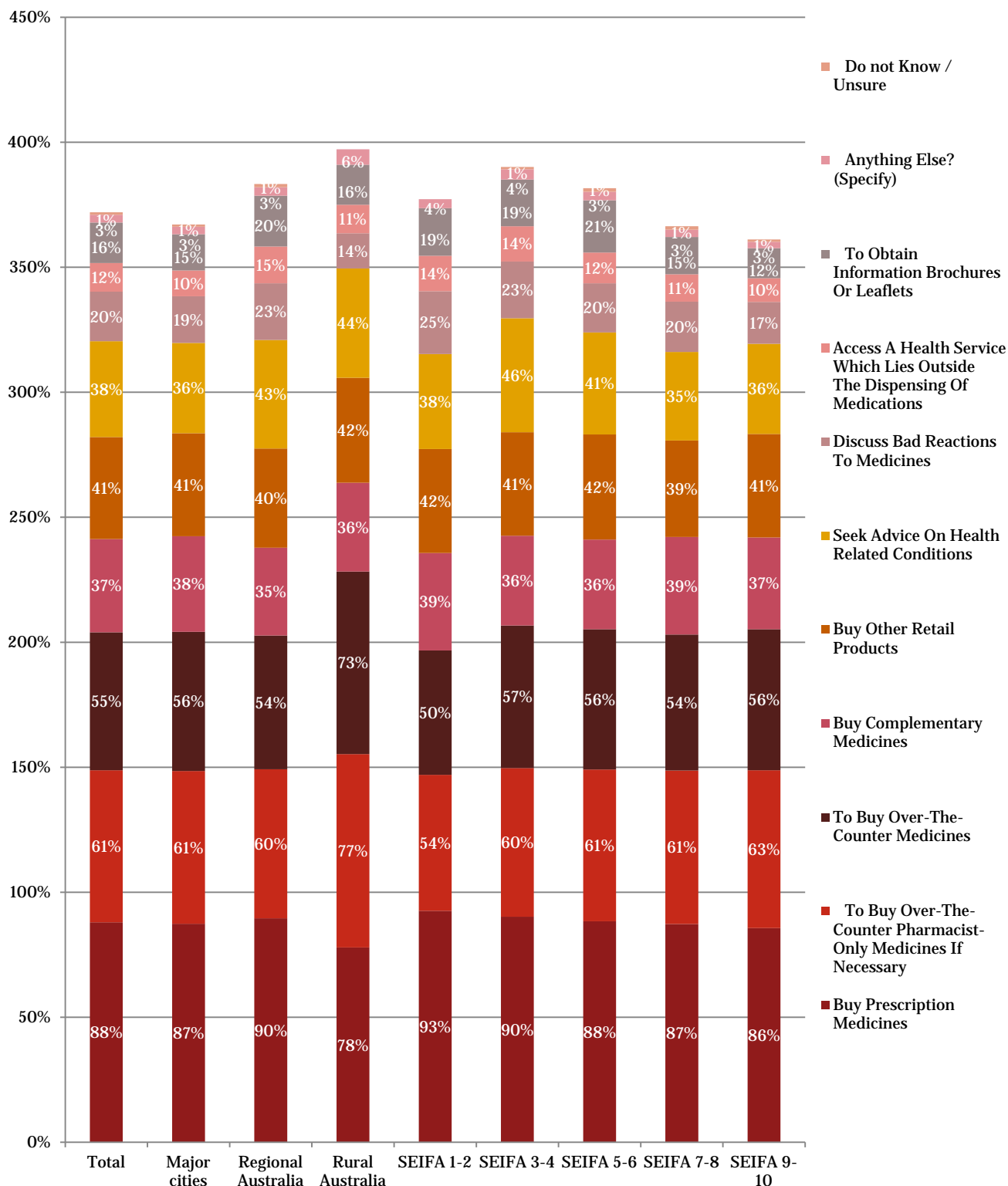


Figure 27: 6. Currently using a pharmacy for -select all that apply (by location and SEIFA)



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)

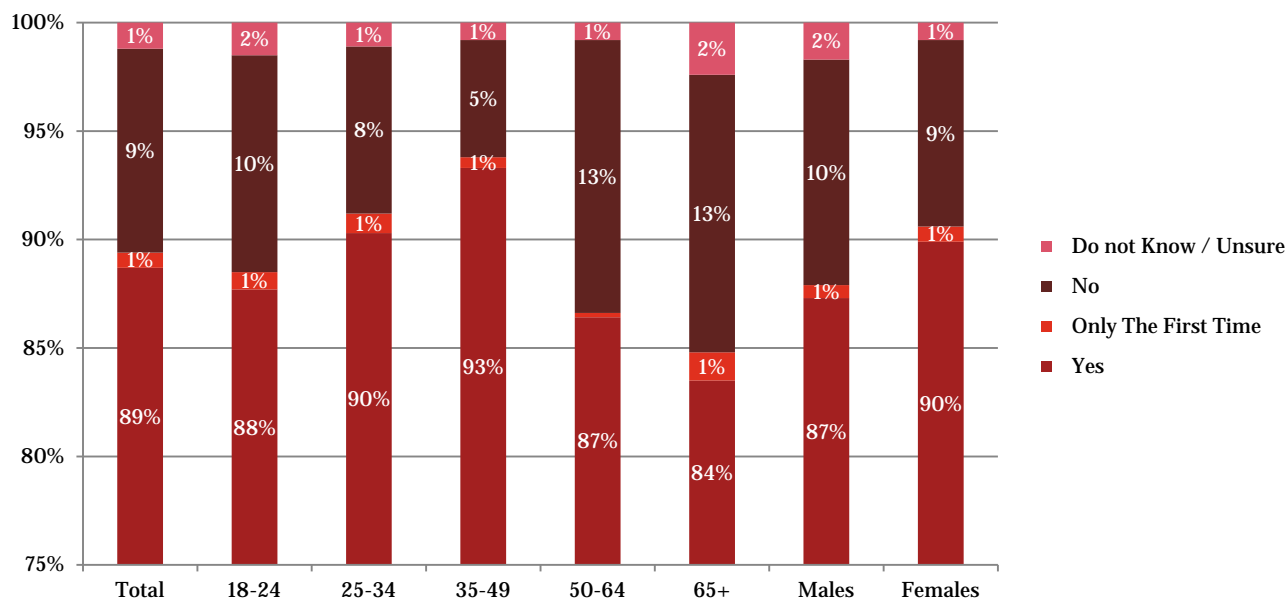
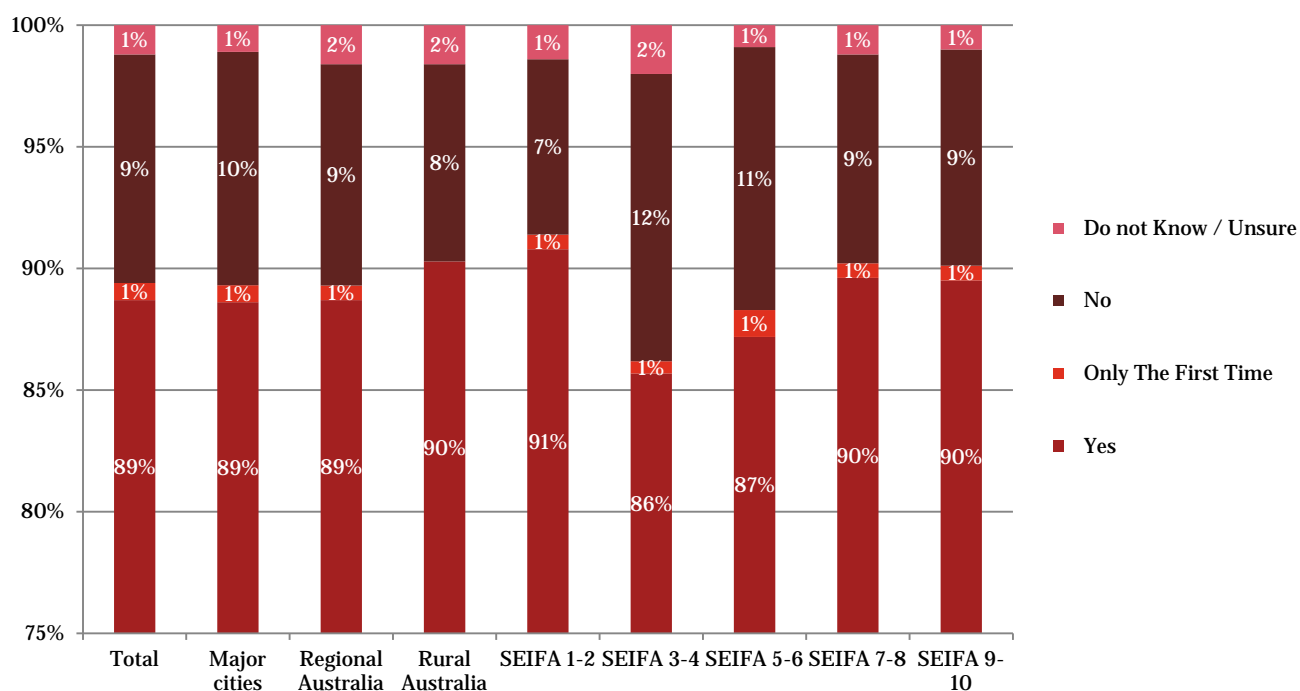


Figure 29: Q19. Expects cheaper alternative to prescription medicines? (by location and SEIFA)



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)

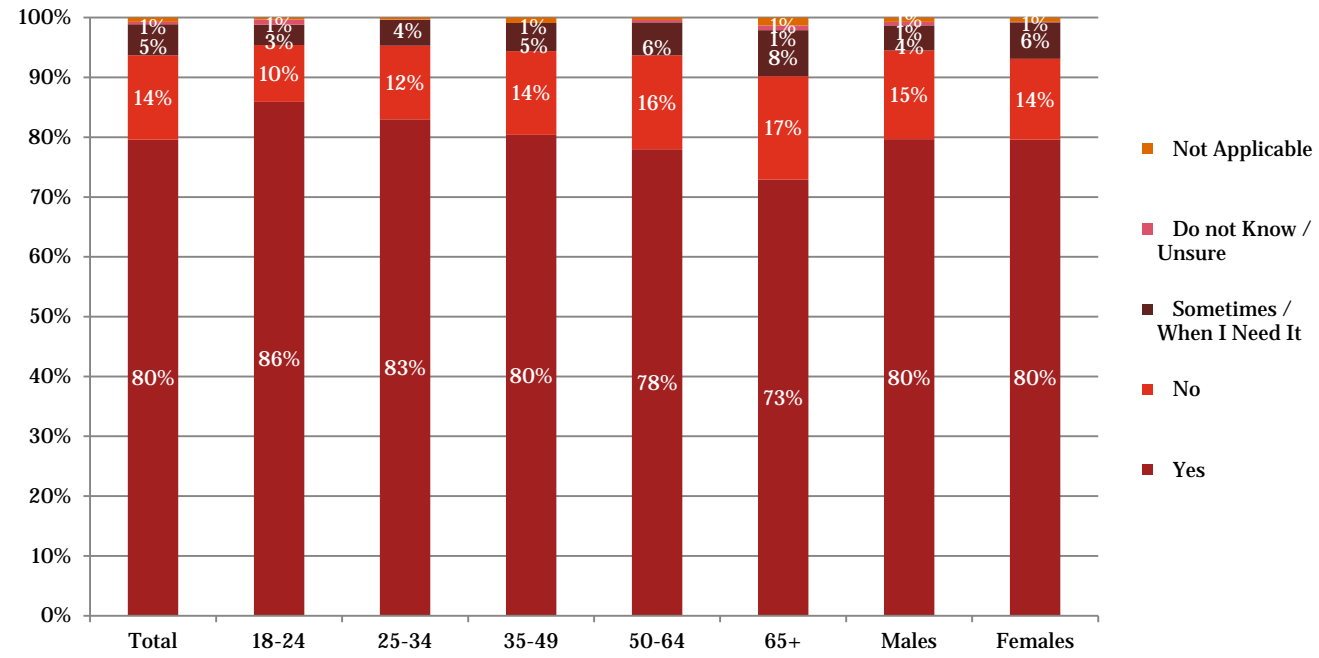
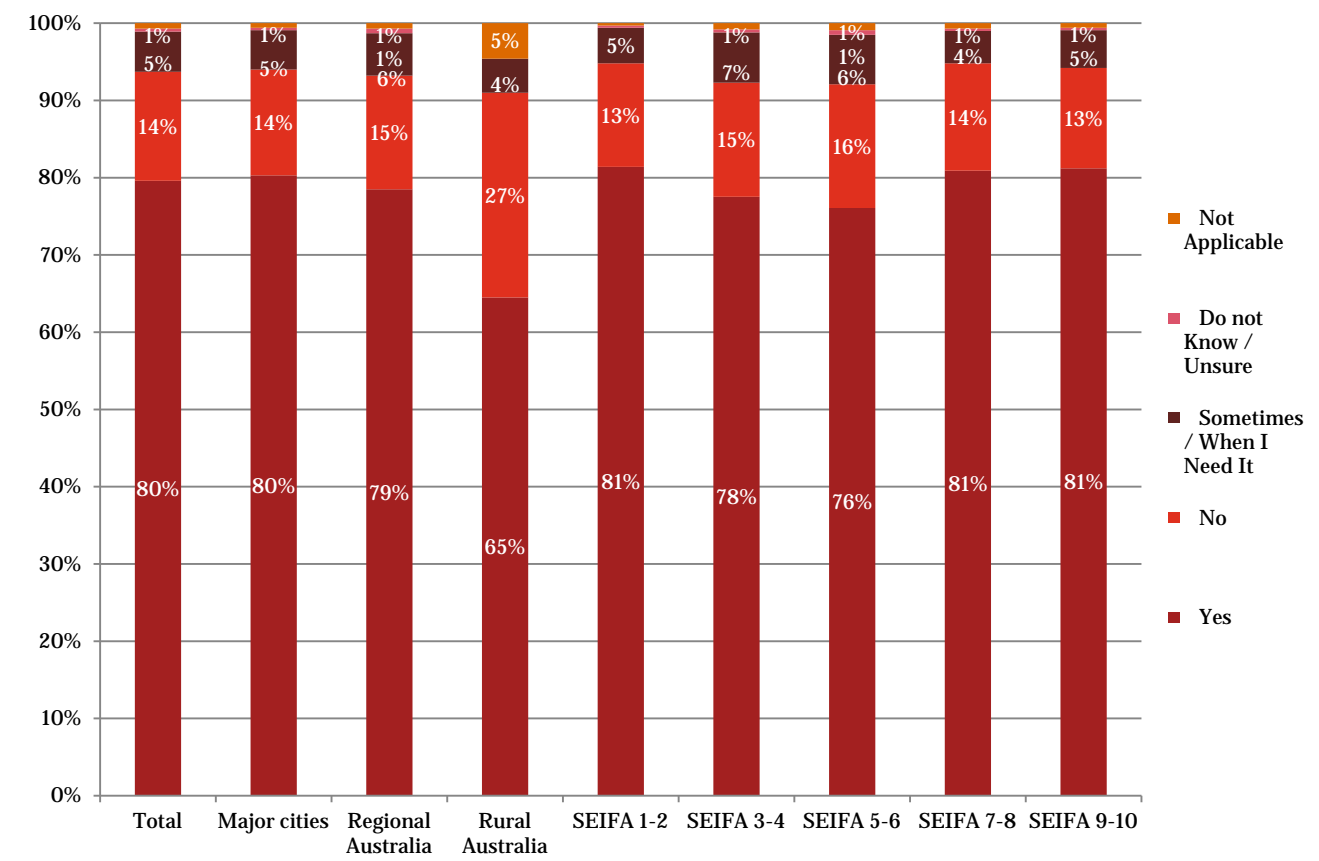


Figure 31: Q35A. Do you expect your pharmacist advice even if you don't ask for it on prescription medicines? (by location and SEIFA)



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)

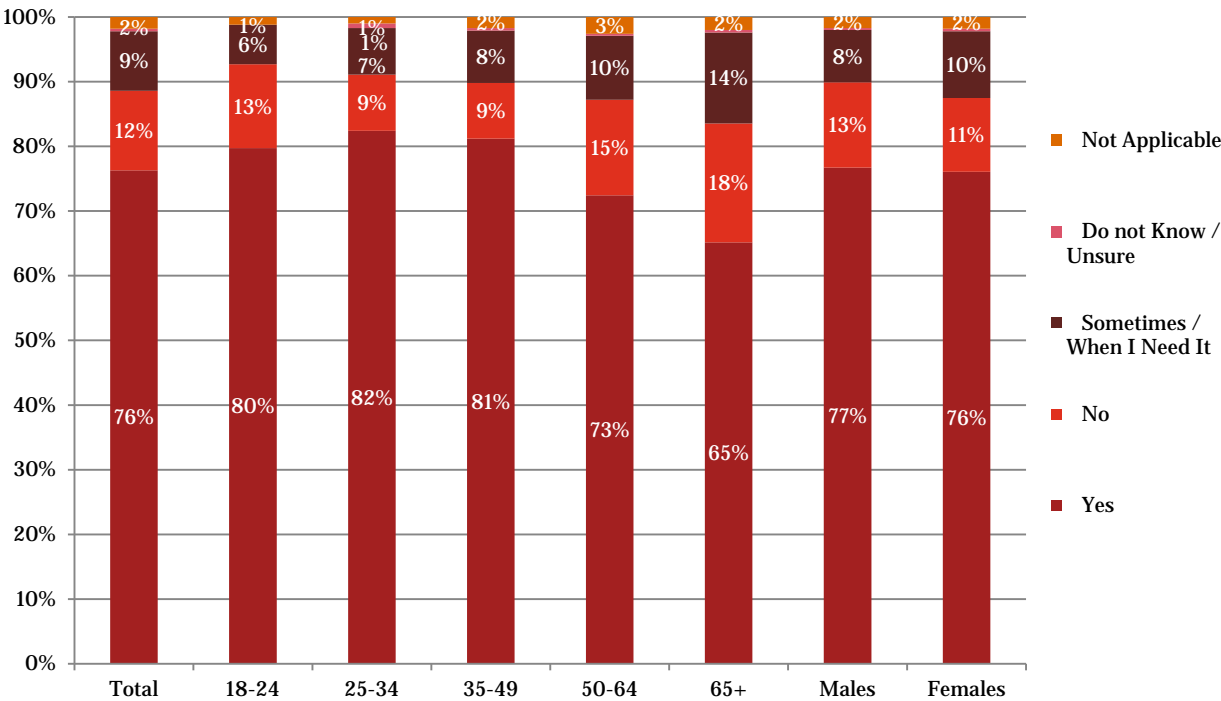
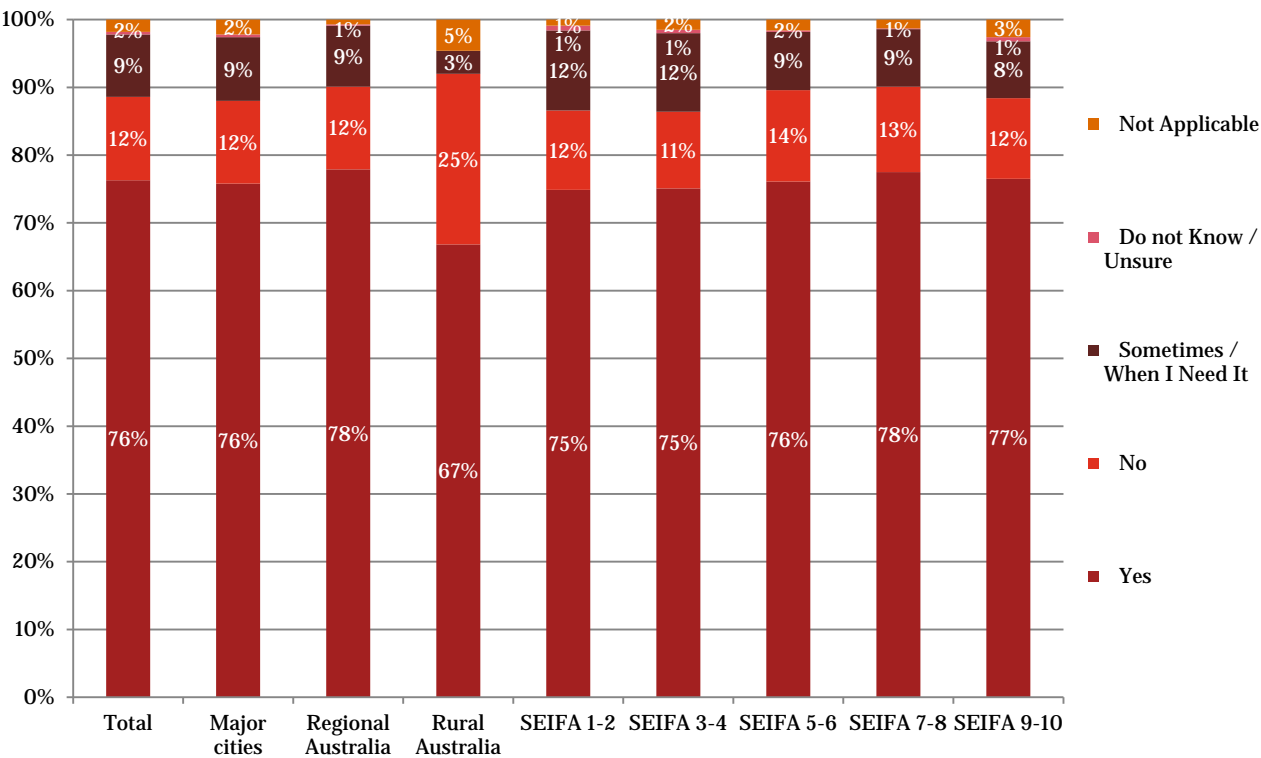


Figure 33: Q31A. In general, when you visit a pharmacy does the pharmacist provide you with advice on prescription medicines? (by location and SEIFA)



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)

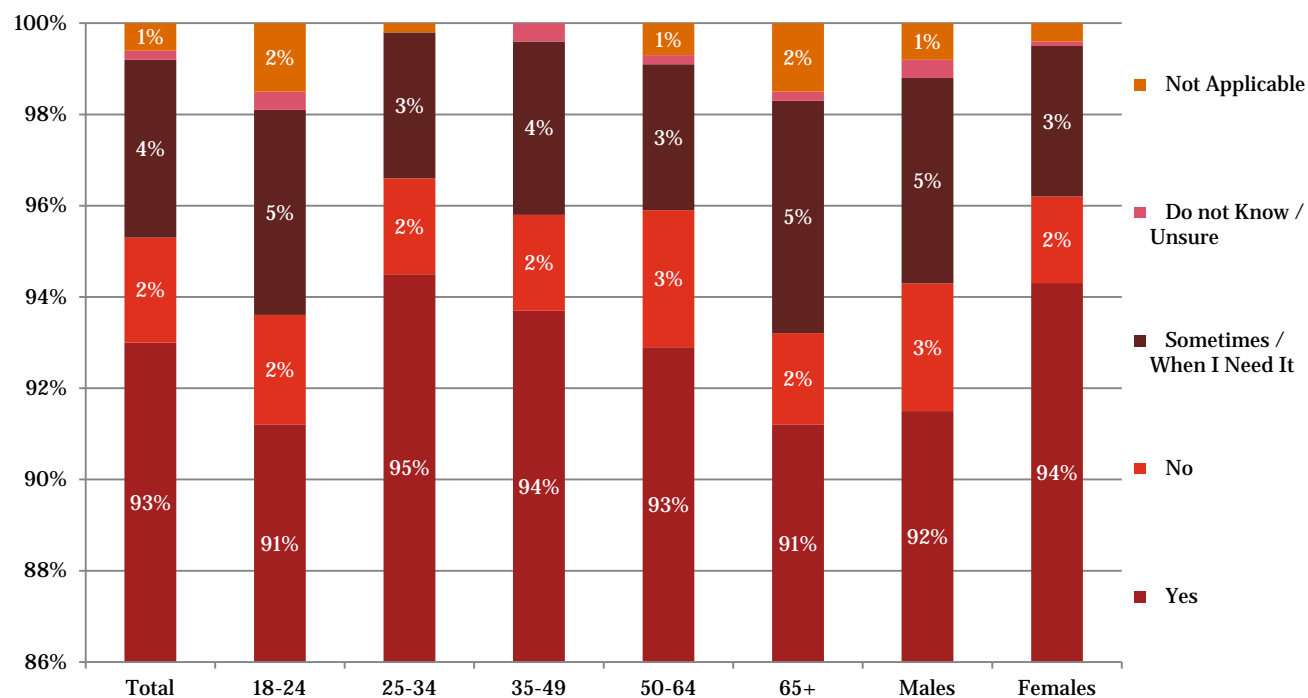


Figure 35: Q32A. Generally, do you follow the advice your pharmacist gives you on prescription medicines? (by location and SEIFA)

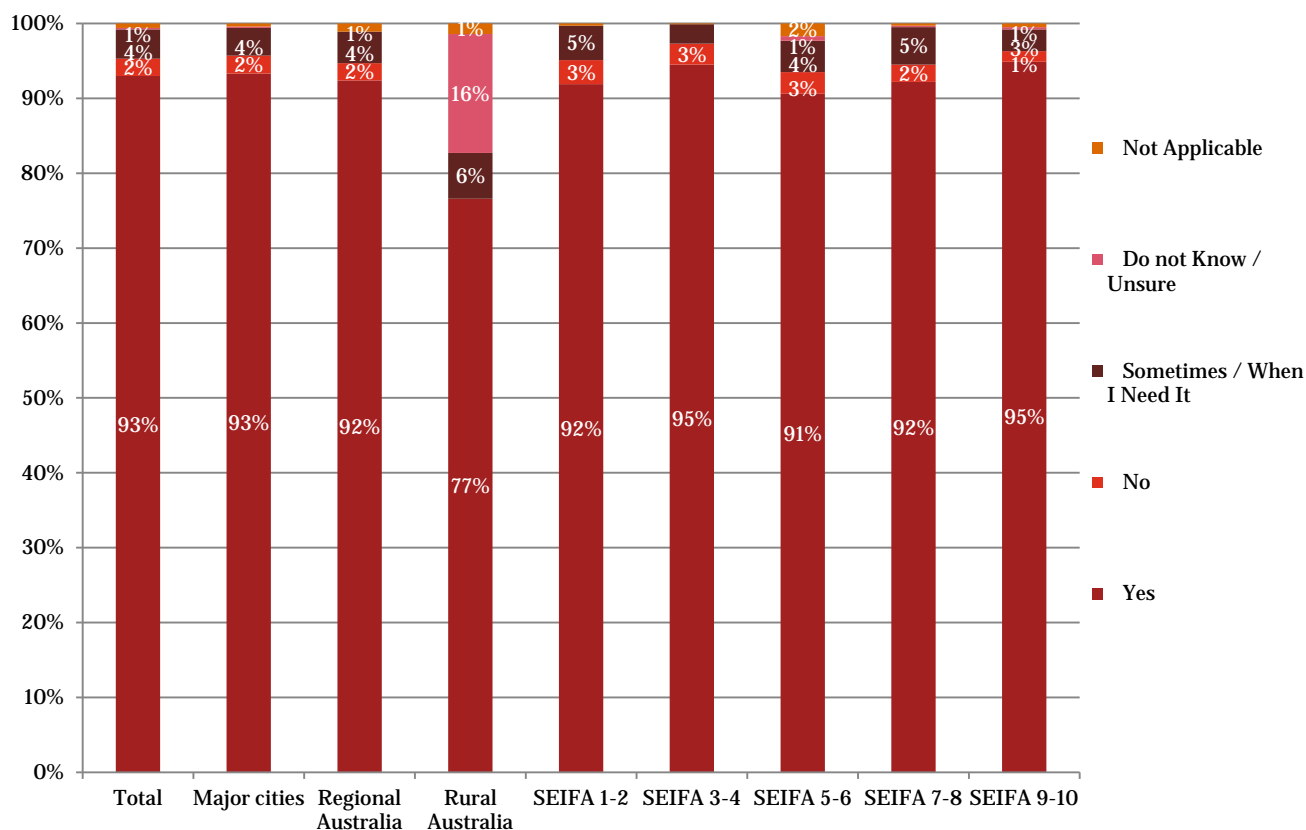


Figure 36: Q33A. Why do you choose not to follow the advice your pharmacist gave on prescription medicines? (by age and gender)

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	0%	0%	0%	0%	0%	0%	0%	0%	0%
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)

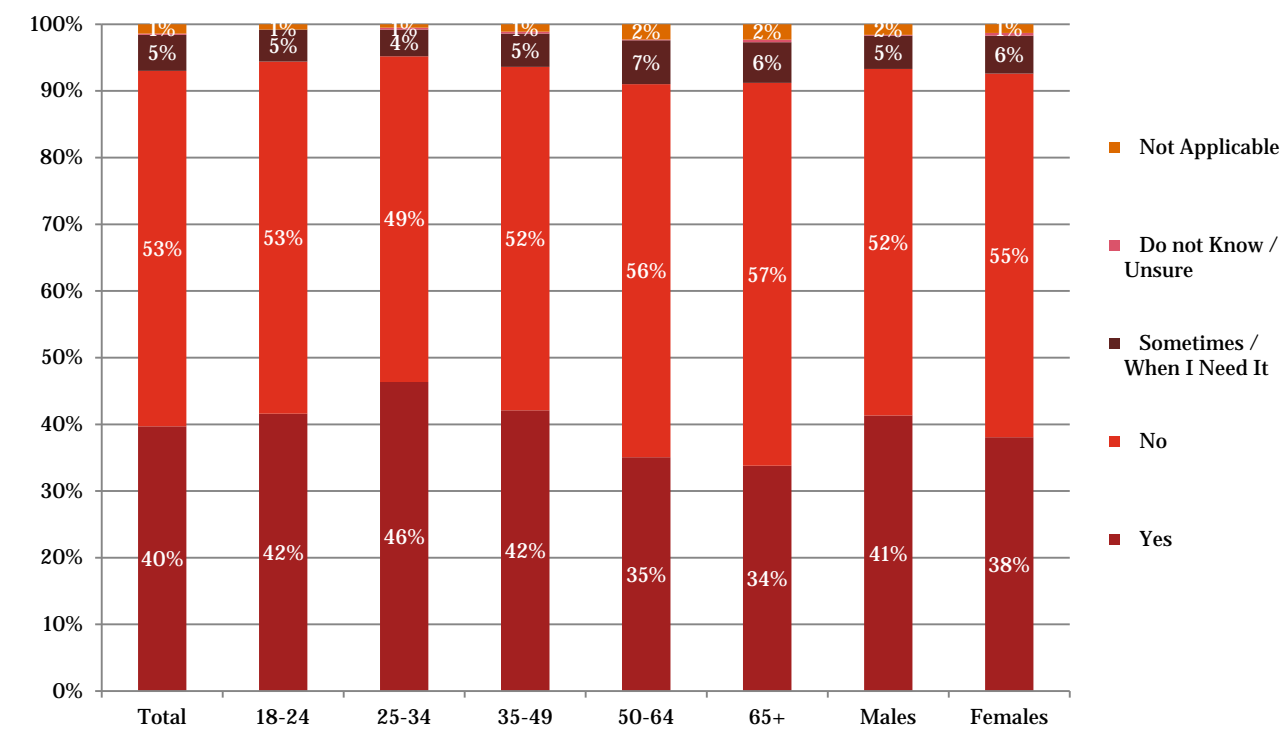
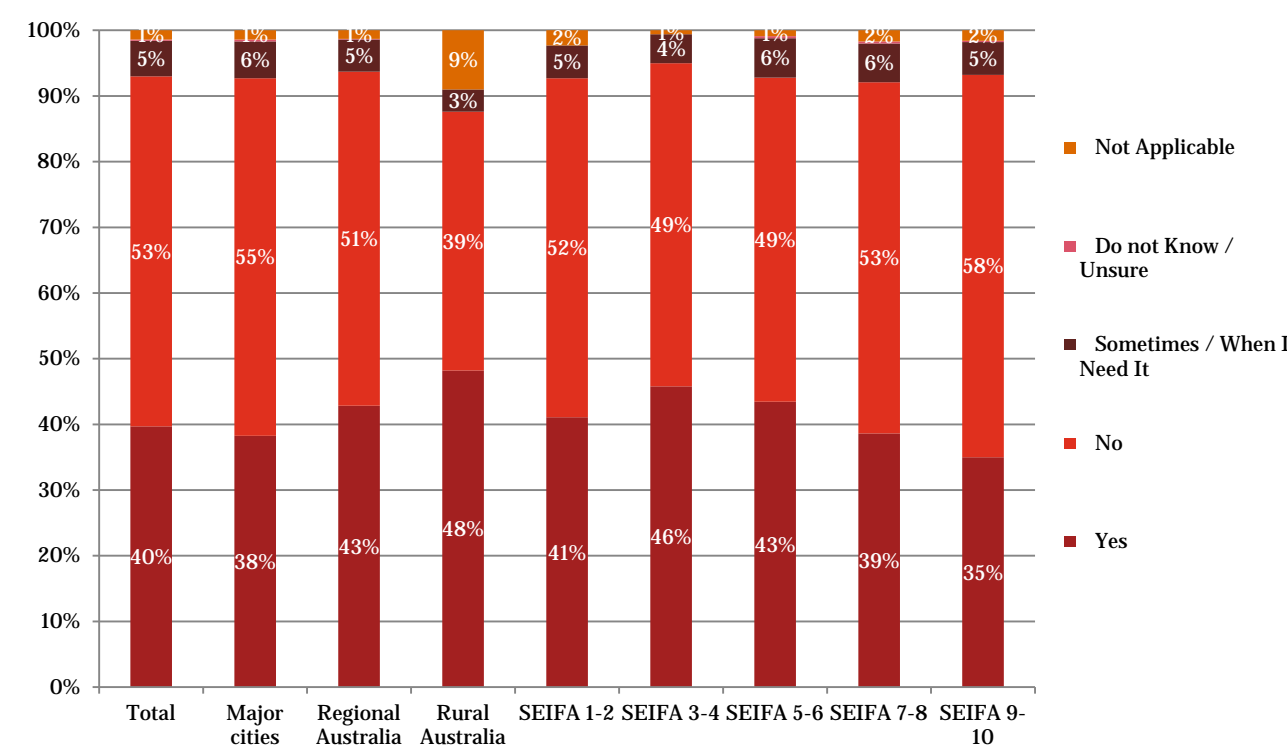
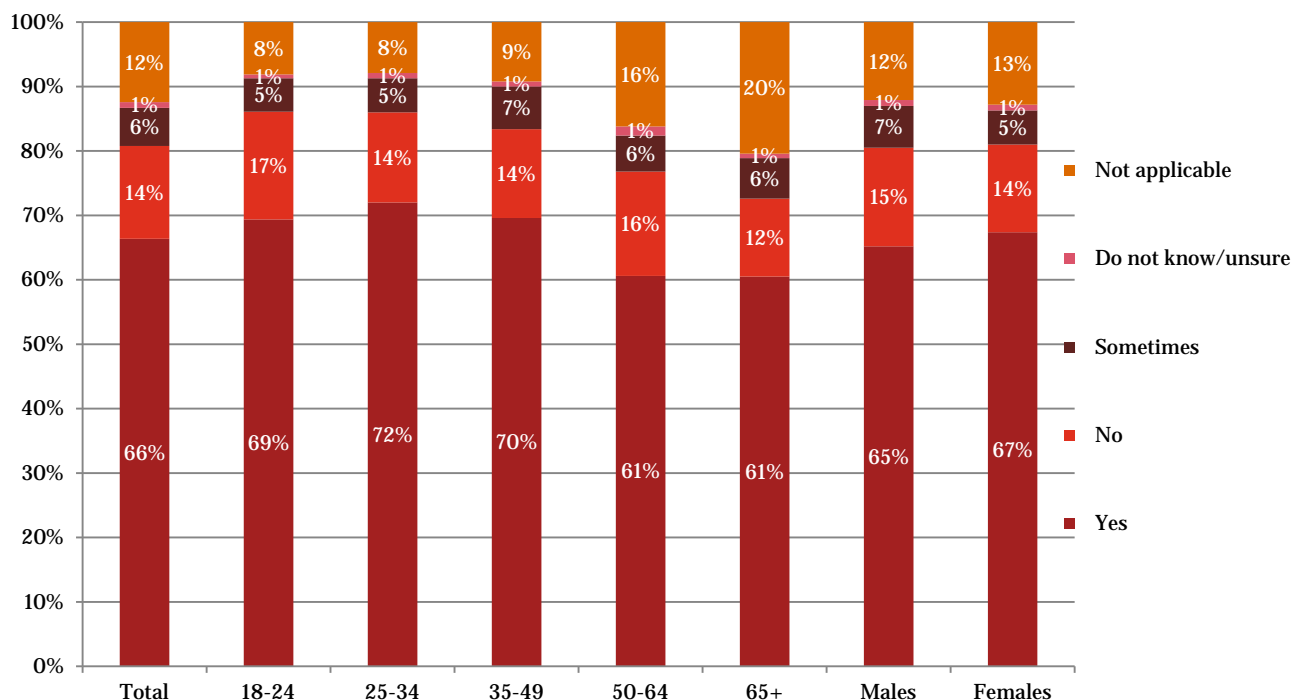


Figure 39: Q44A. Do you expect the pharmacy staff to give advice on your prescription medicines (by location and SEIFA)



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)

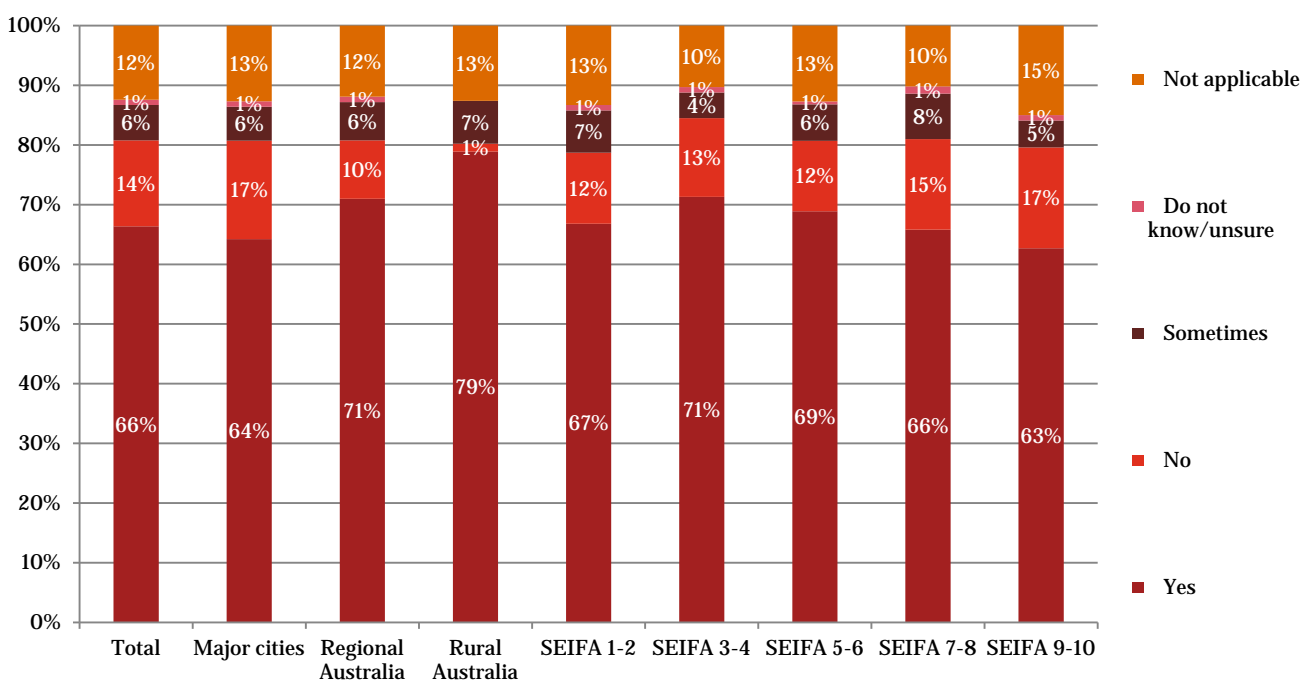


Figure 40: Q42A Why do you choose not to follow the advice the pharmacy staff gave you on prescription medicines? (by age and gender)

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)

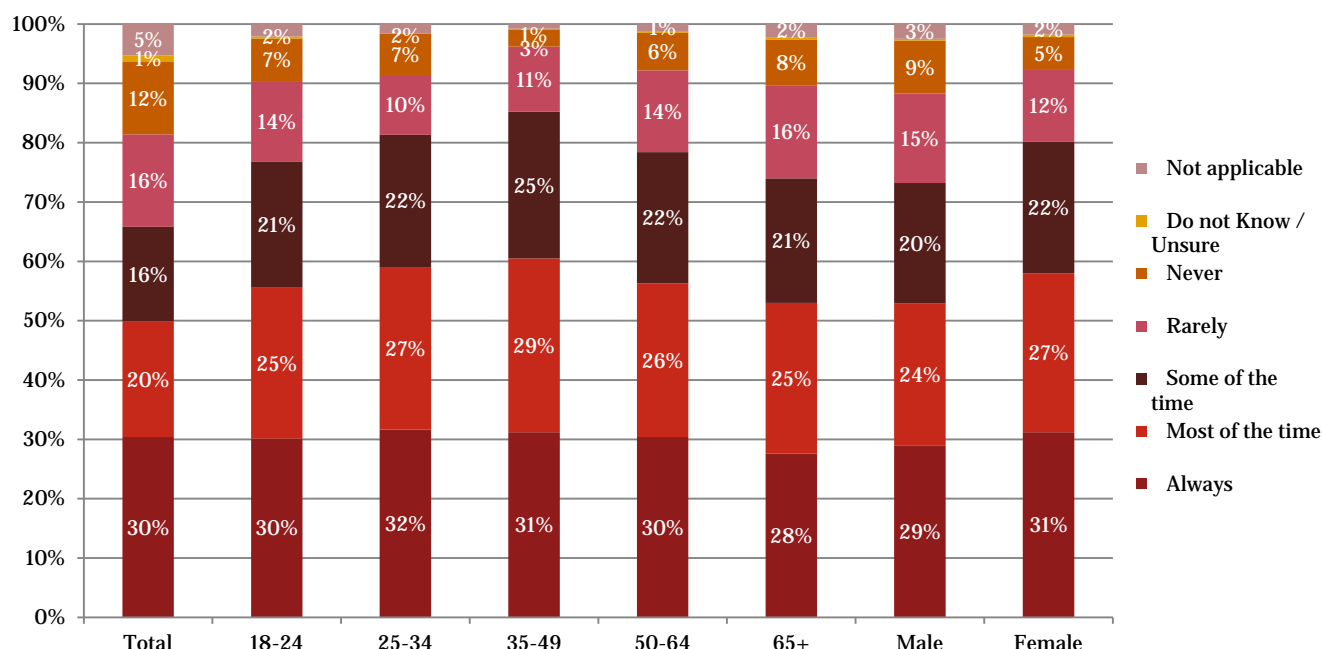
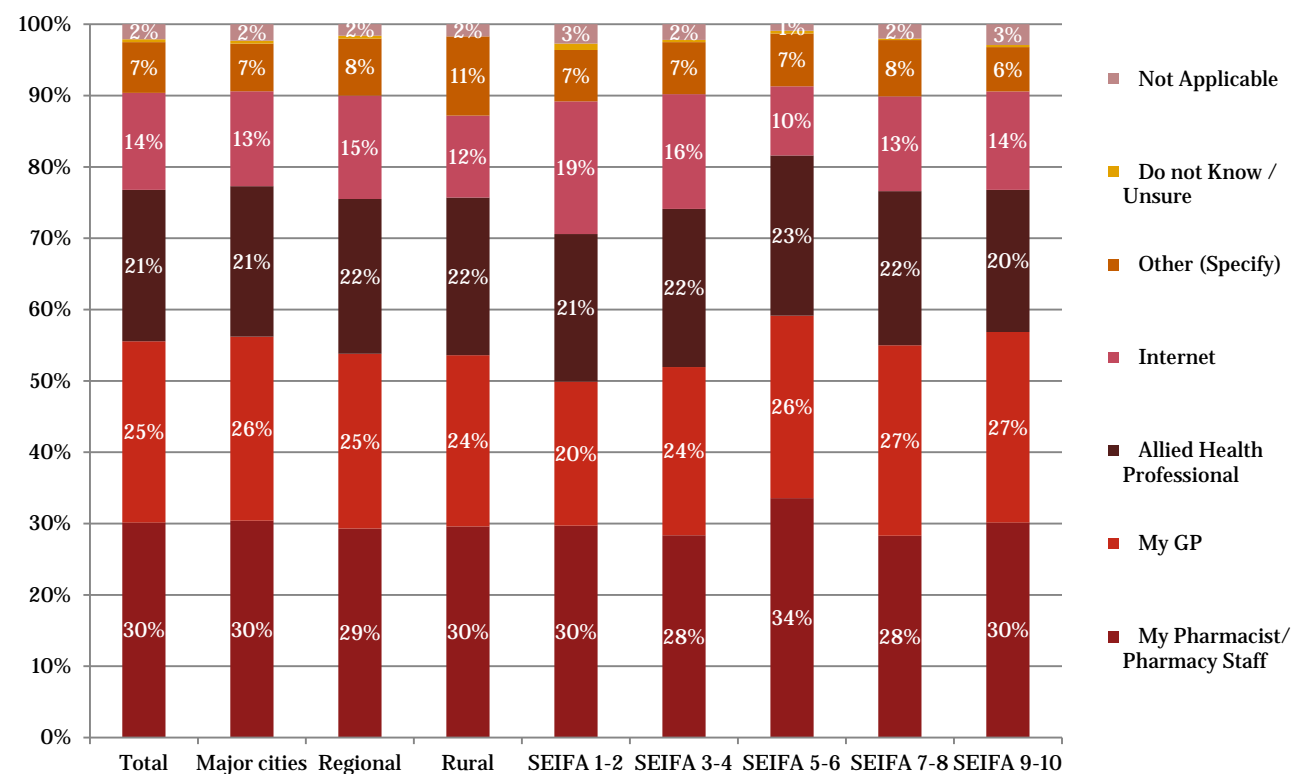


Figure 45: Q22A. Frequency of purchasing OTC medicines from pharmacy? (by location and SEIFA)



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)

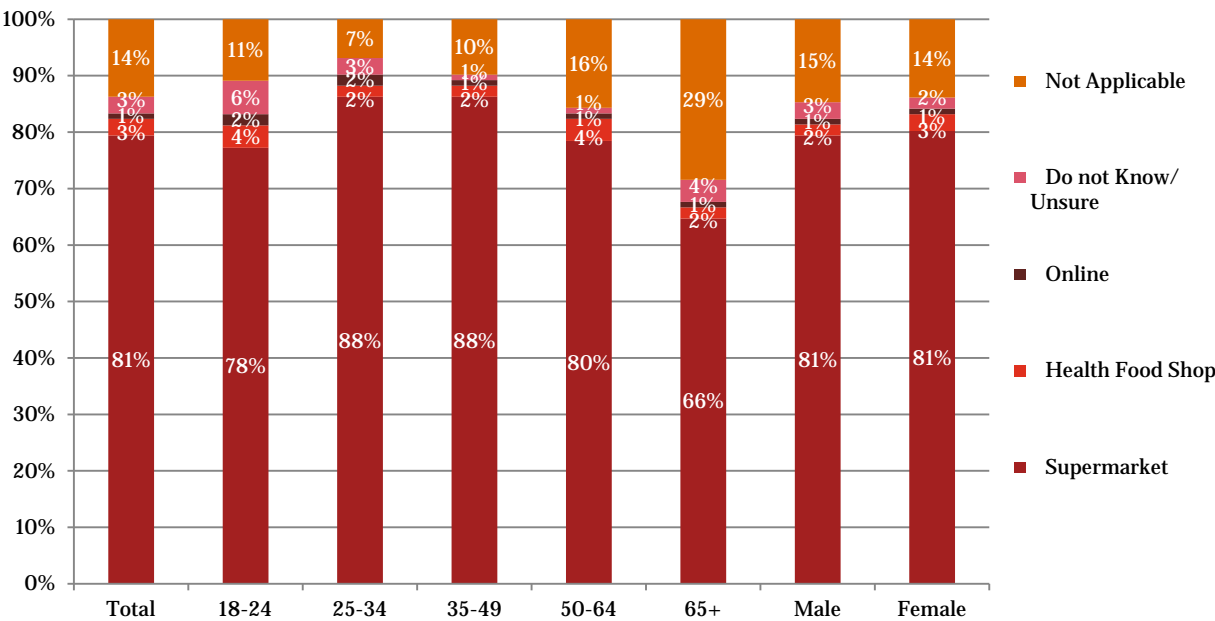


Figure 47: Q22. If not from a pharmacy, where do you purchase your OTC medicines? (by location and SEIFA)

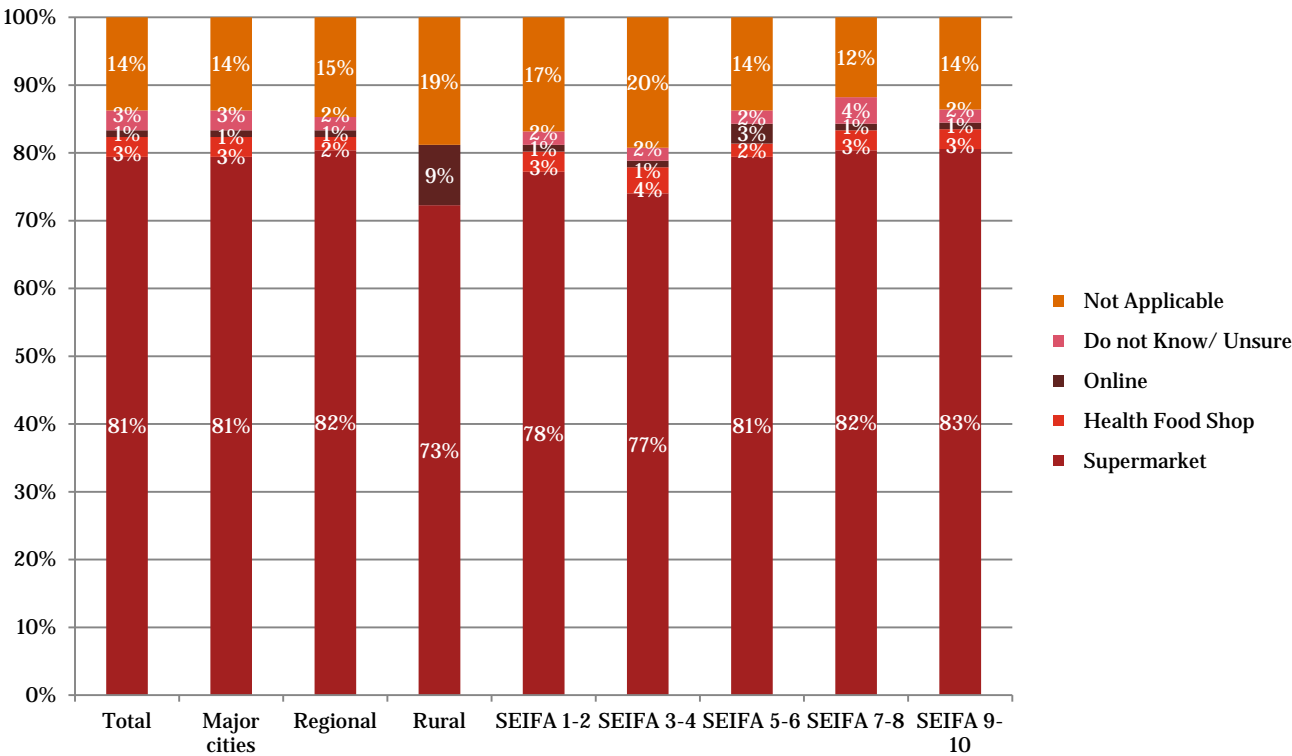


Figure 48: Q23B. Why do you purchase OTC medicines from a supermarket? (by age and gender)

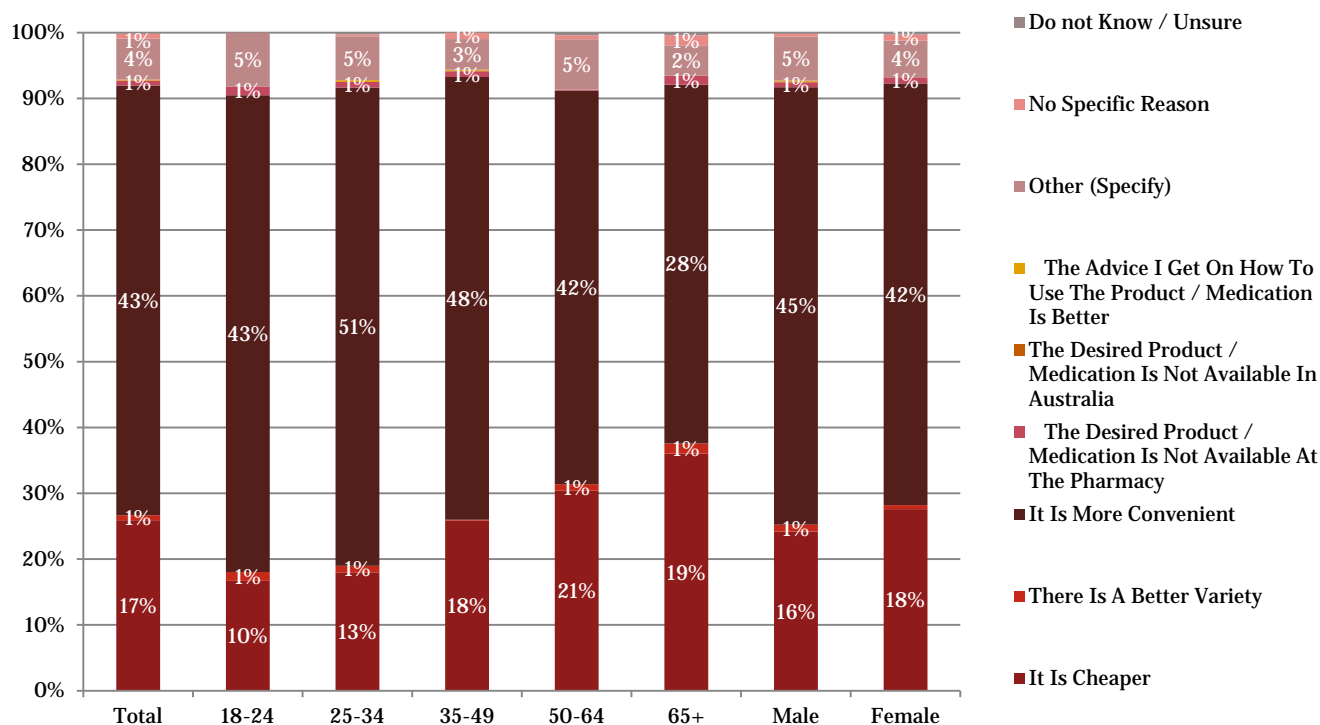


Figure 49: Q23B. Why do you purchase OTC medicines from a supermarket? (by location and SEIFA)

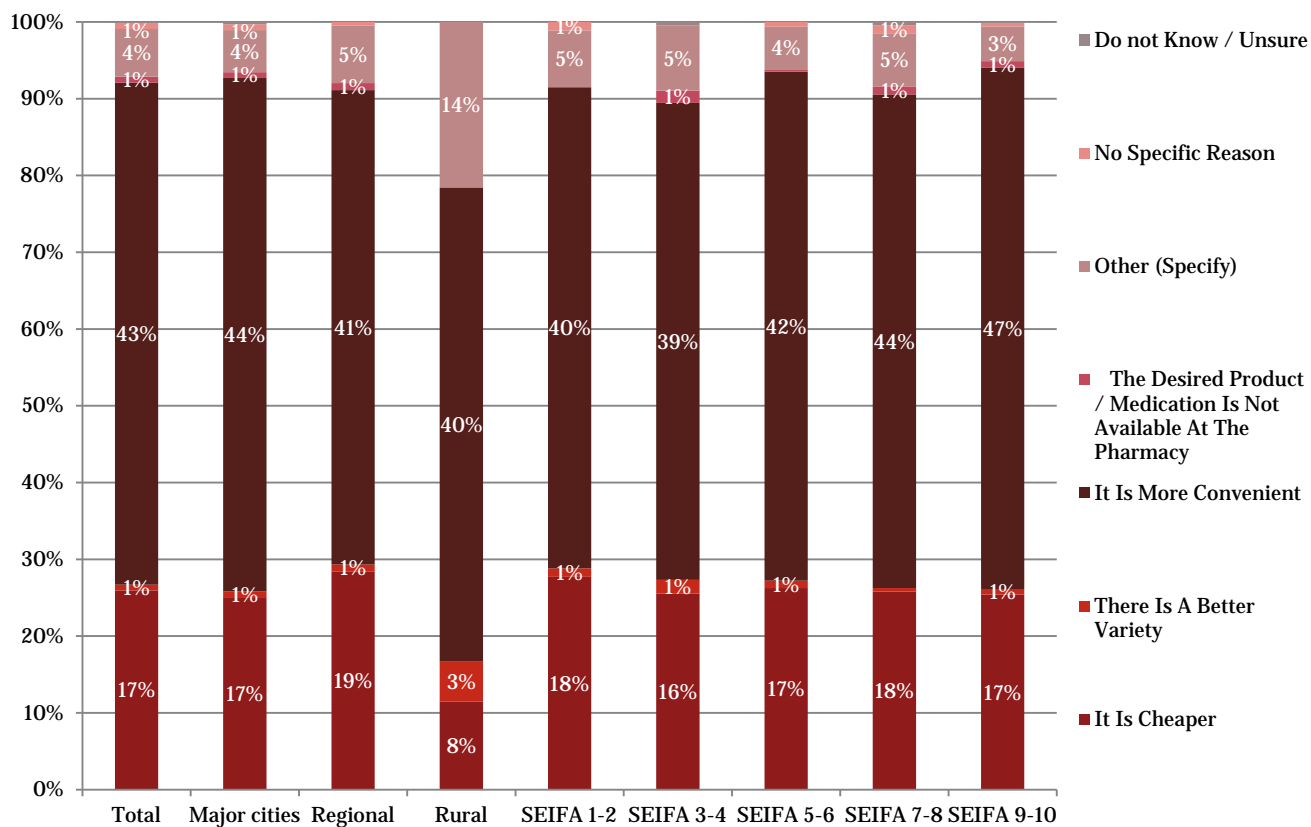


Figure 50: Q23C. Why do you purchase OTC medicines from a health food shop? (by age and gender)

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)

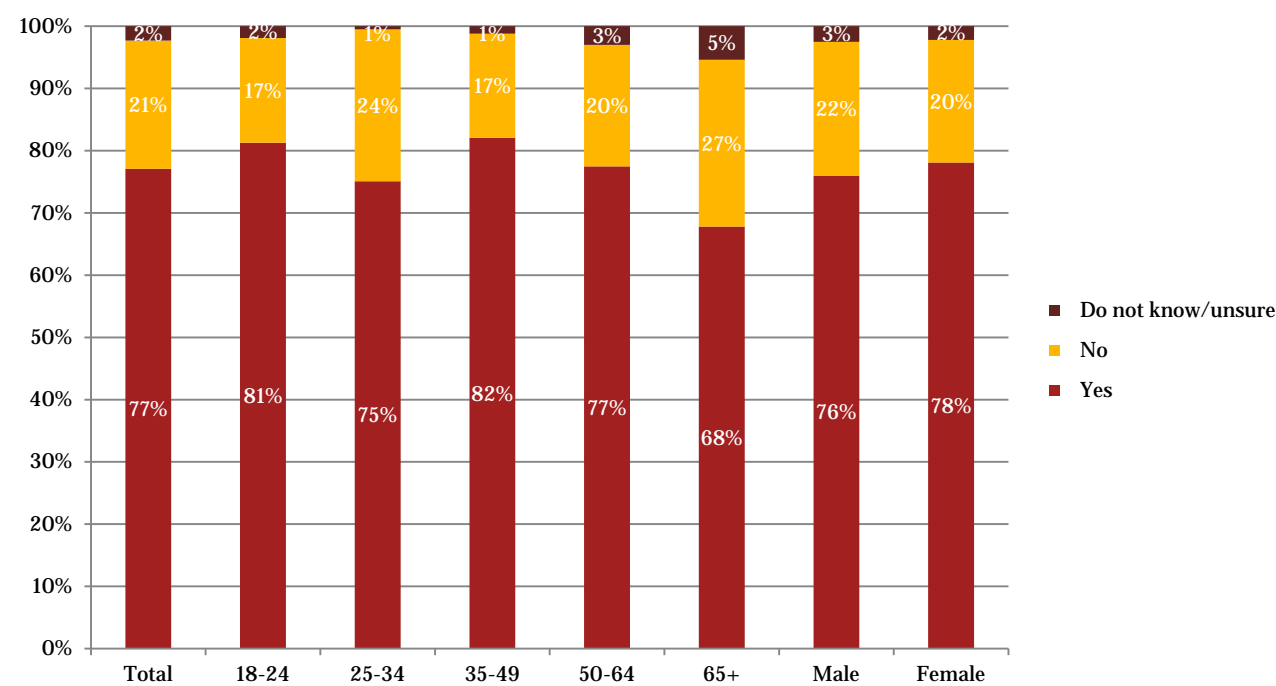
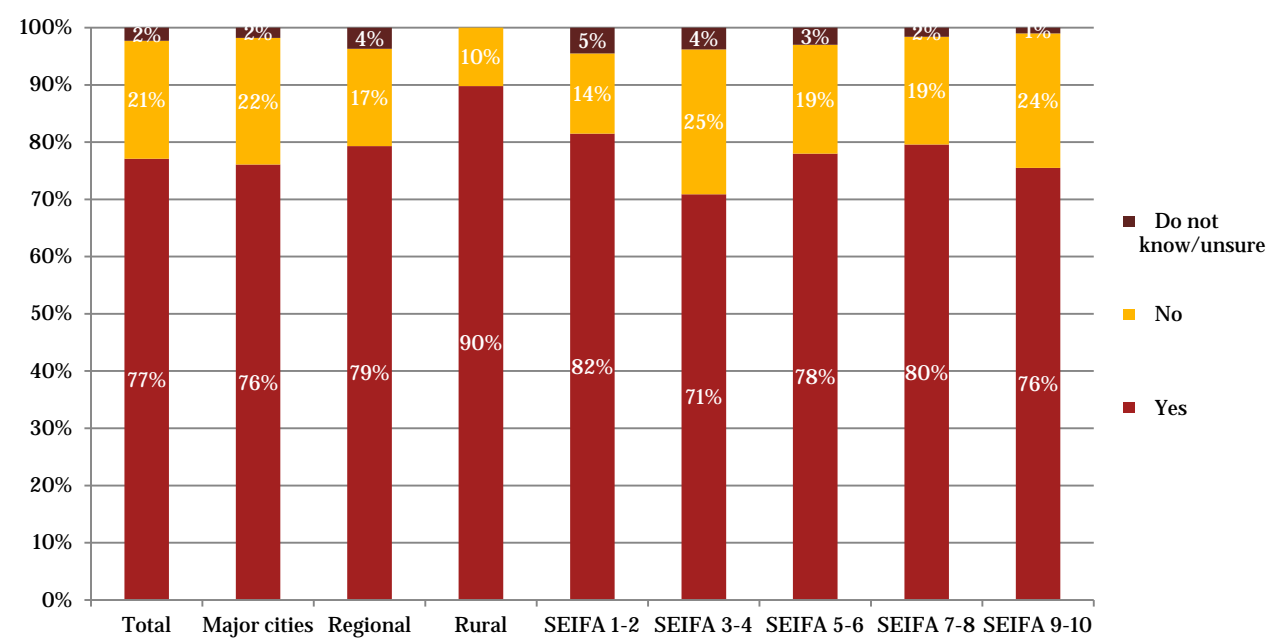


Figure 55: Q22E. Expects to be offered cheaper alternative to OTC medicines? (by location and SEIFA)



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)

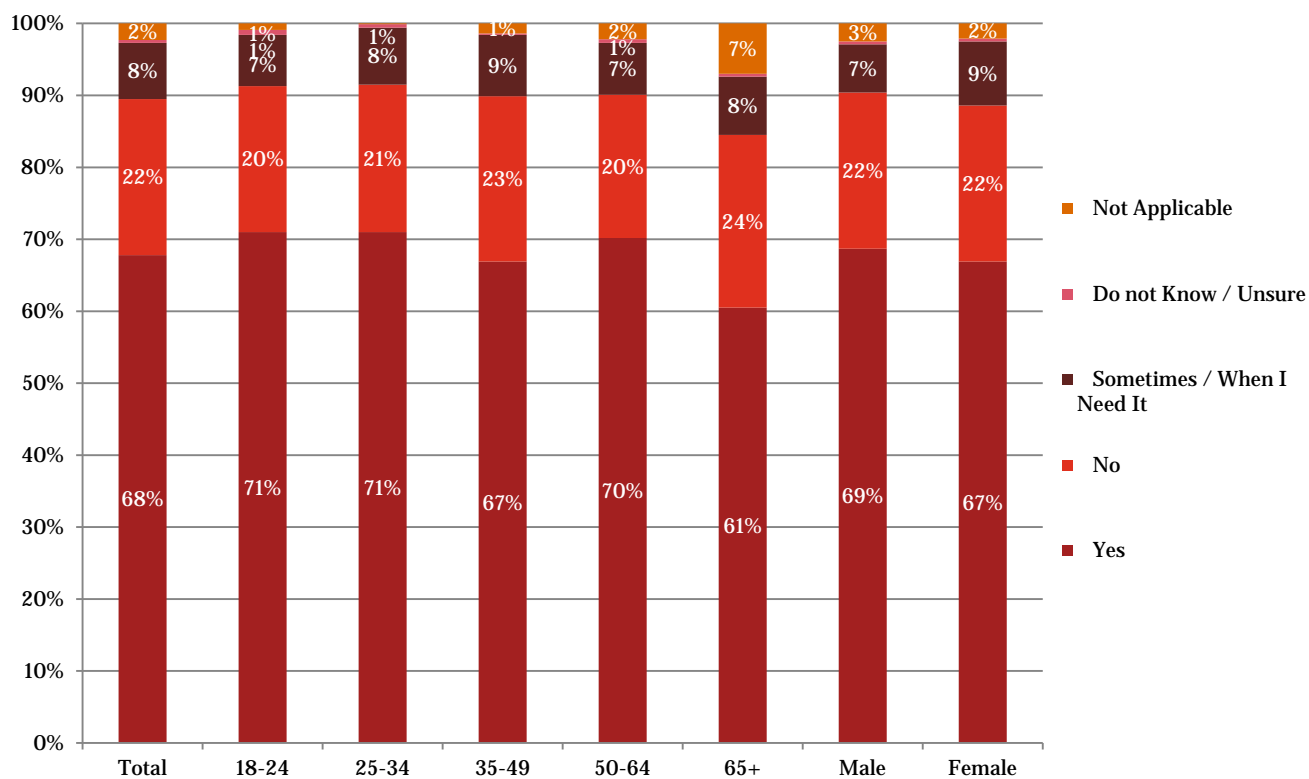
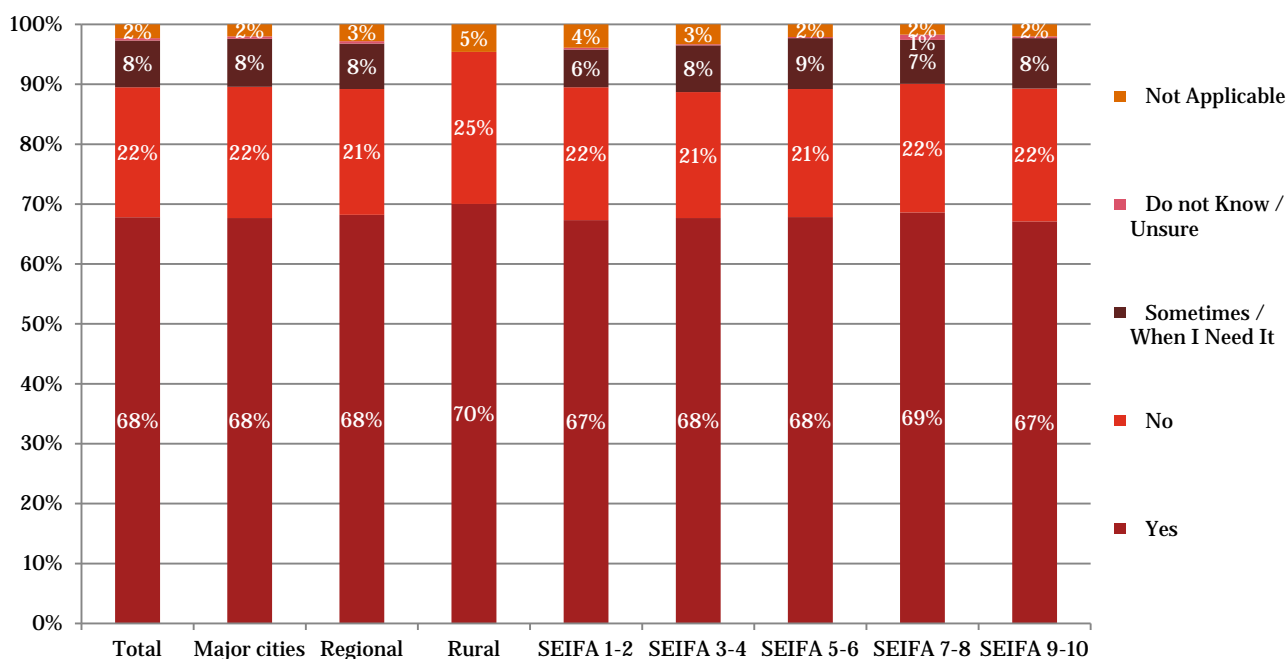


Figure 57: Q35B. Do you expect your pharmacist advice even if you don't ask for it on OTC medicines? (by location and SEIFA)



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)

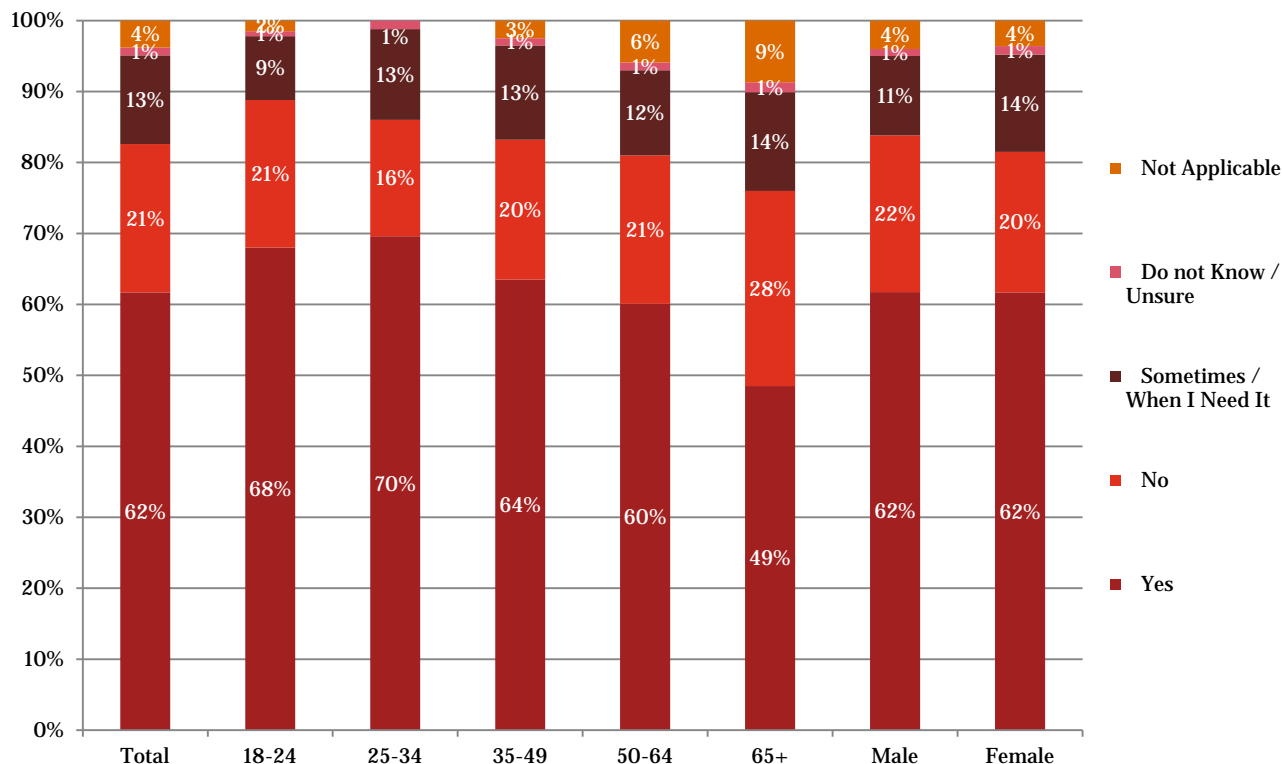
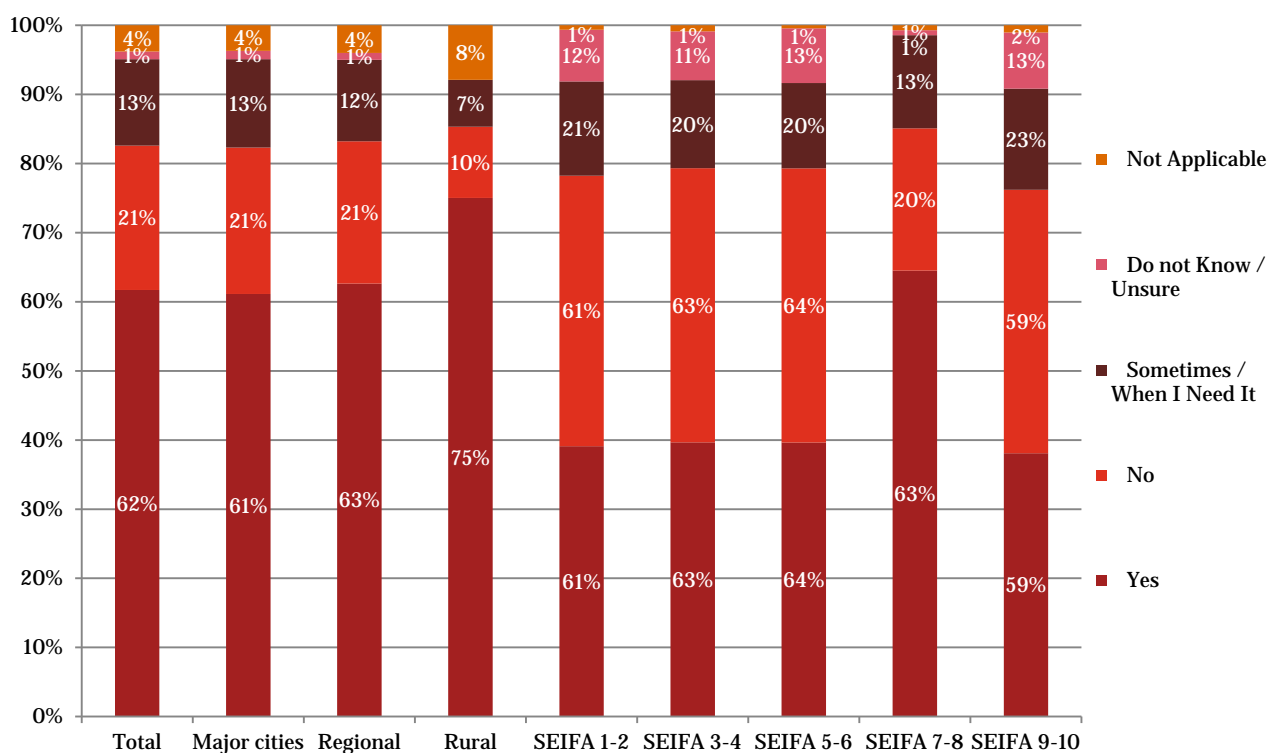


Figure 59: Q31B. In general, when you visit a pharmacy does the pharmacist provide you with advice on OTC medicines? (by location and SEIFA)



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)

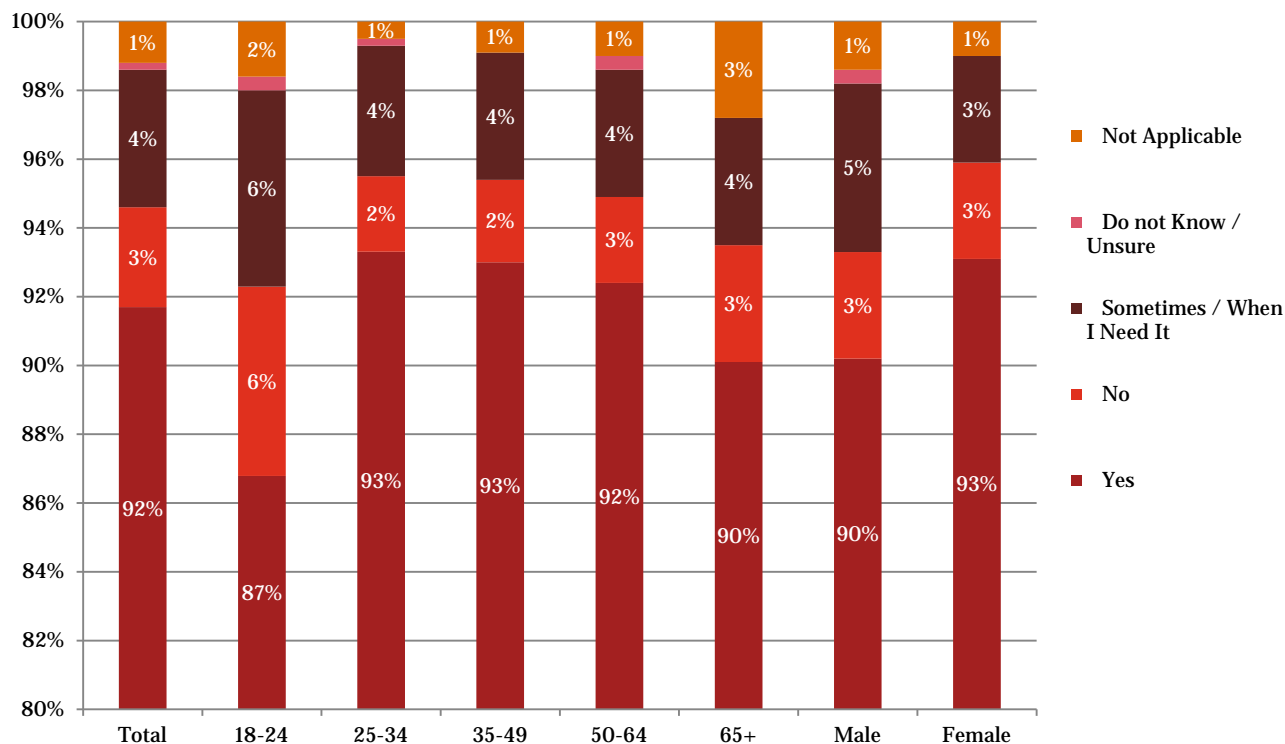


Figure 61: Q32B. Generally, do you follow the advice your pharmacist gives you on OTC medicines? (by location and SEIFA)

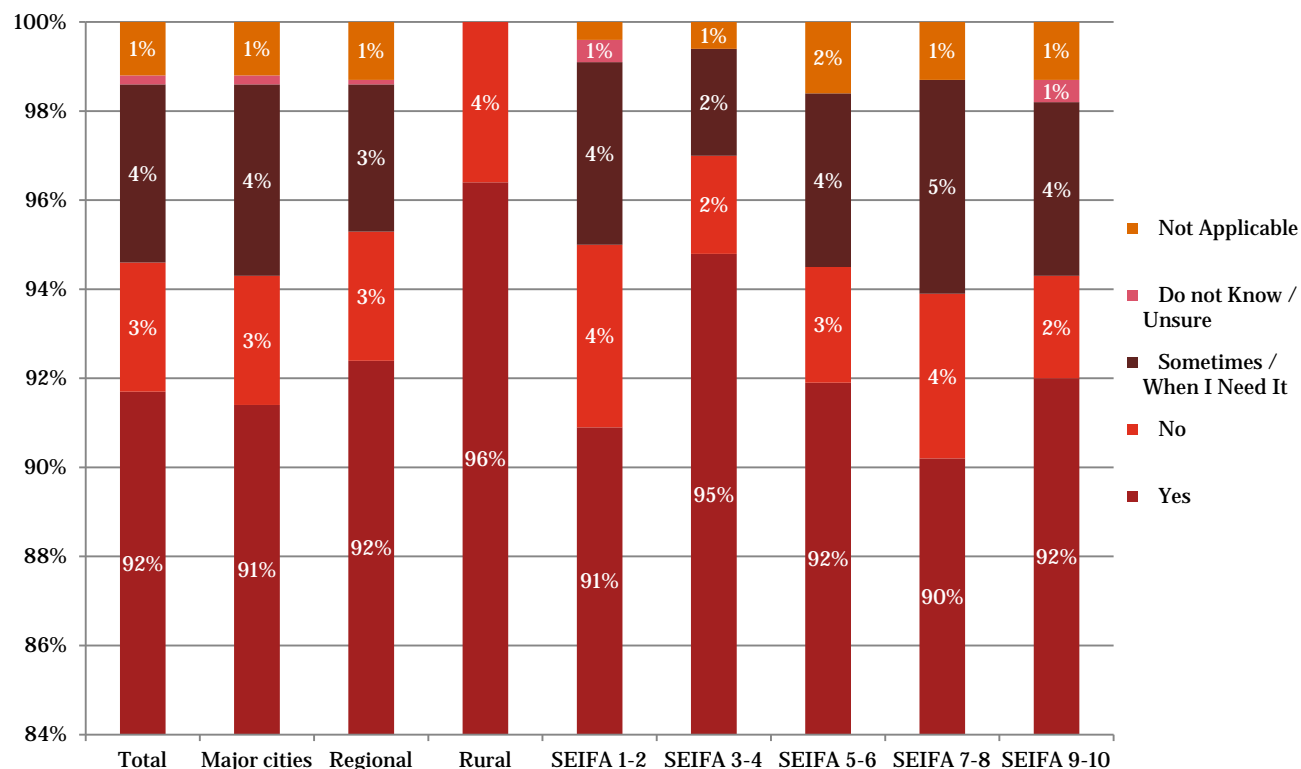


Figure 62:Q33B. Why do you choose not to follow the advice your pharmacist gave on over-the-counter medicines? (by age and gender)

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)

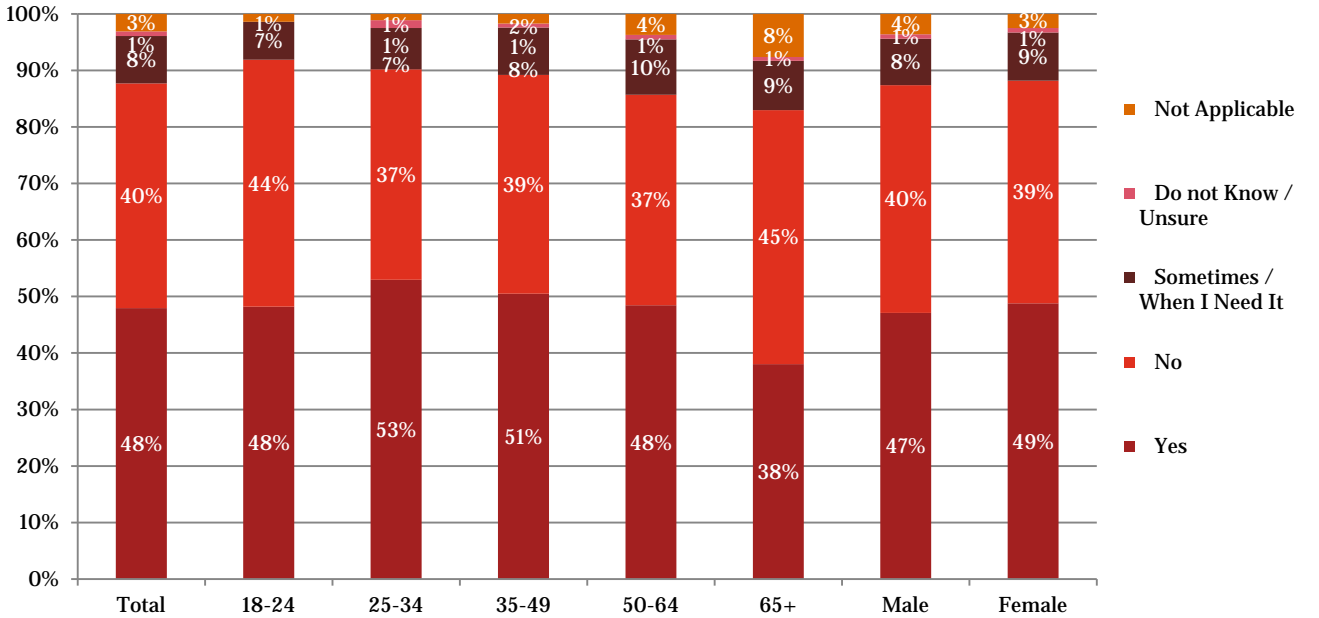
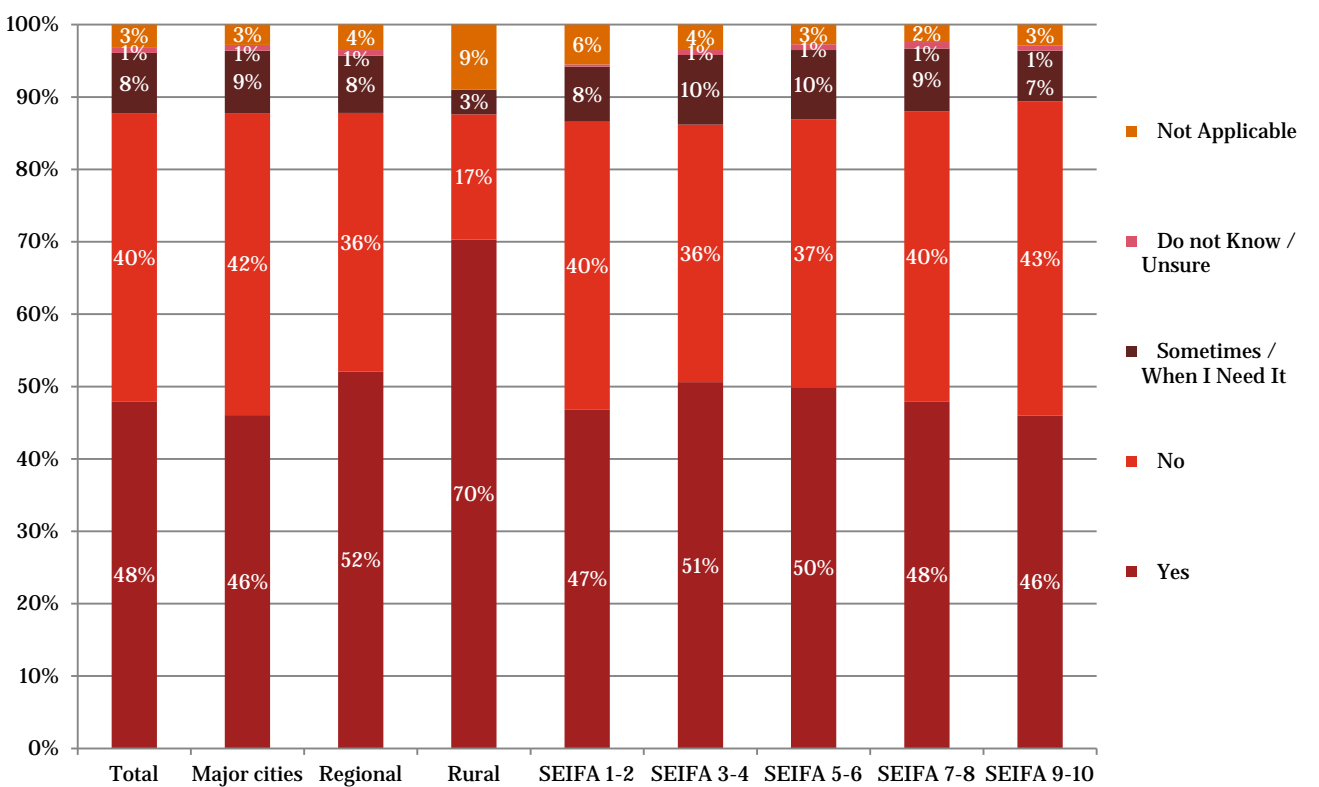


Figure 65: Q44B. Do you expect the pharmacy staff to give advice on your OTC medicines (by location and SEIFA)



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)

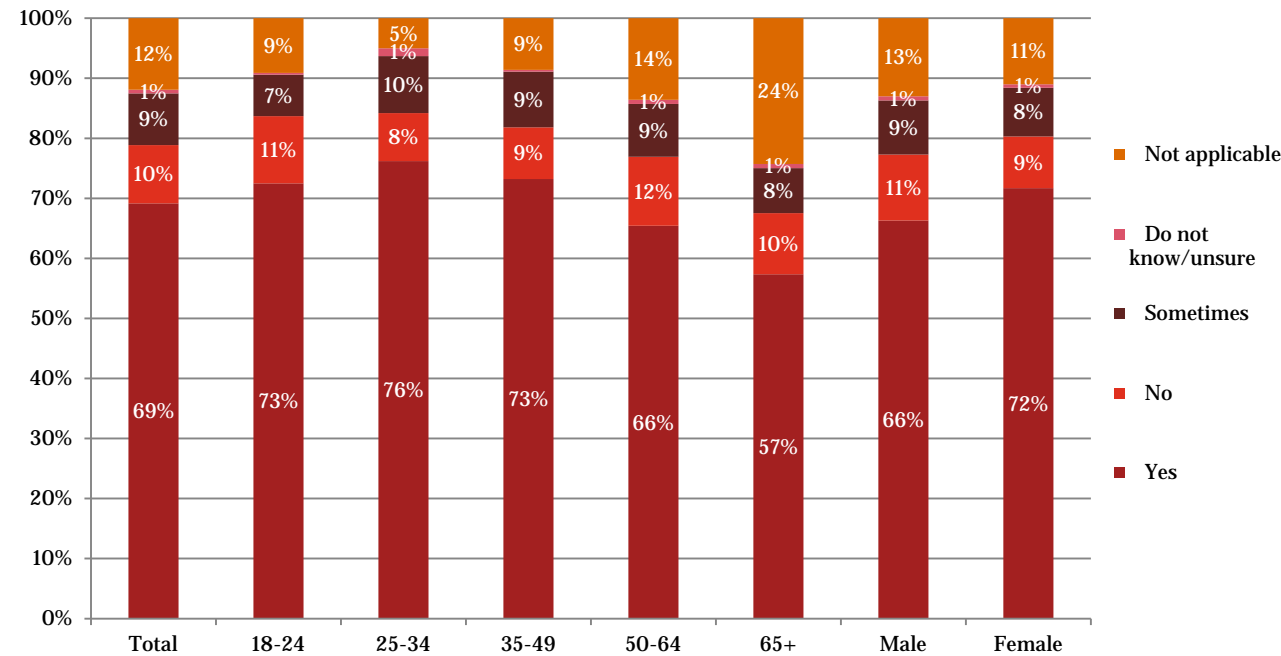


Figure 67: Q41B. Generally, do you follow the advice that the pharmacy staff give you on OTC and complementary medicines? (by location and SEIFA)

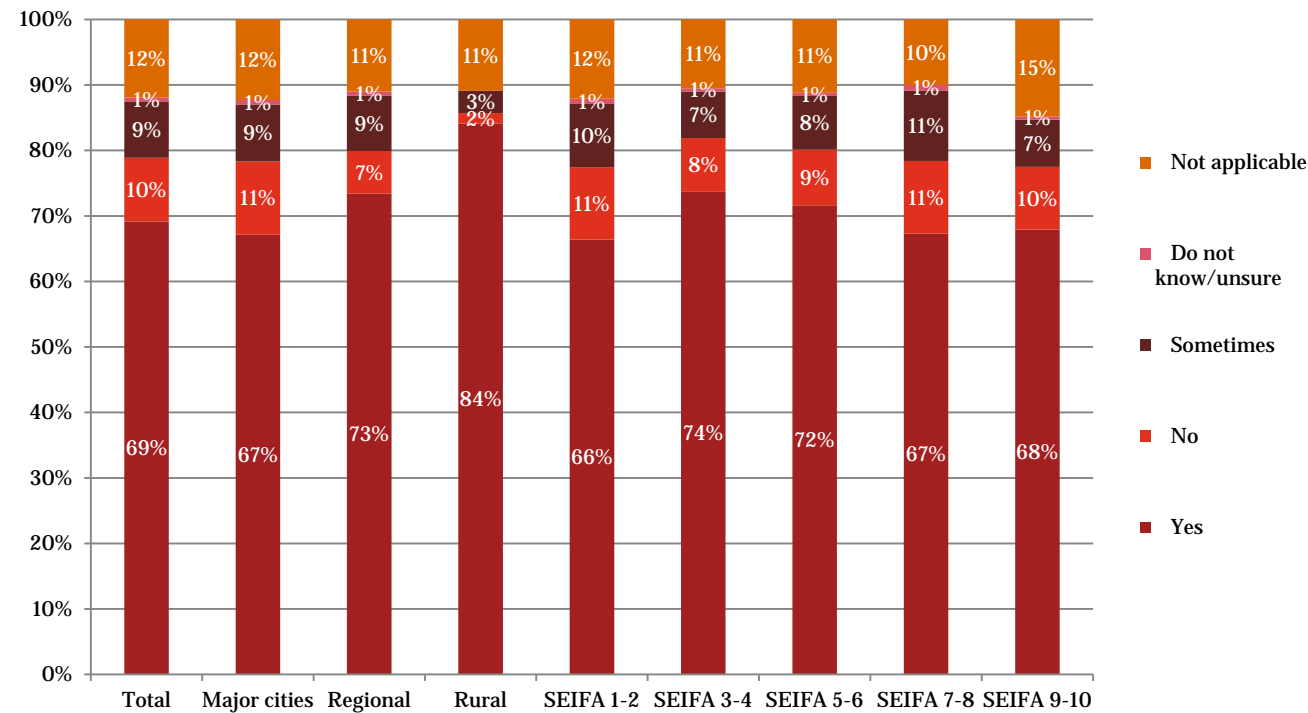


Figure 68: Q42B. Why do you choose not to follow the advice the pharmacy staff gave you on over-the-counter medicines? (by age and gender)

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)

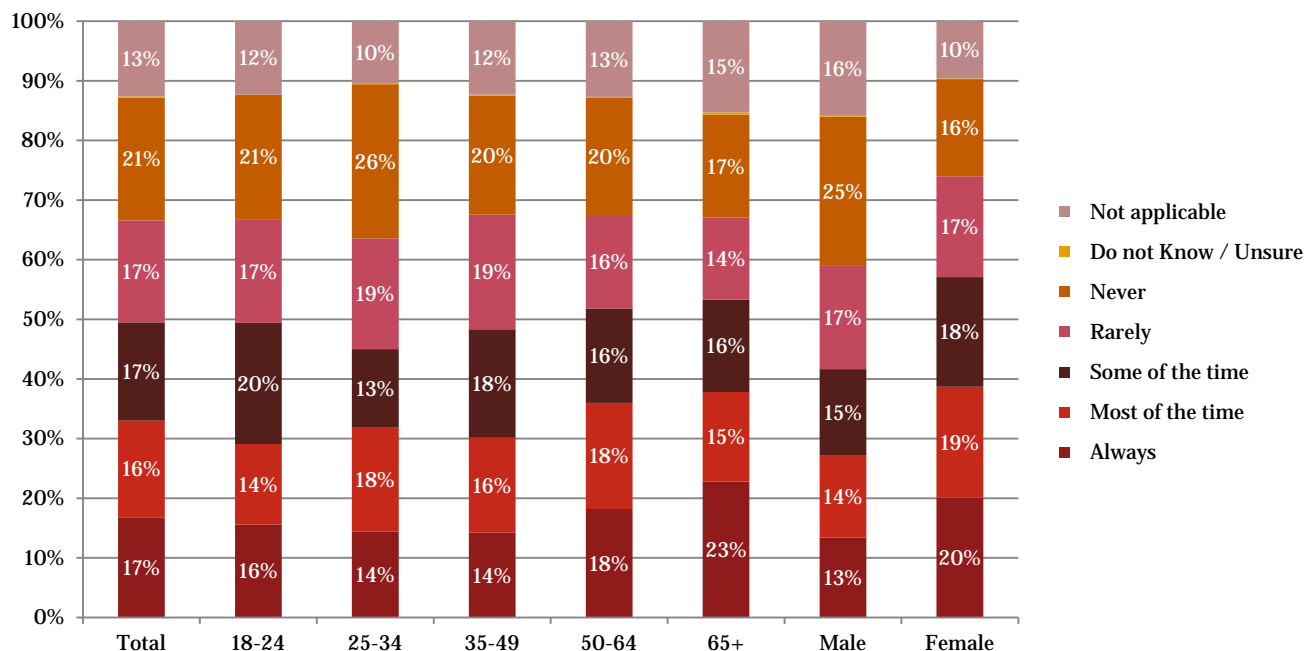
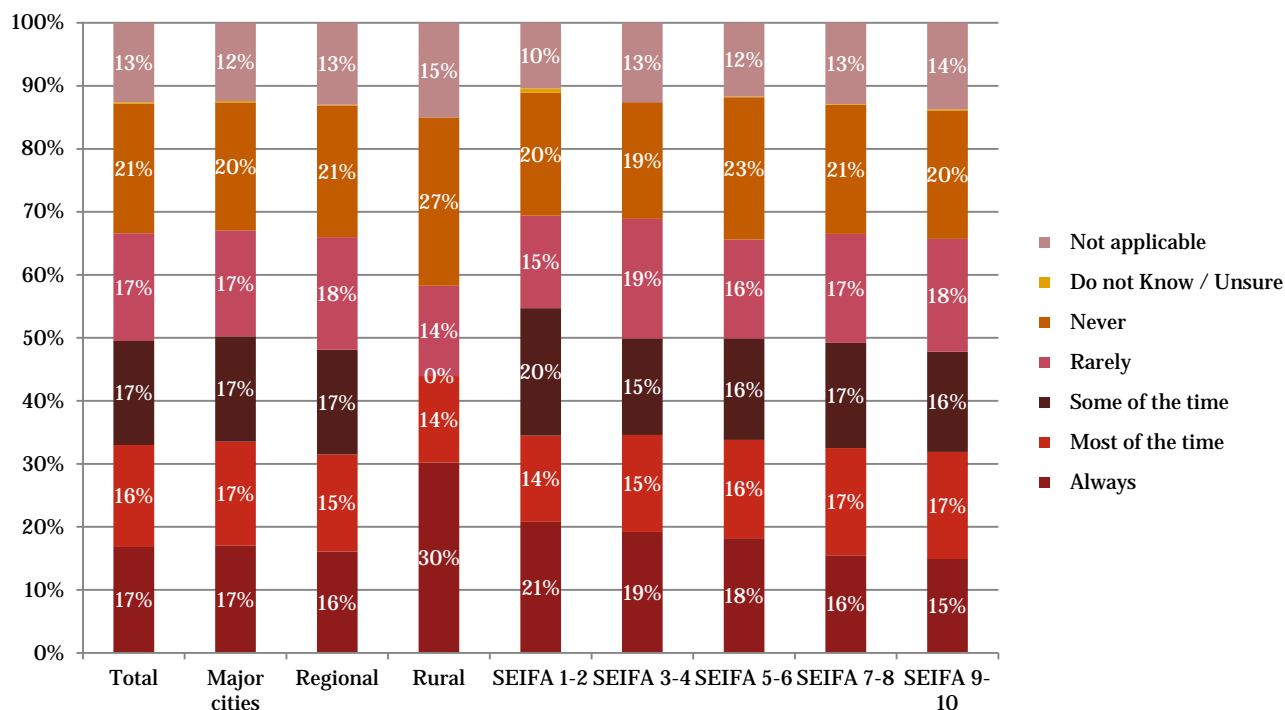


Figure 73: Frequency of purchasing OTC medicines from pharmacy? (by location and SEIFA)



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)

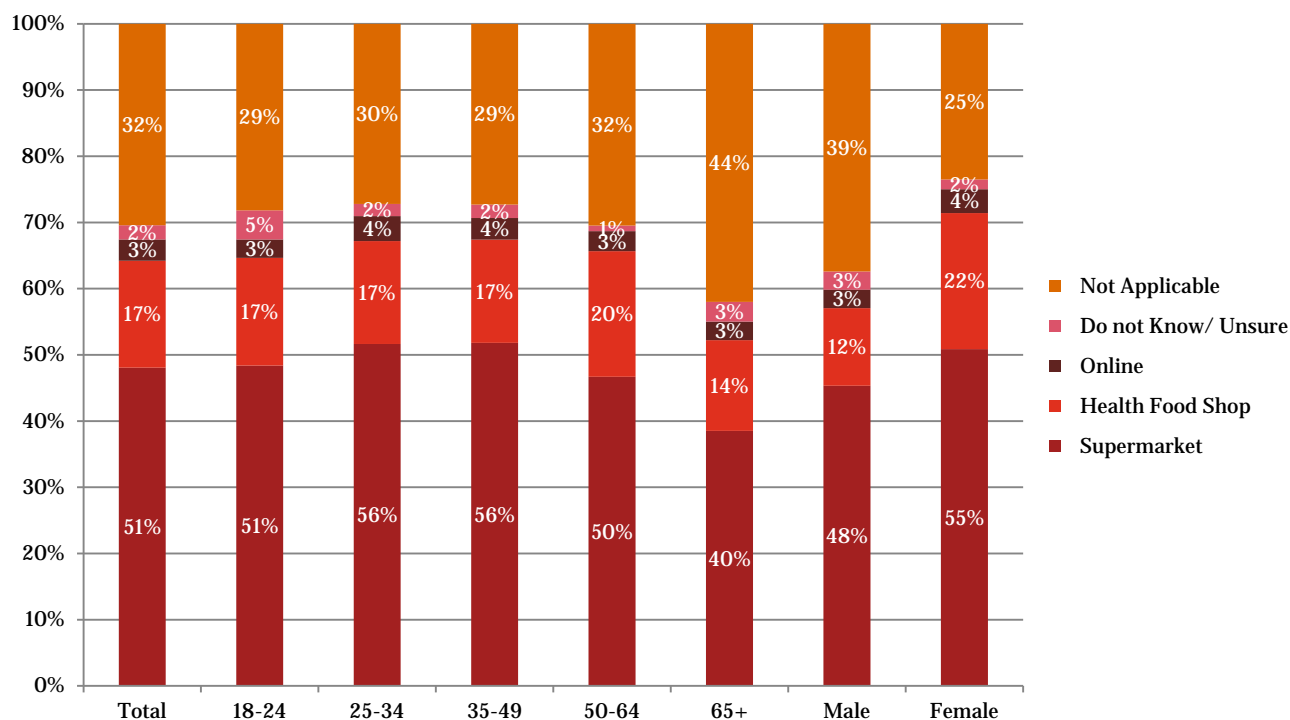


Figure 75: Q24. If not from a pharmacy, where do you purchase your complementary medicines? (by location and SEIFA)

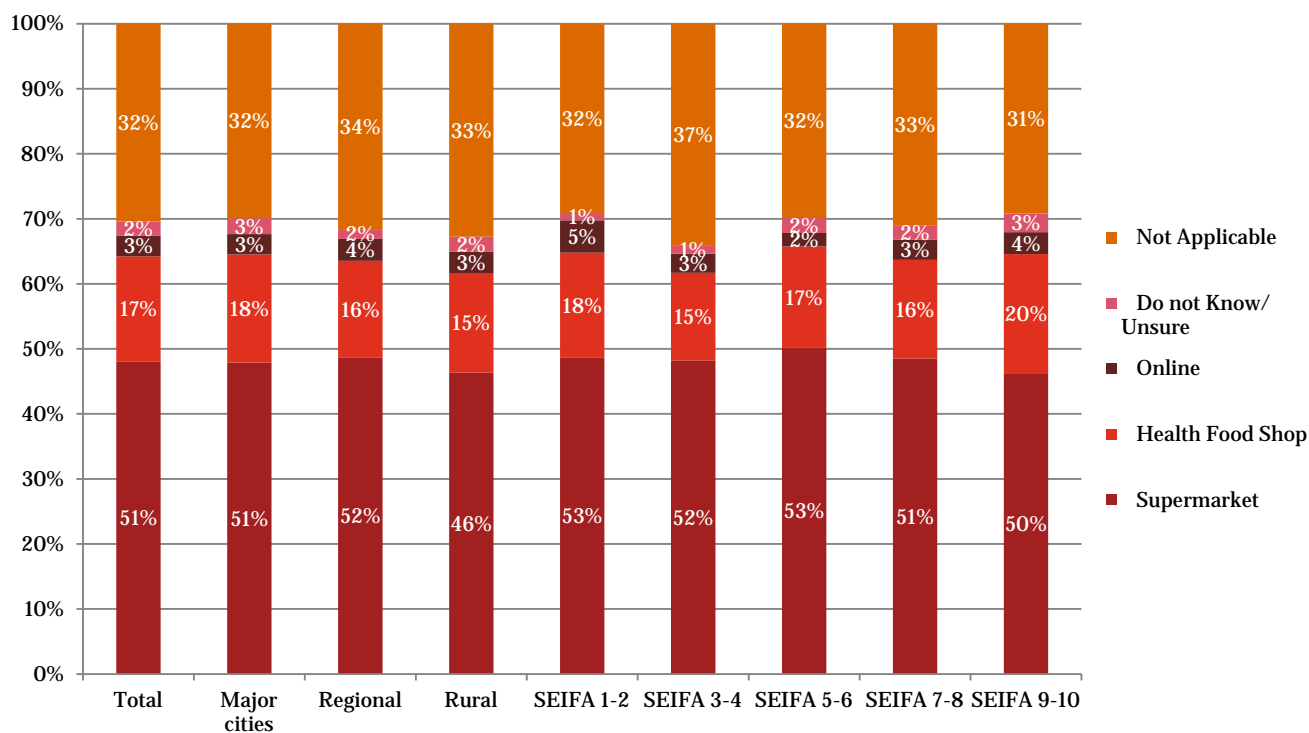


Figure 76: Q25B. Why do you purchase complementary medicines from a supermarket? (by age and gender)

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)

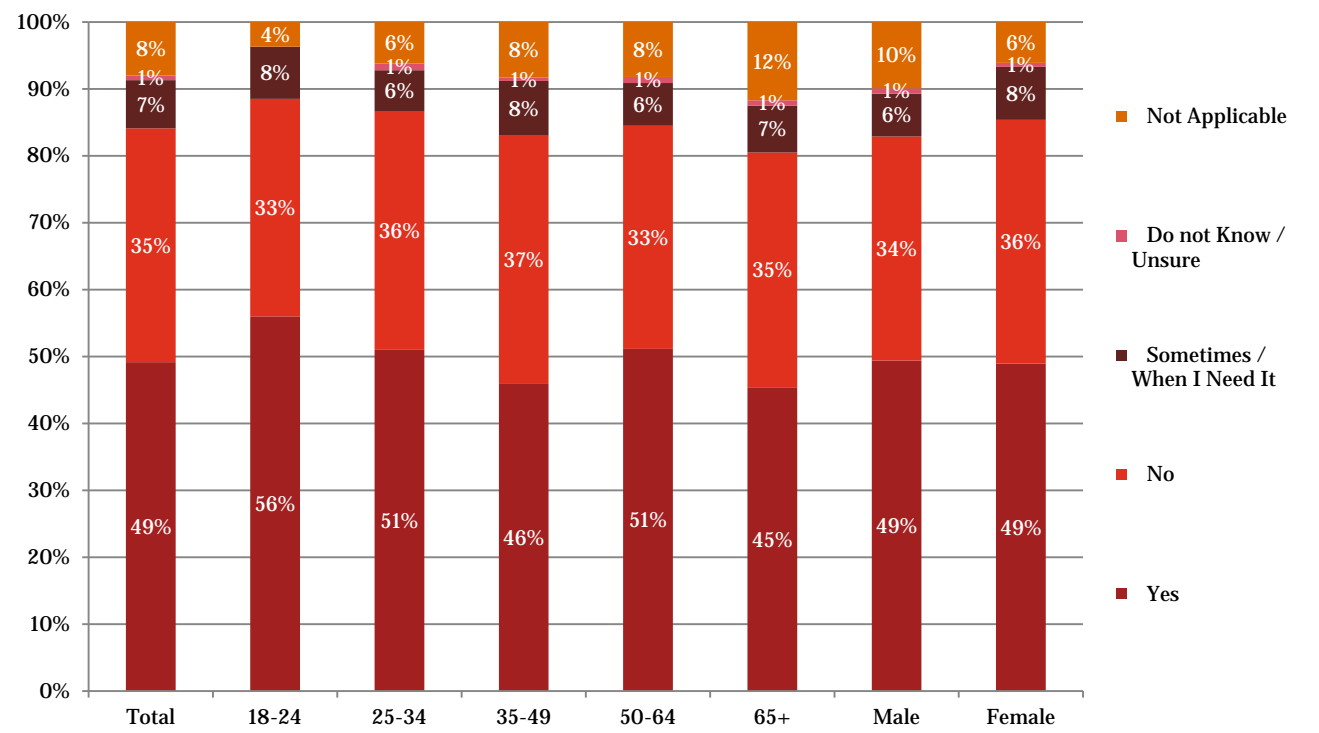
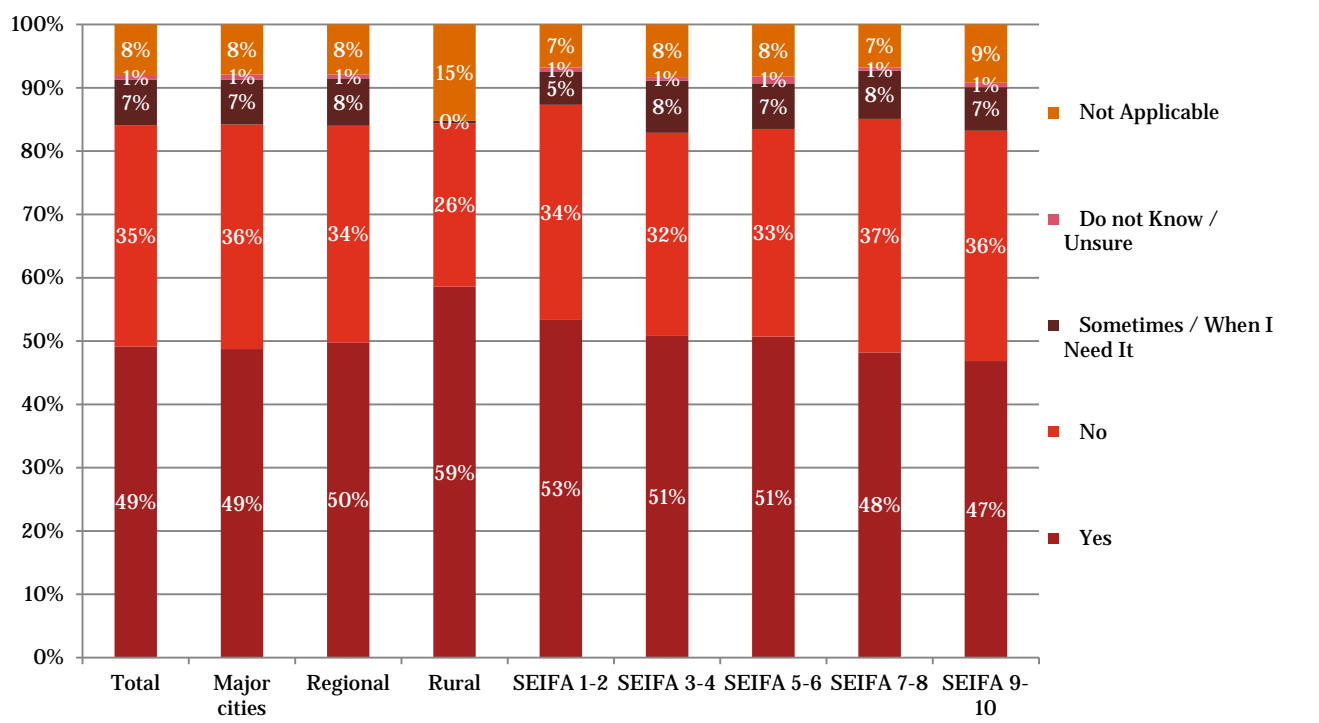


Figure 84:Q35C. Do you expect your pharmacist advice even if you don't ask for it on complementary medicines? (by location and SEIFA)



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)

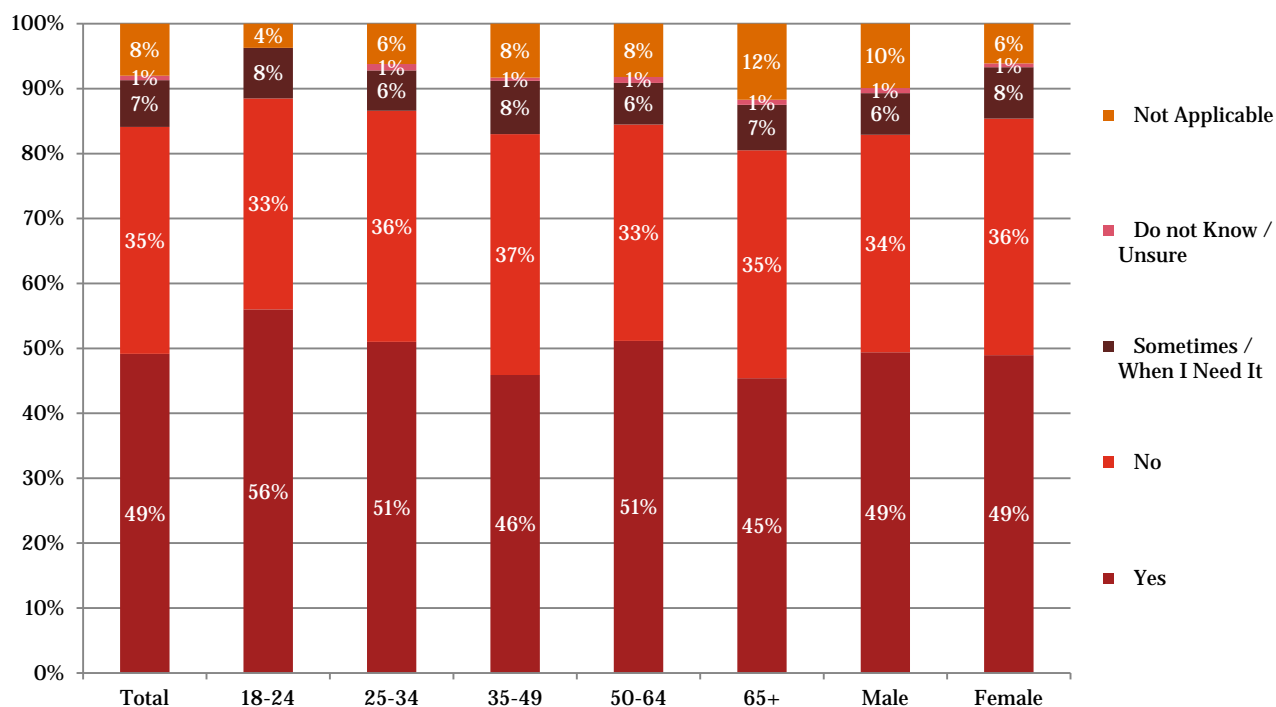
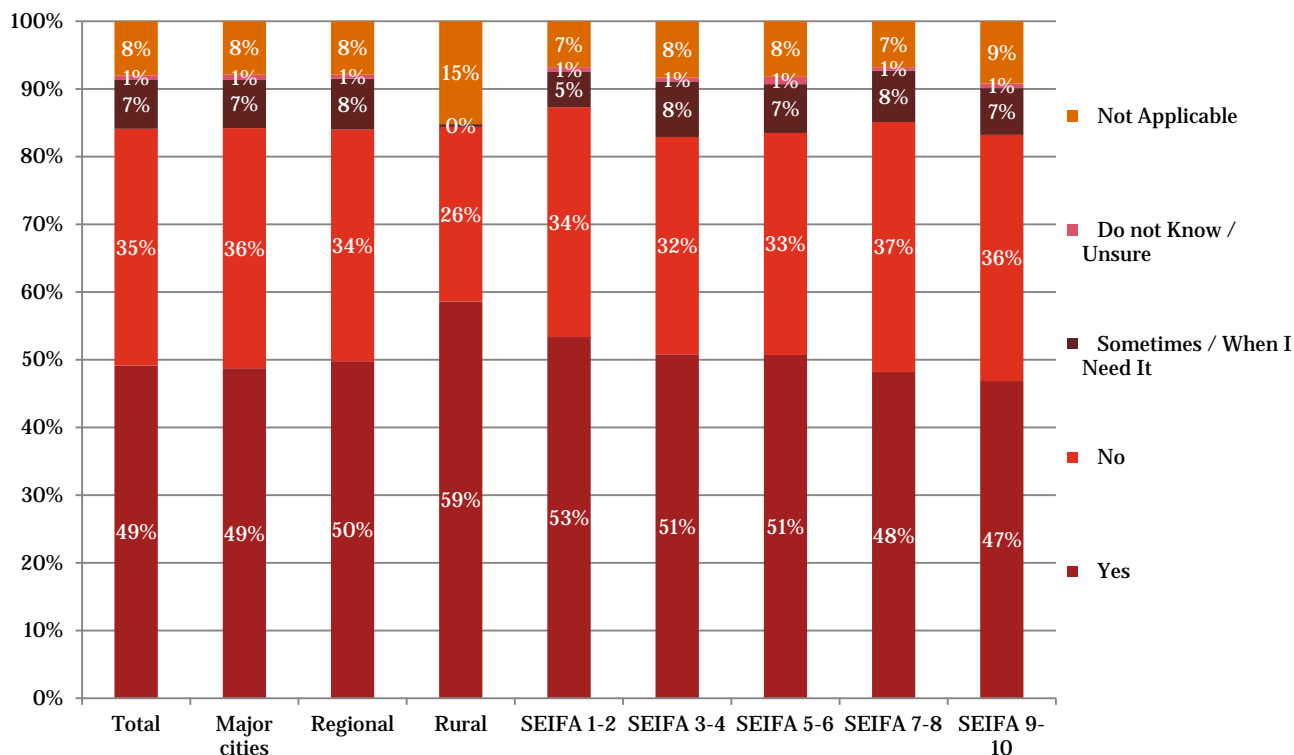


Figure 86: Q31C. In general, when you visit a pharmacy does the pharmacist provide you with advice on complementary medicines? (by location and SEIFA)



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)

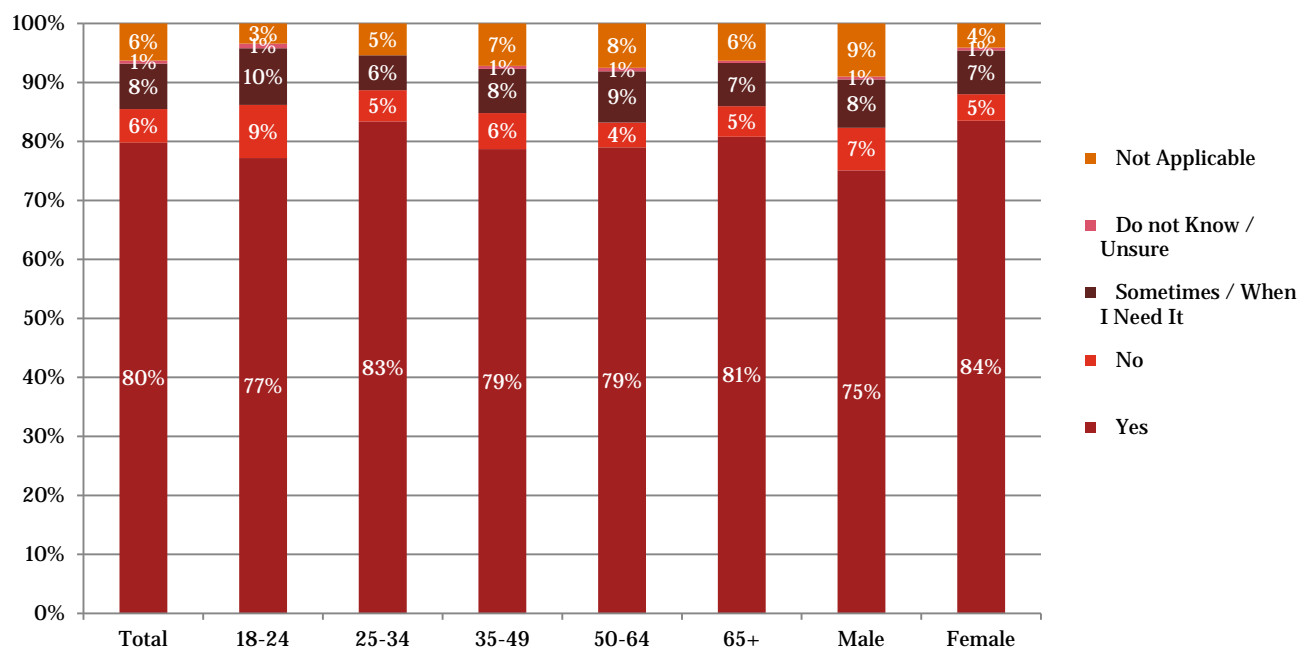


Figure 88: Q32C. Generally, do you follow the advice your pharmacist gives you on complementary medicines? (by location and SEIFA)

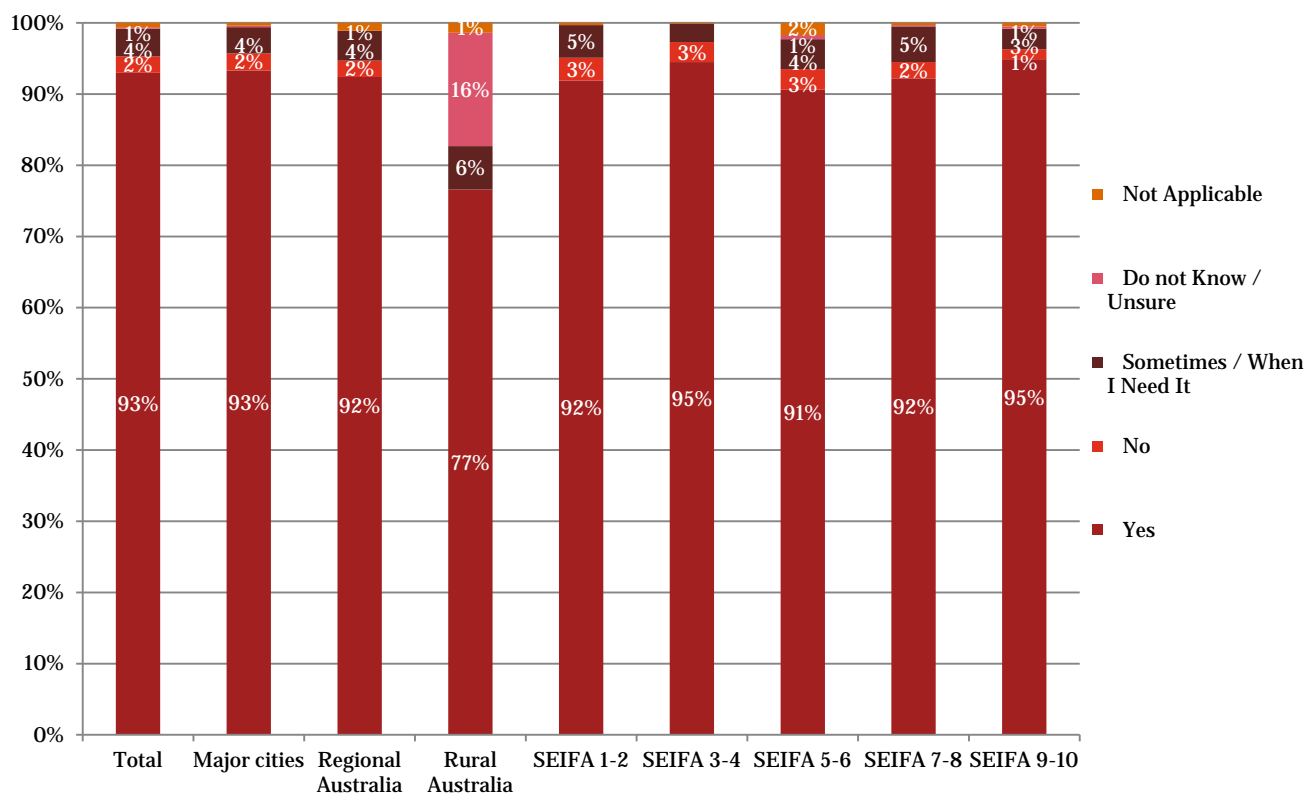


Figure 89: Q33C. Why do you choose not to follow the advice your pharmacist gave on complementary medicines? (by age and gender)

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)

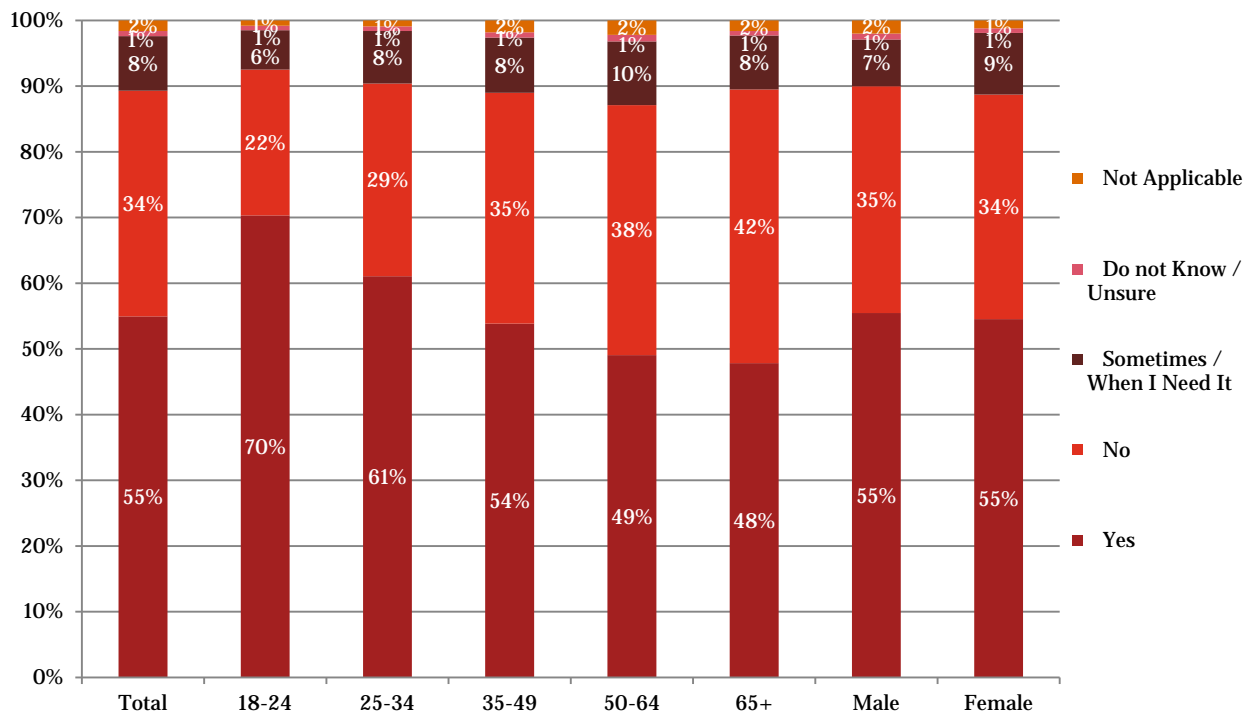
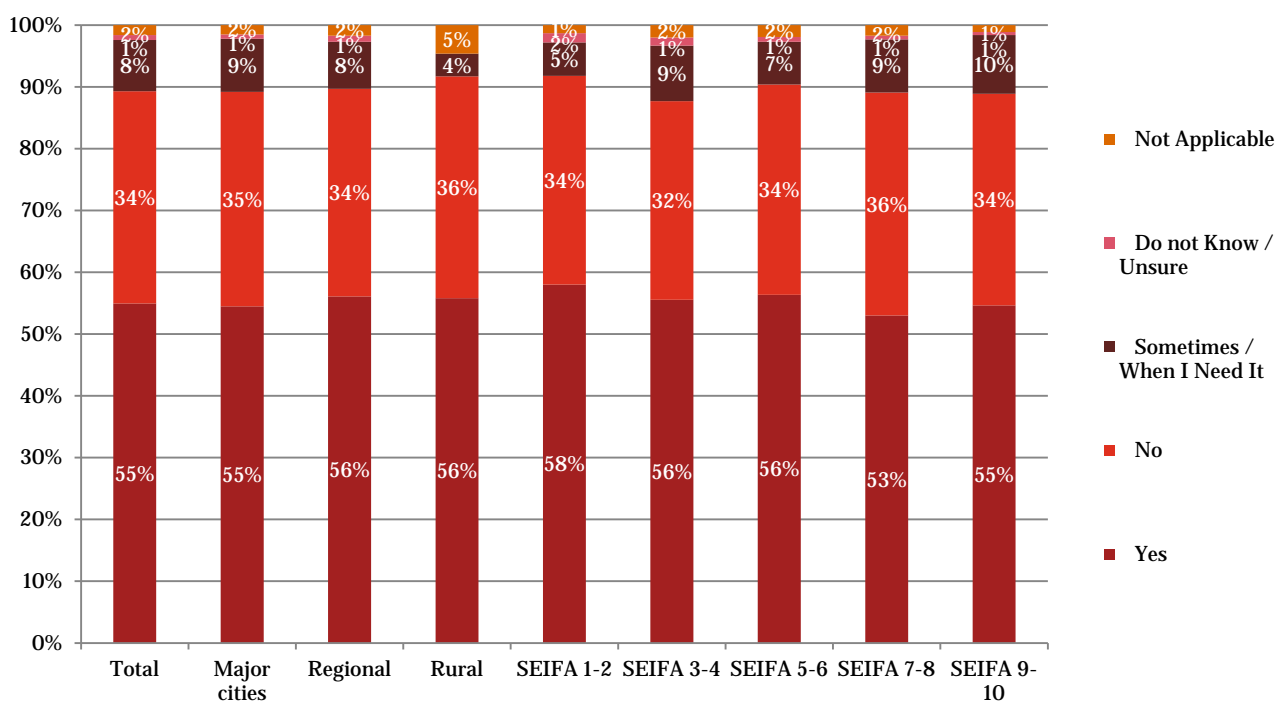


Figure 92: Q35D. Do you expect your pharmacist advice even if you don't ask for it on treatment/management of your health condition? (by location and SEIFA)



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)

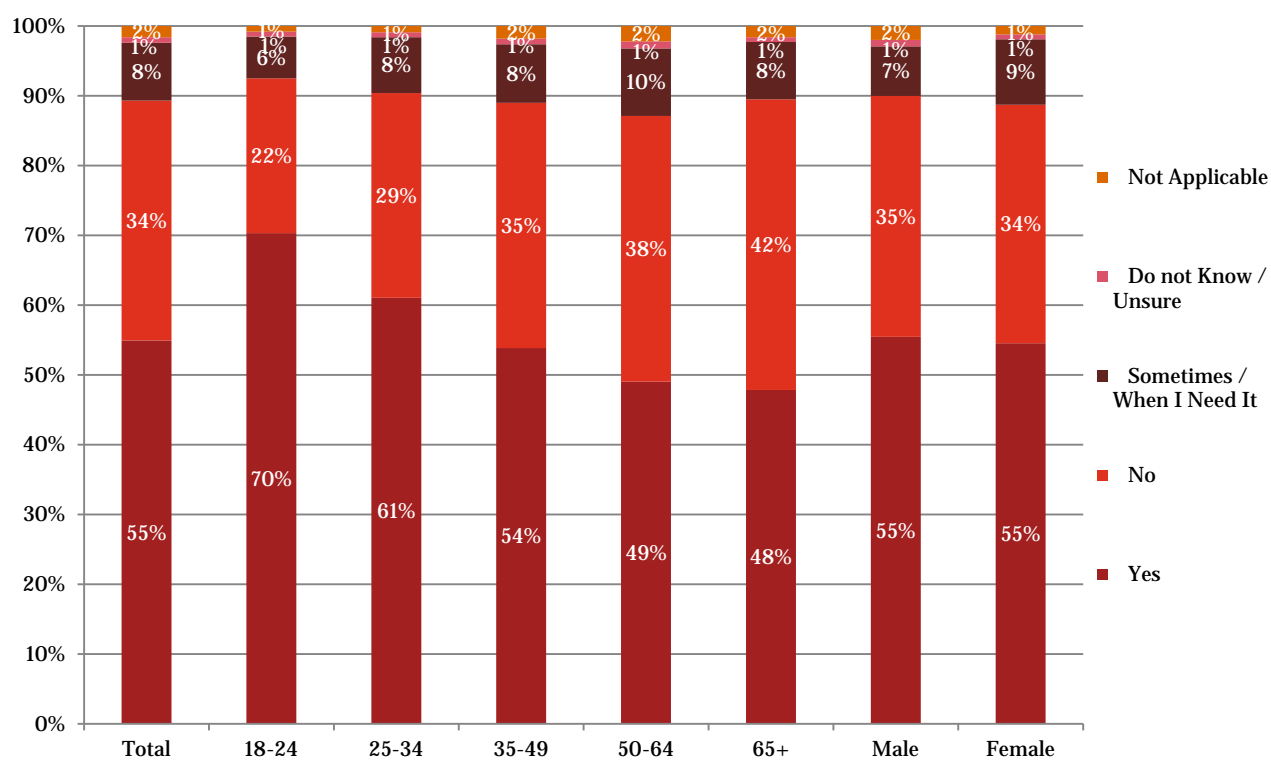
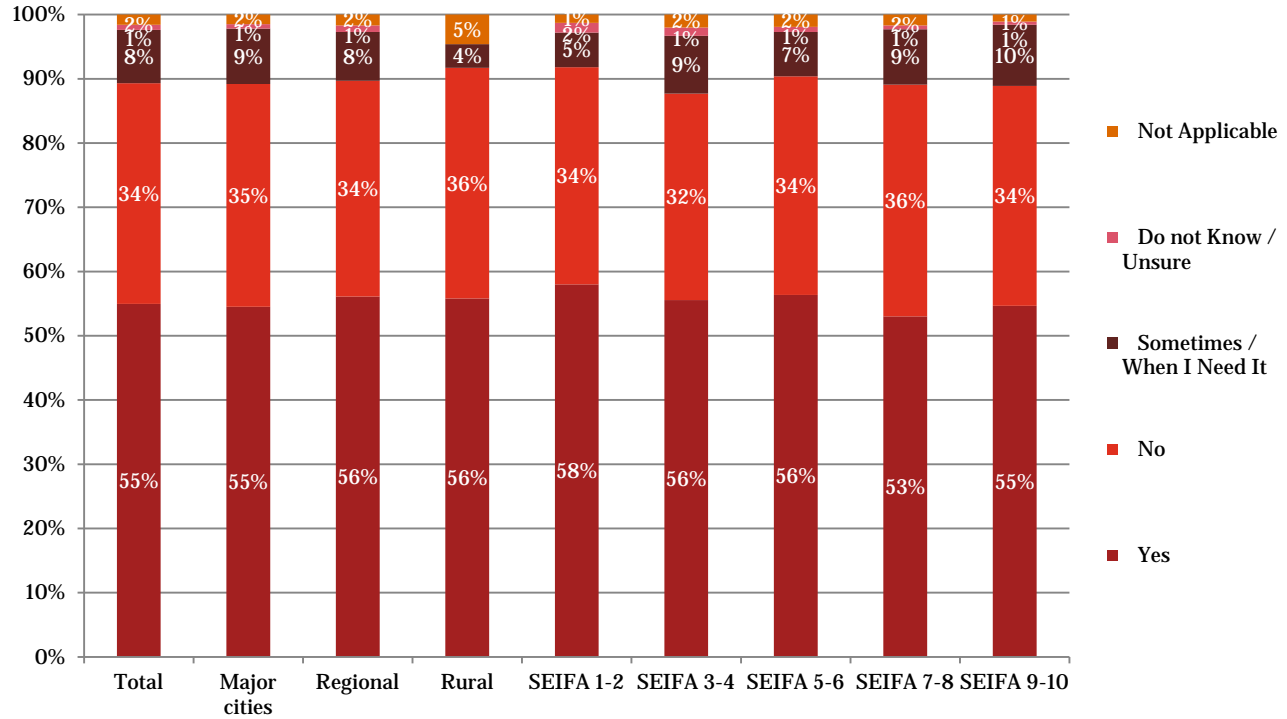


Figure 94: Q31D. In general, when you visit a pharmacy does the pharmacist provide you with advice on treatment/management of your health condition? (by location and SEIFA)



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)

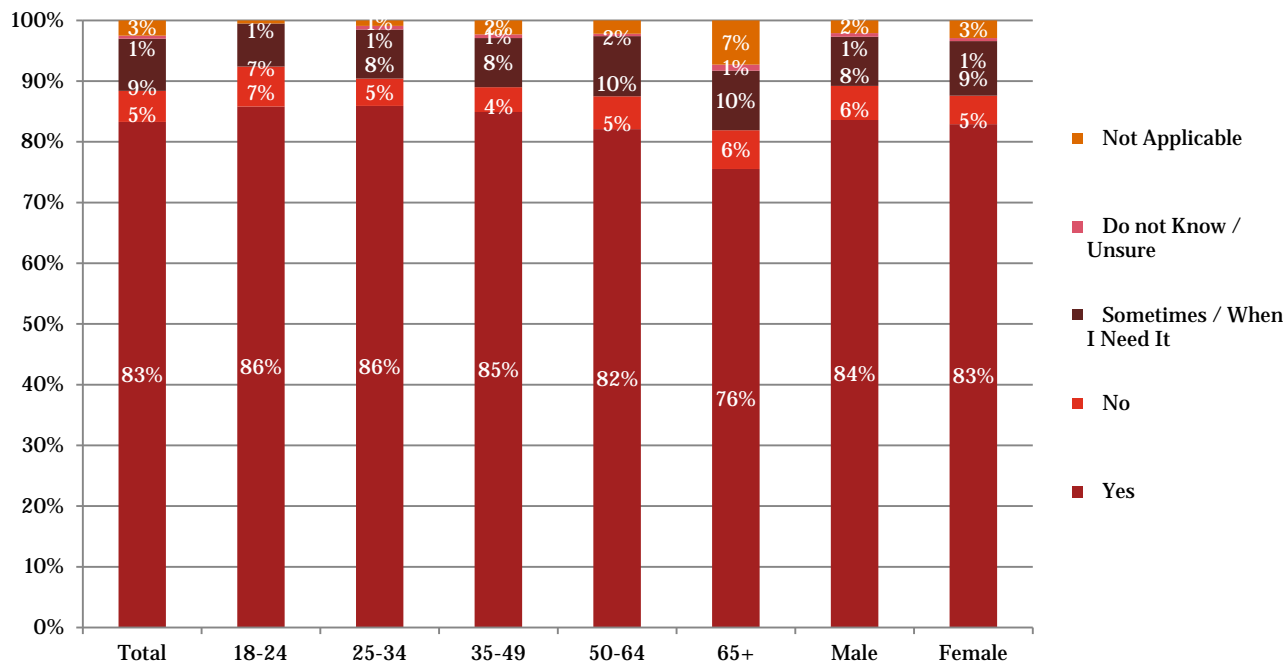
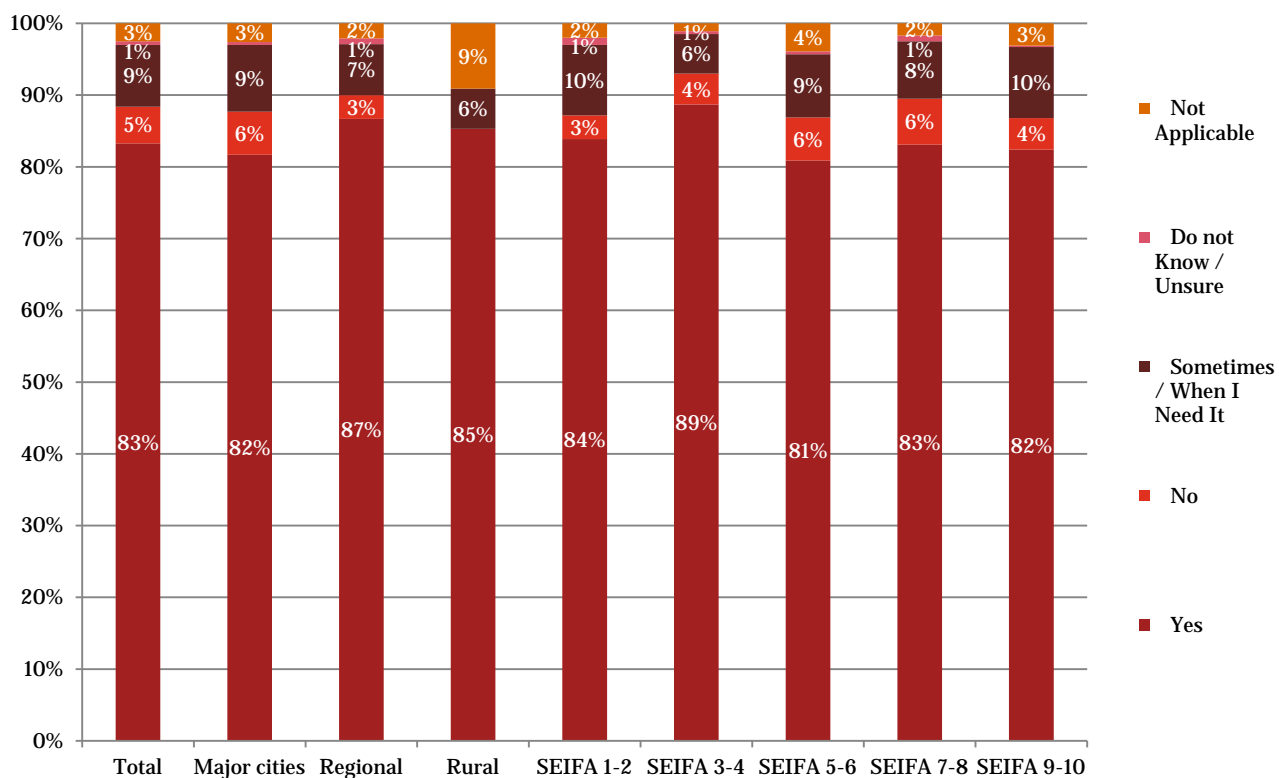


Figure 96: Q32D. Generally, do you follow the advice your pharmacist gives you on treatment/management of your health condition? (by location and SEIFA)



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)

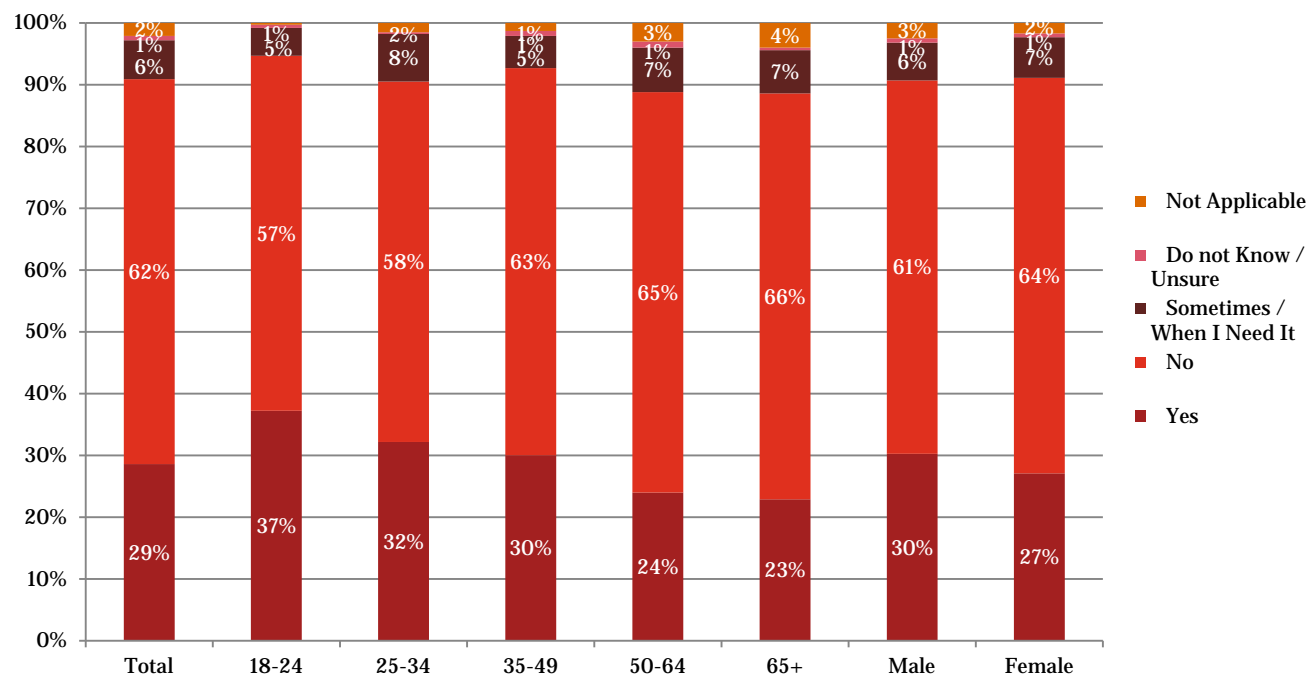
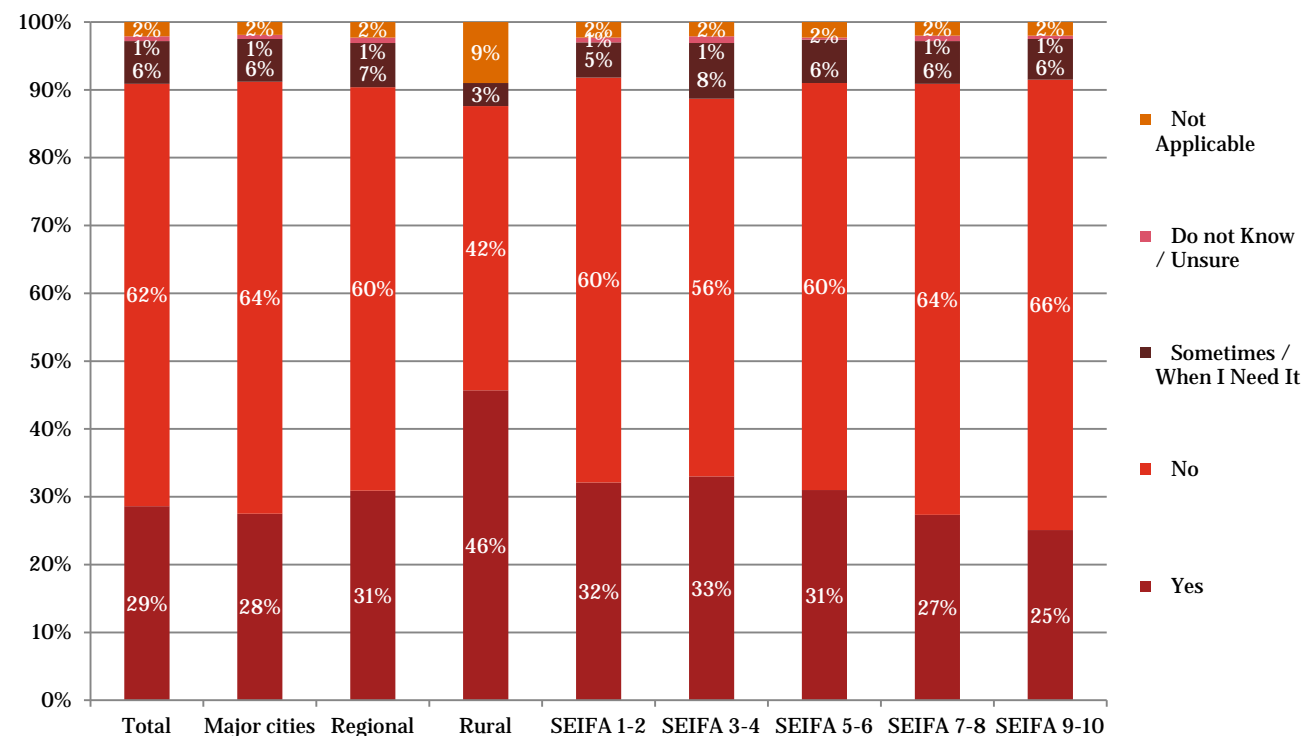


Figure 98: Q44D. Do you expect the pharmacy staff to give advice on your treatment/management of your health condition? (by location and SEIFA)



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)

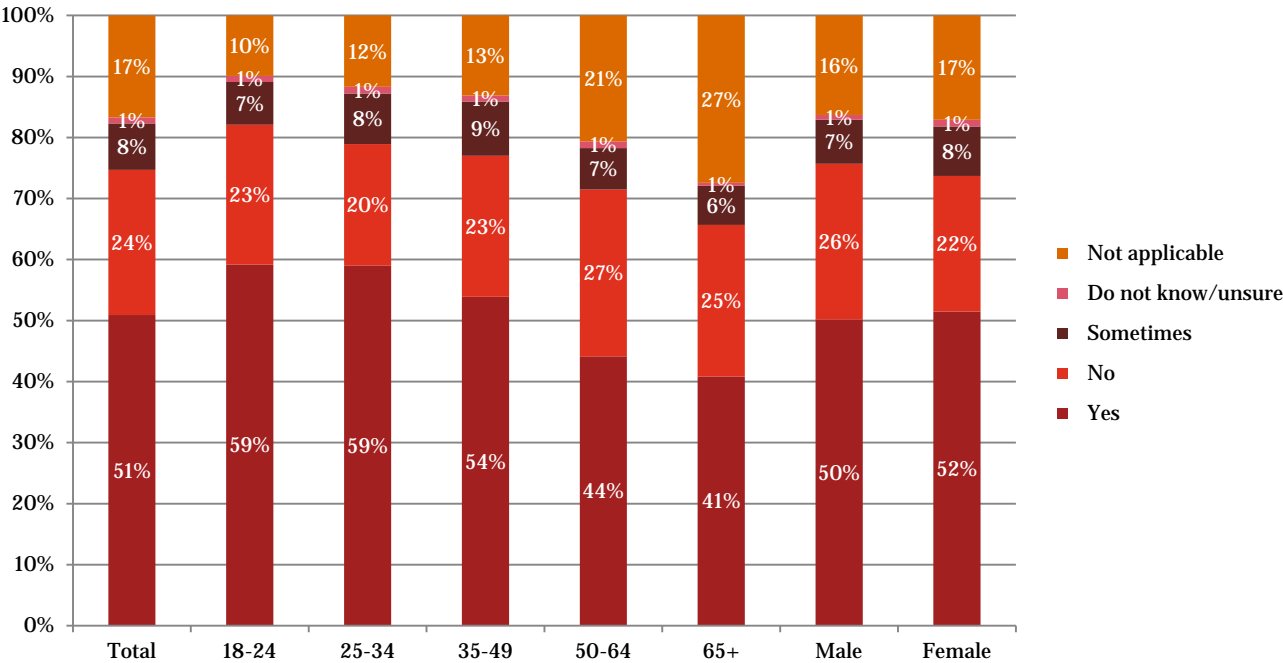


Figure 100: Q41D. Generally, do you follow the advice that the pharmacy staff give you on treatment/management of your health condition? (by location and SEIFA)



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)

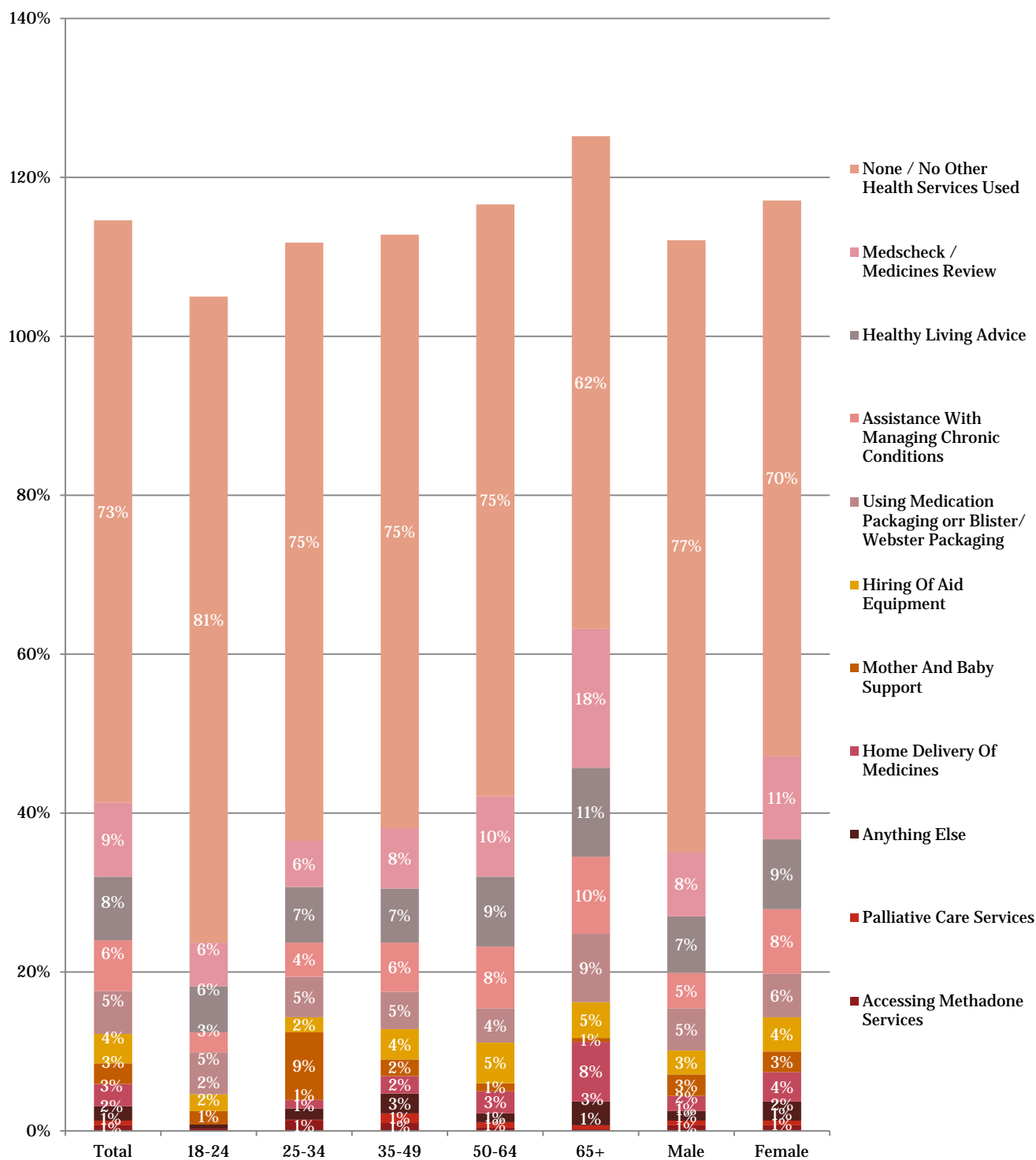
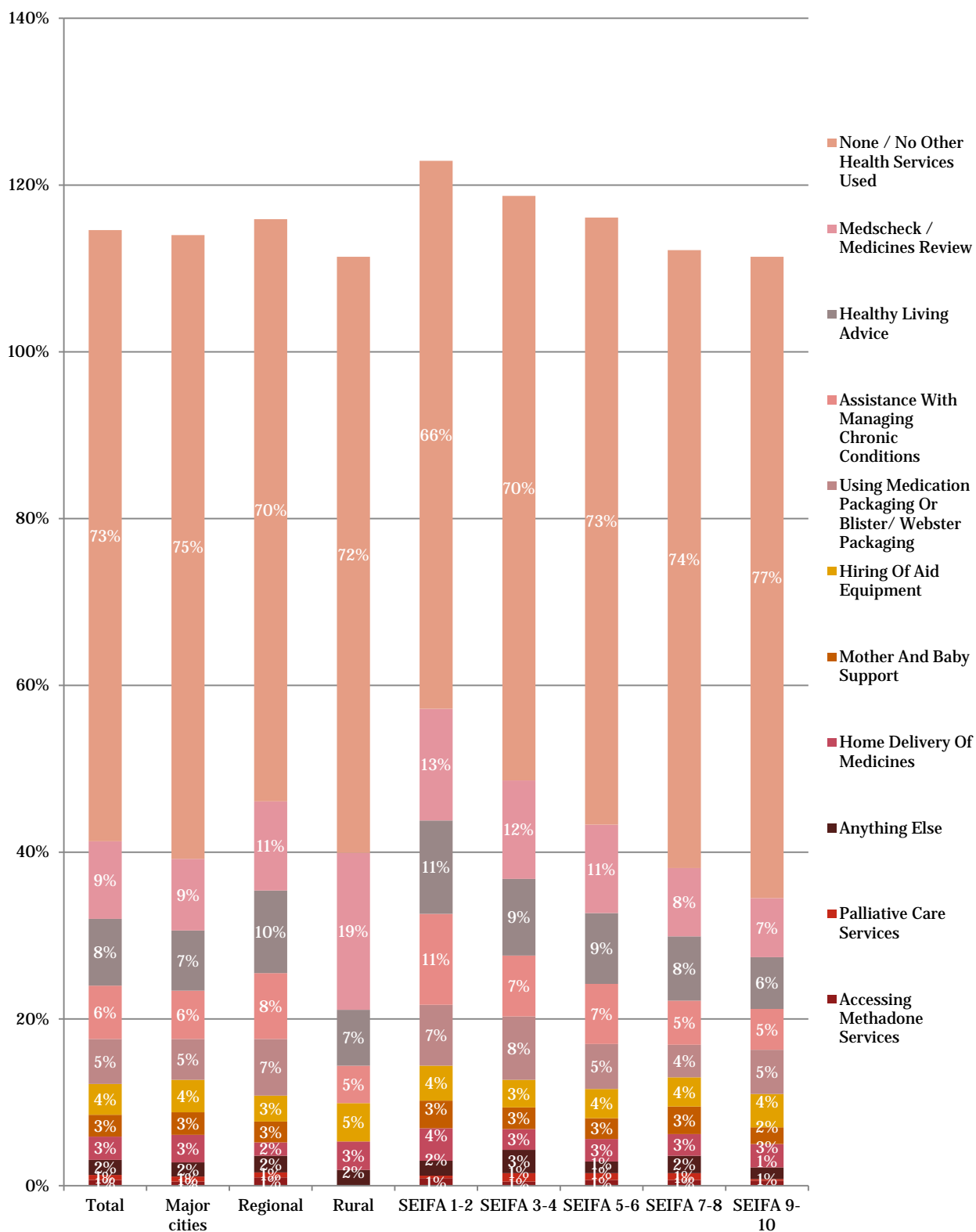


Figure 106: Q13. Have you used the following health services in the last 12 months at a pharmacy? (by location and SEIFA)



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)

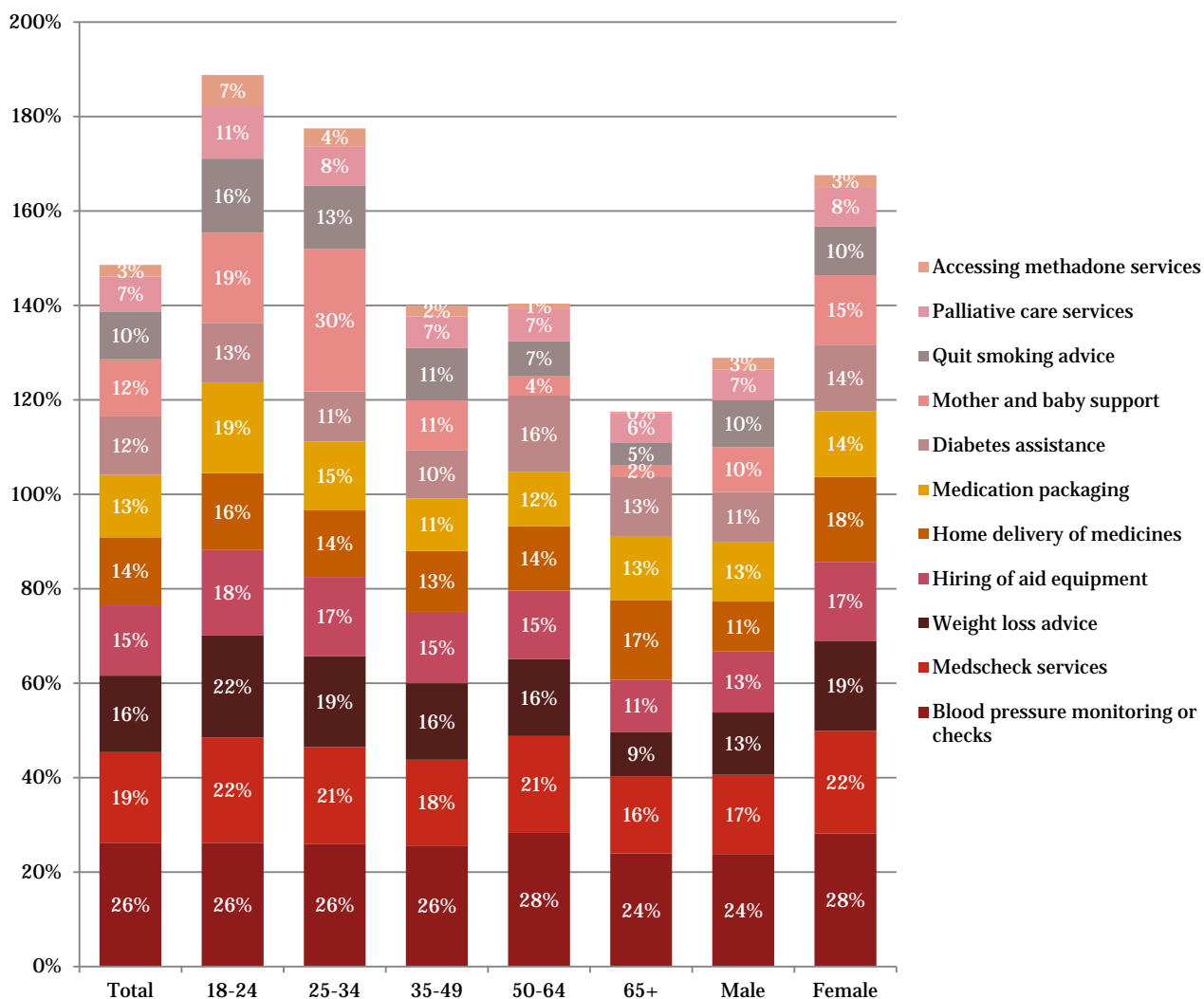
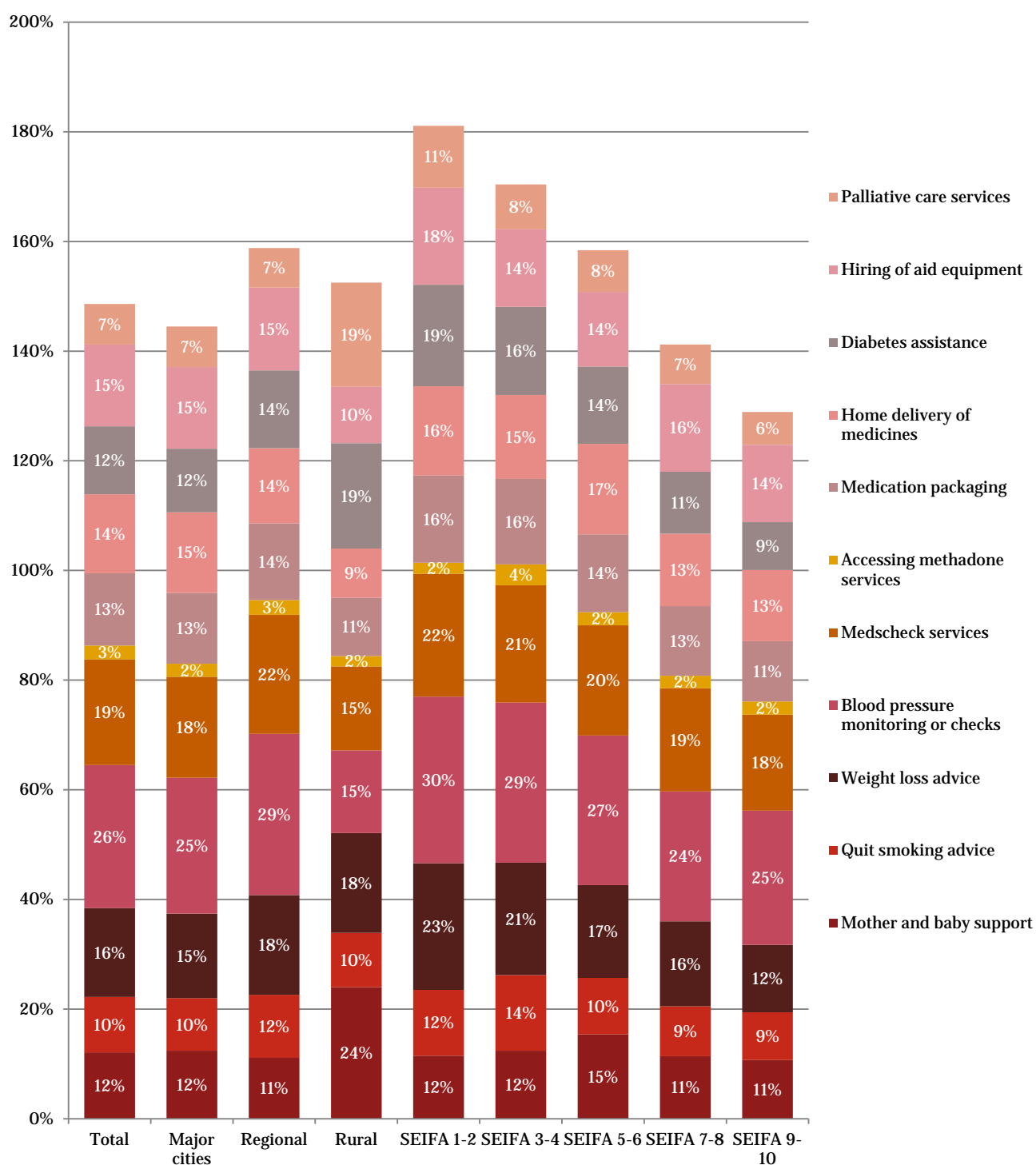


Figure 108: Q16. Would you access the following services now or in the future if it was available at the pharmacy that you go to? (by age and gender)



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)

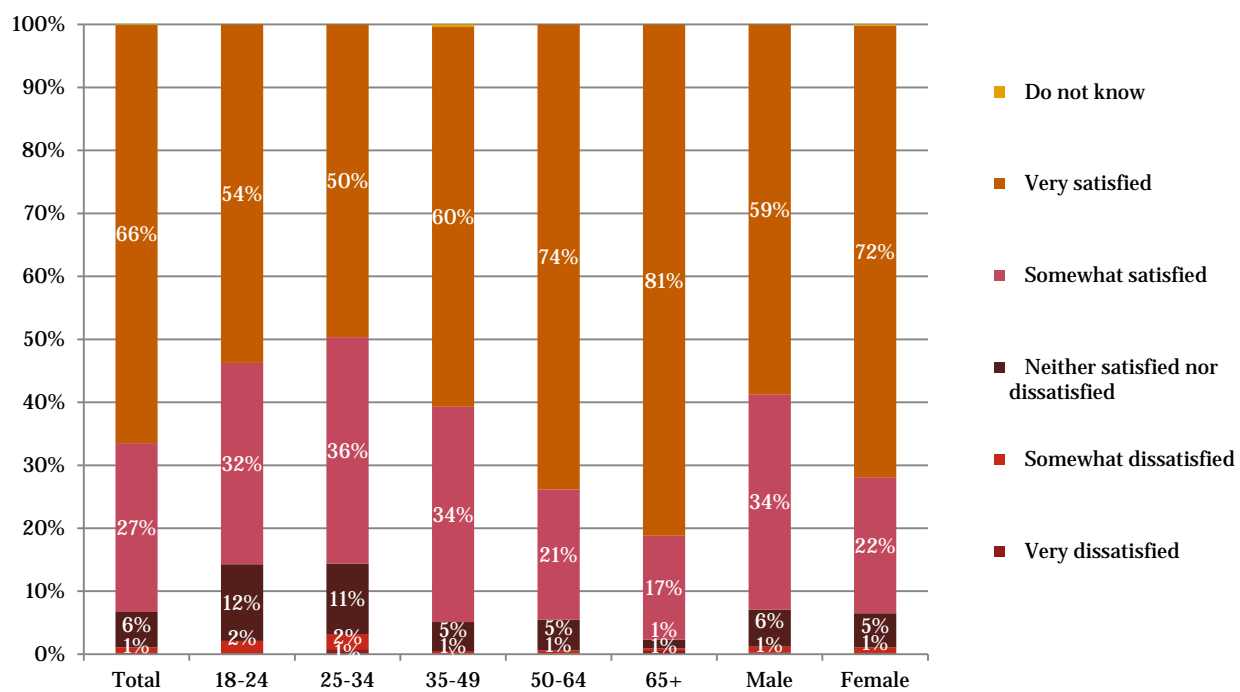
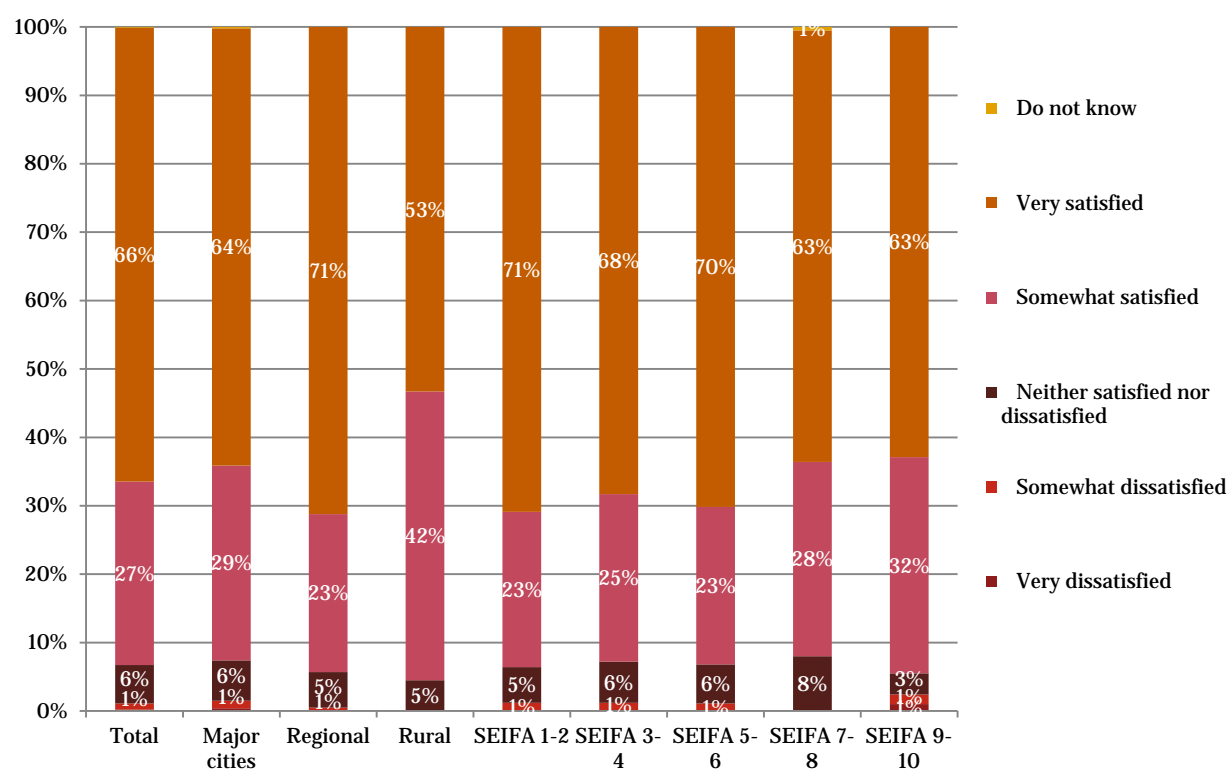


Figure 110: Q15. Overall, on a scale of 1 to 5 (where 1 means very dissatisfied and 5 means very satisfied), how satisfied are you with the health services you have used? (by location and SEIFA)



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)

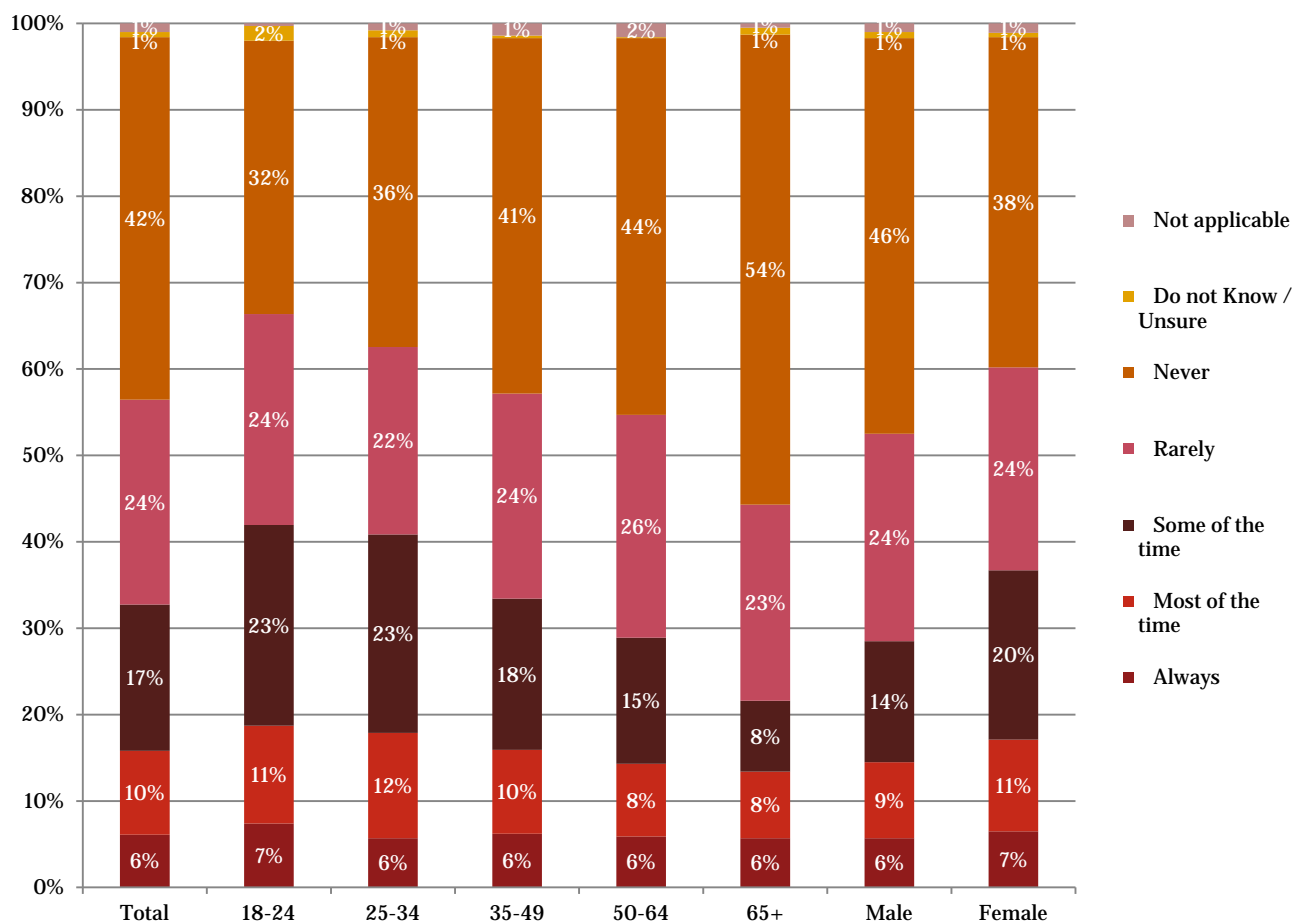


Figure 112: Q61A: How often do you go to the pharmacy first before consulting another health professional for information on prescription medicines? (by location and SEIFA)

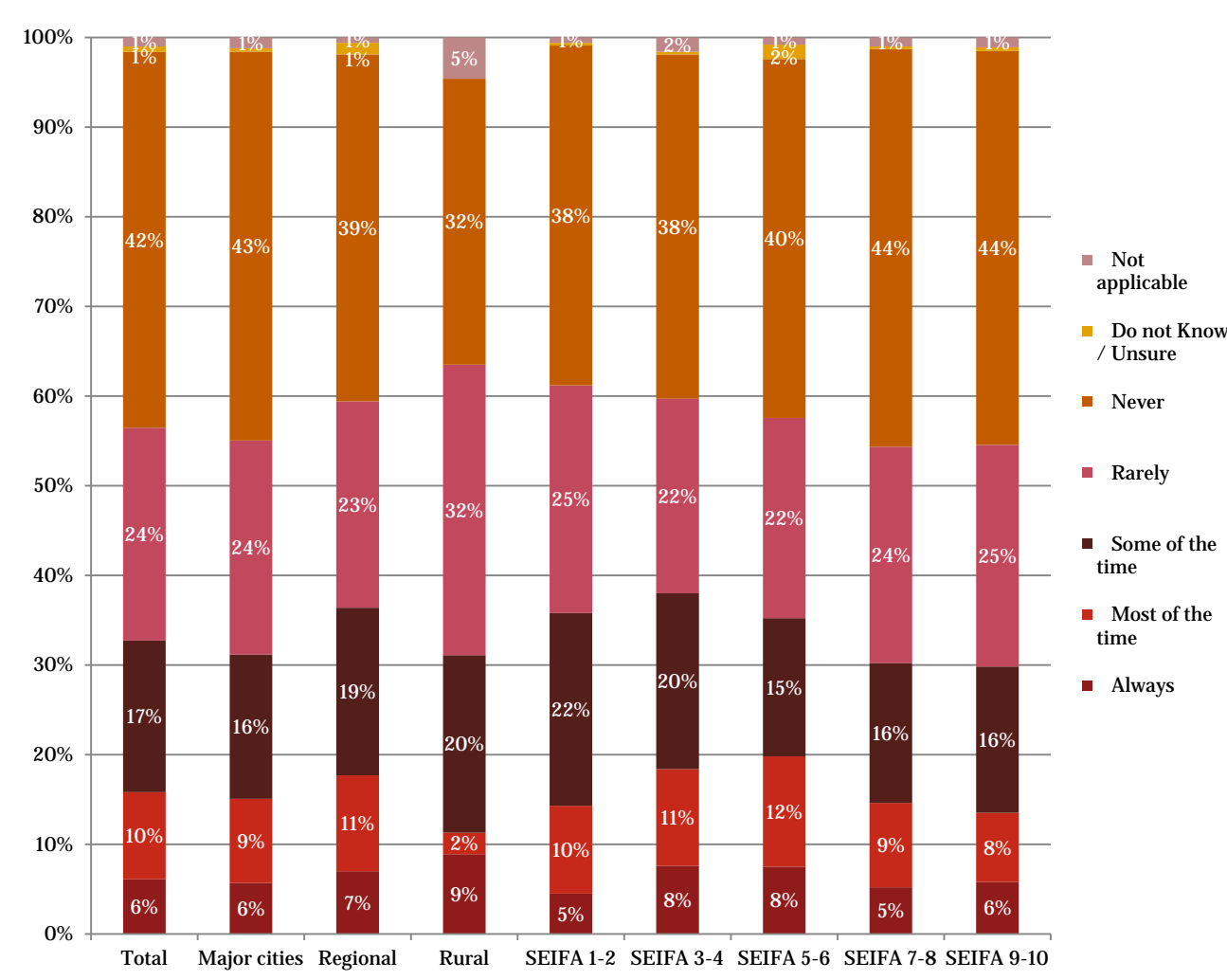


Figure 113: Q61B: How often do you go to the pharmacy first before consulting another health professional for information on over-the-counter or complementary medicines? (by age and gender)

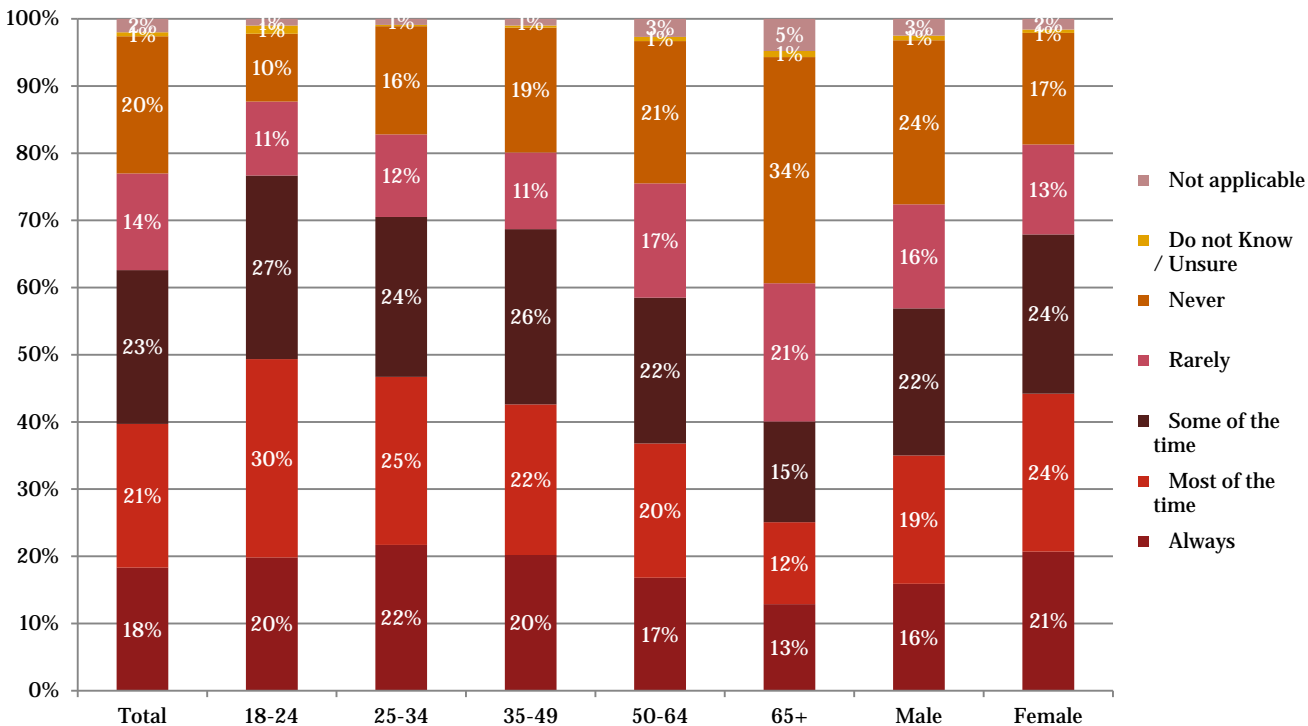


Figure 114:Q61B: How often do you go to the pharmacy first before consulting another health professional for information on over-the-counter or complementary medicines? (by location and SEIFA)

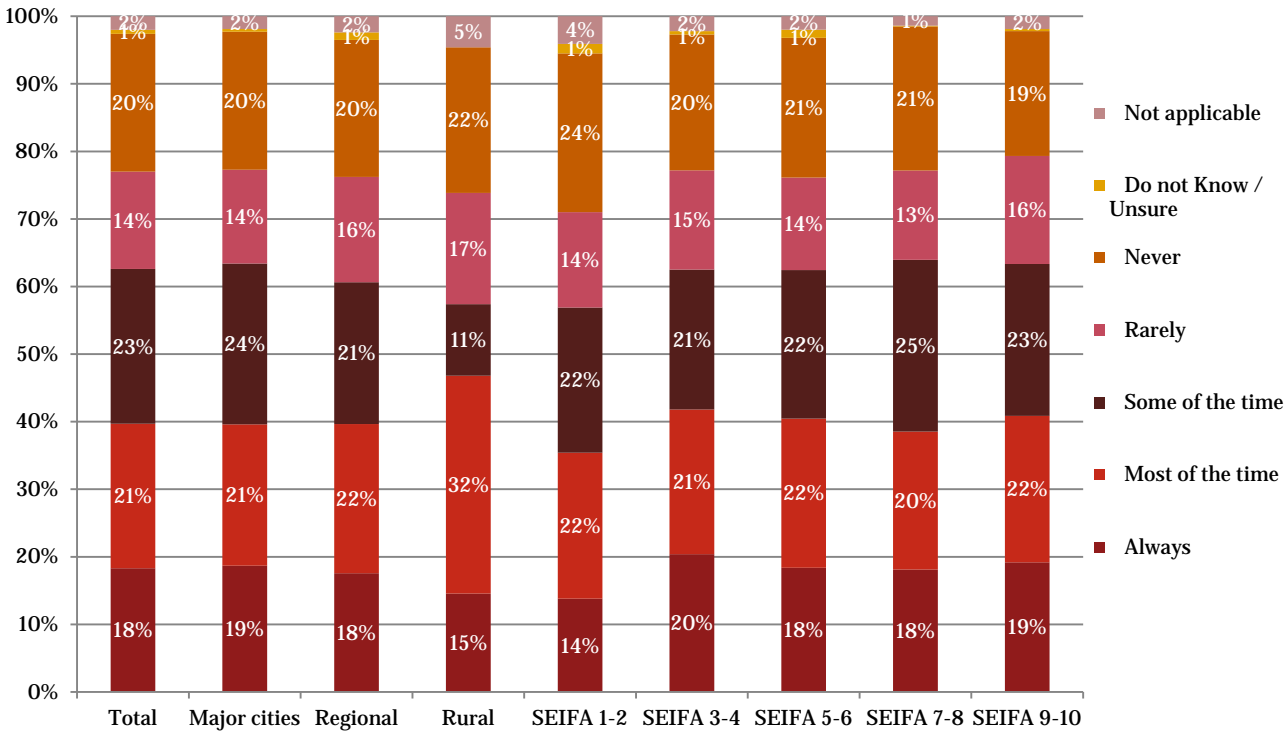


Figure 115: Q61D. How often do you go to the pharmacy first before consulting another health professional for information on minor ailments? (by age and gender)

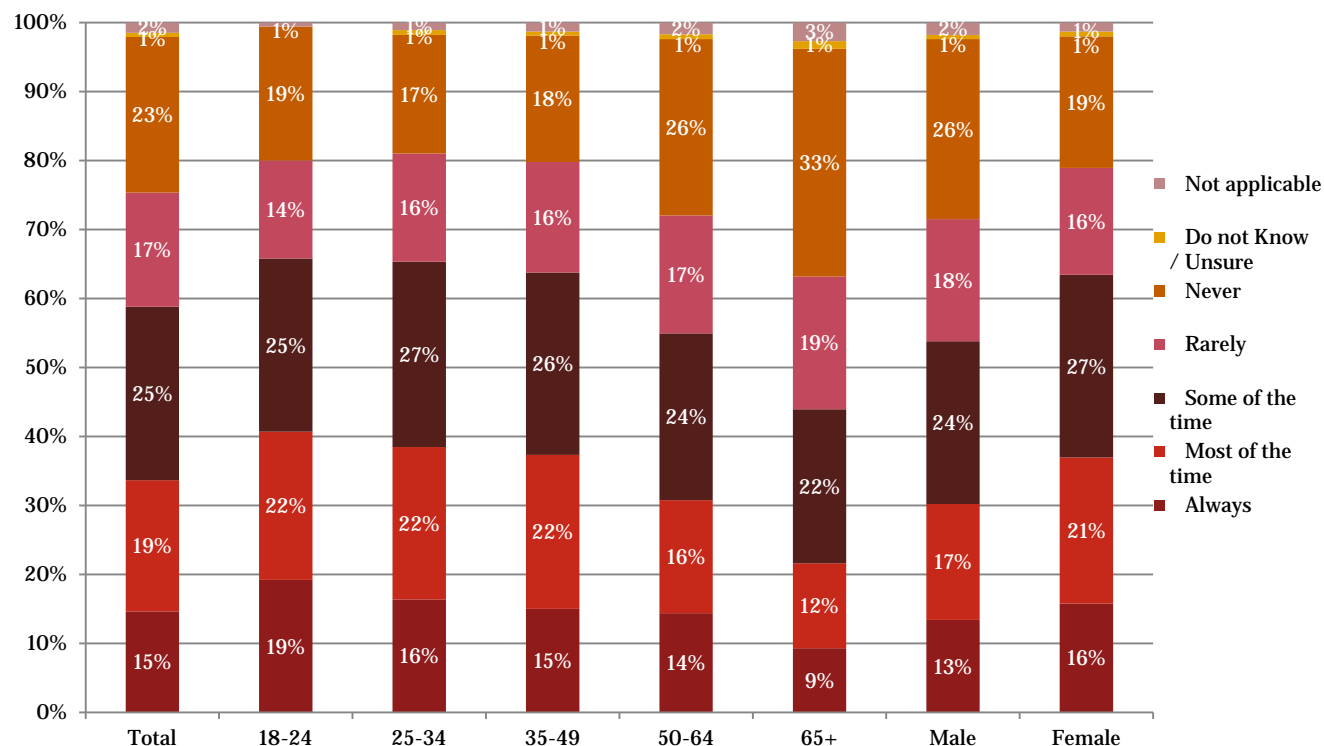
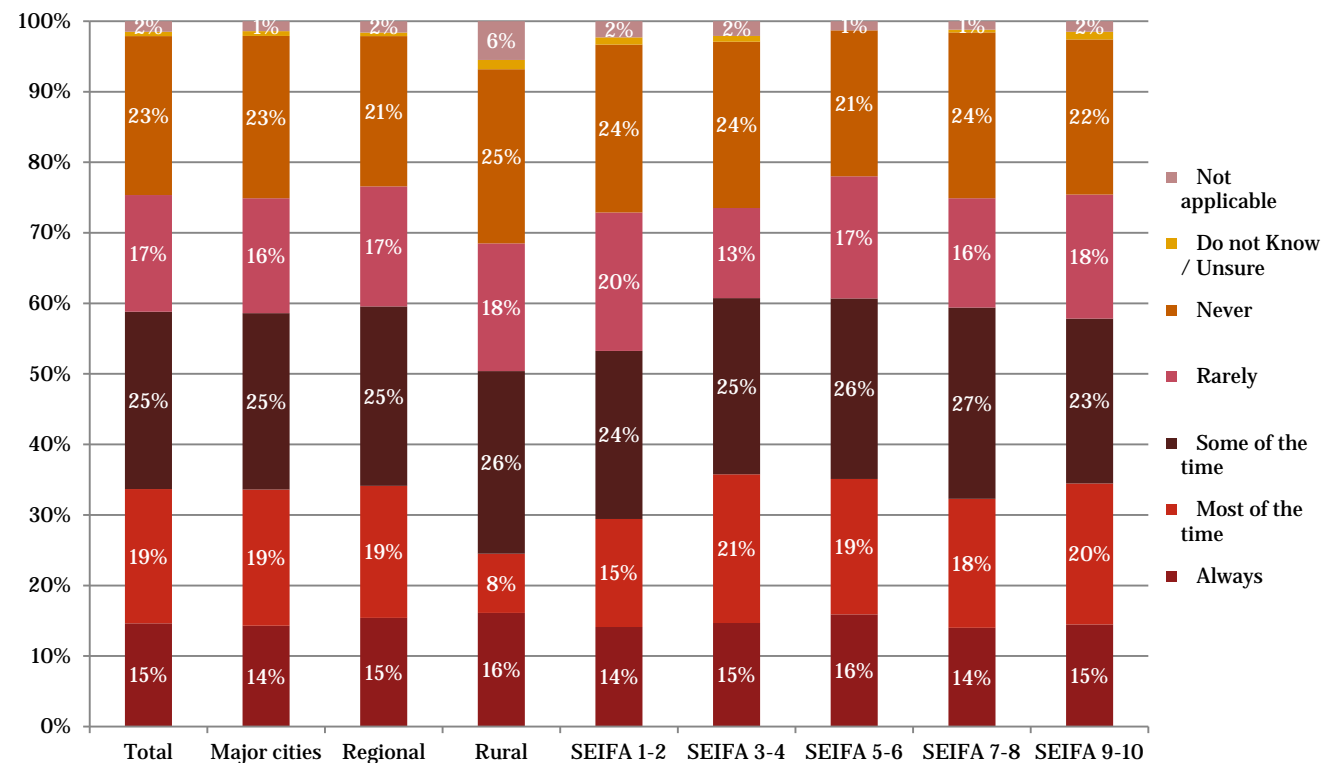


Figure 116: Q61D. How often do you go to the pharmacy first before consulting another health professional for information on minor ailments? (by location and SEIFA)



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)

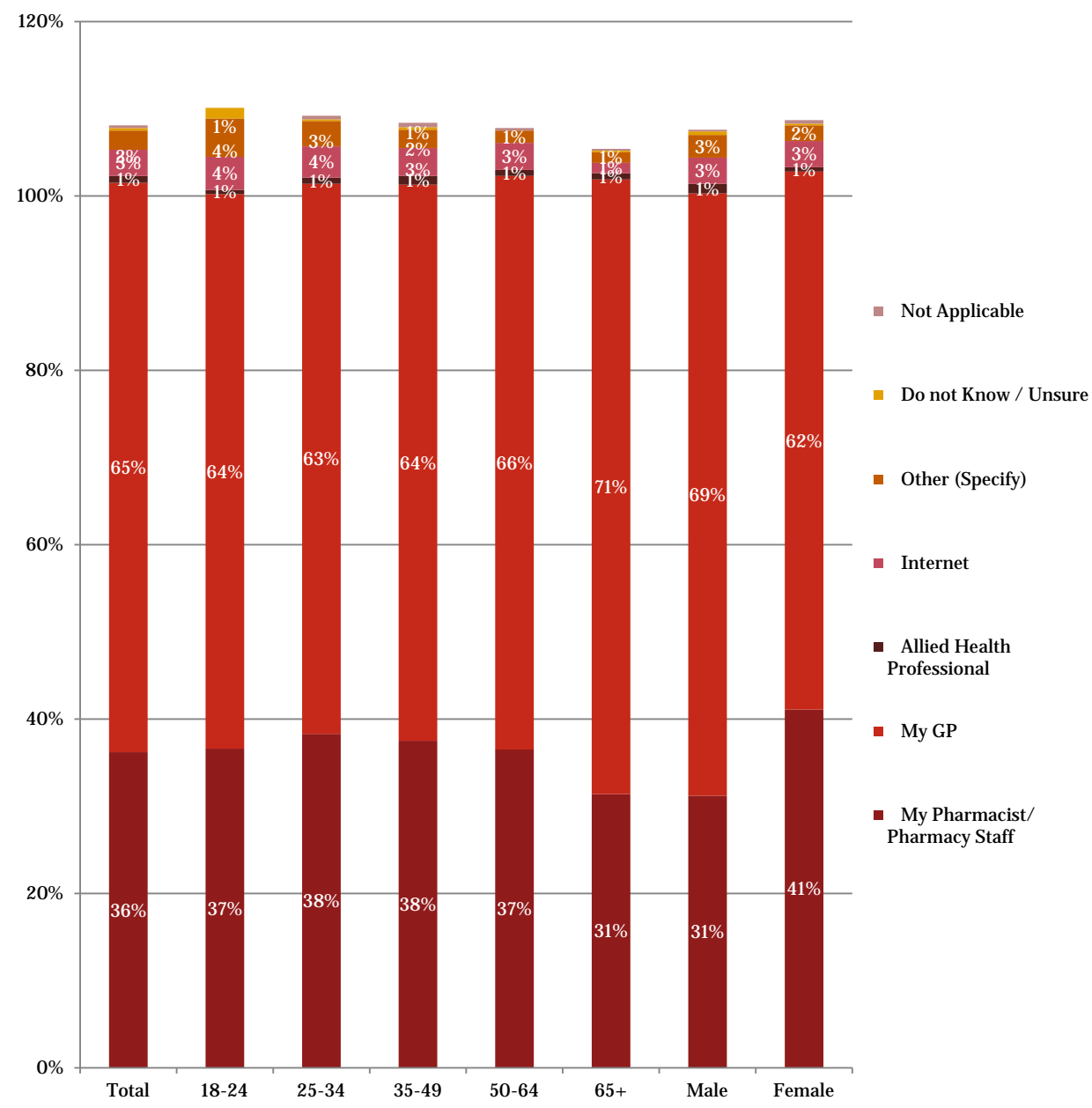


Figure 124: Q79D. In the future, where would you likely go to in the first instance for health advice and information for prescription Medications? (by location and SEIFA)

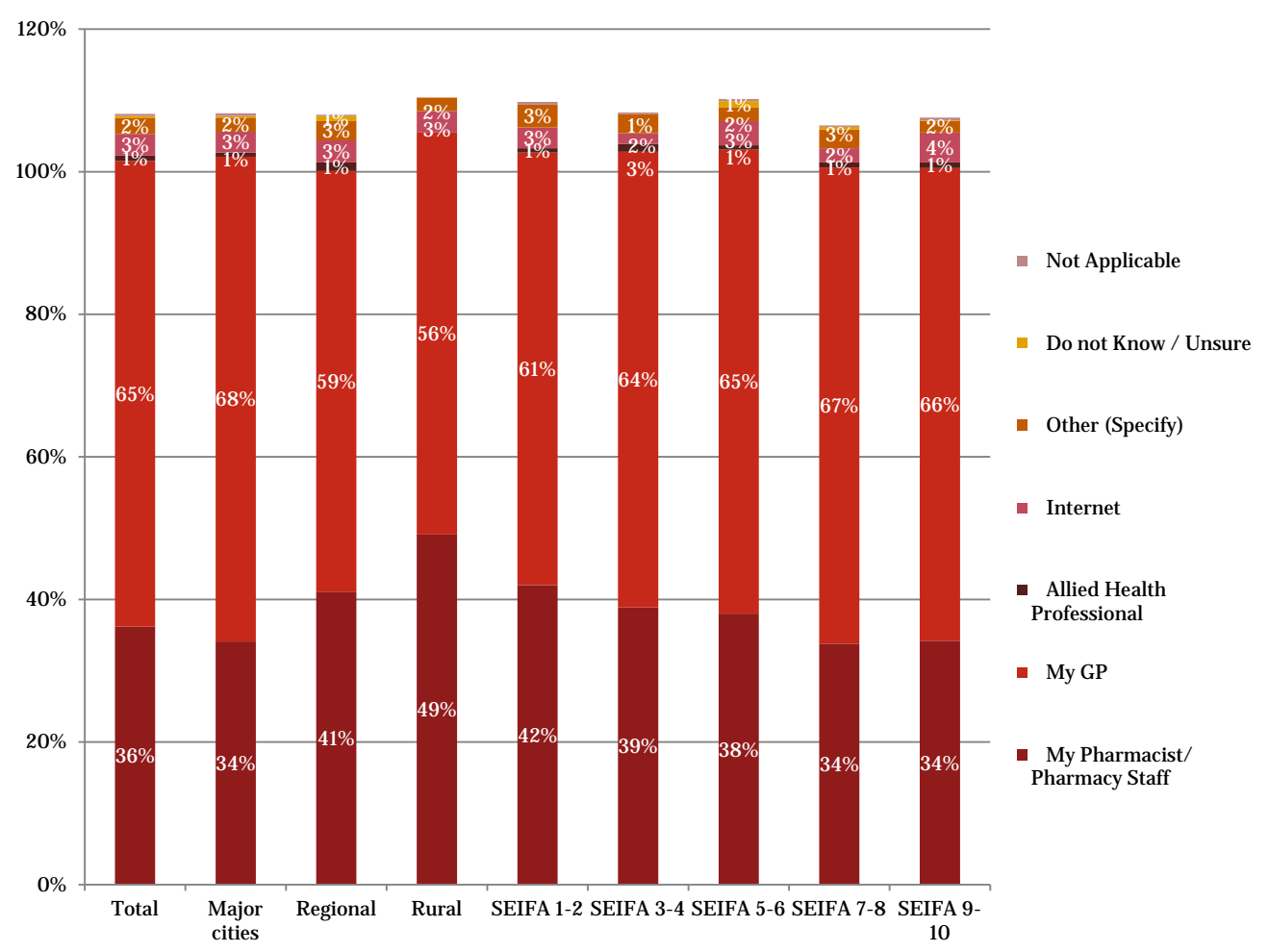
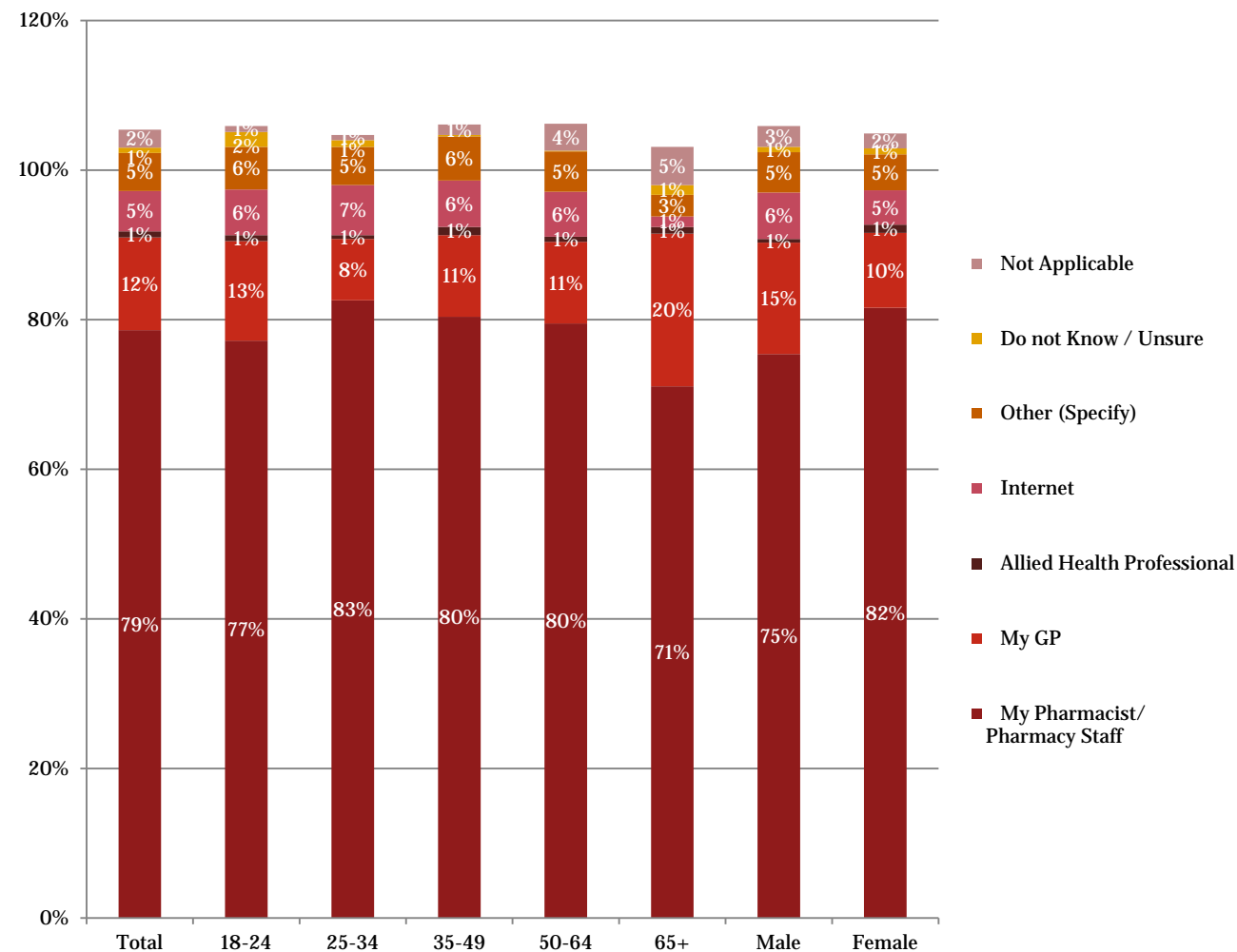


Figure 125: Q79E. In the future, where would you likely go in the first instance for health advice and information for OTC medications and complementary medicines? (by age and gender)



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)

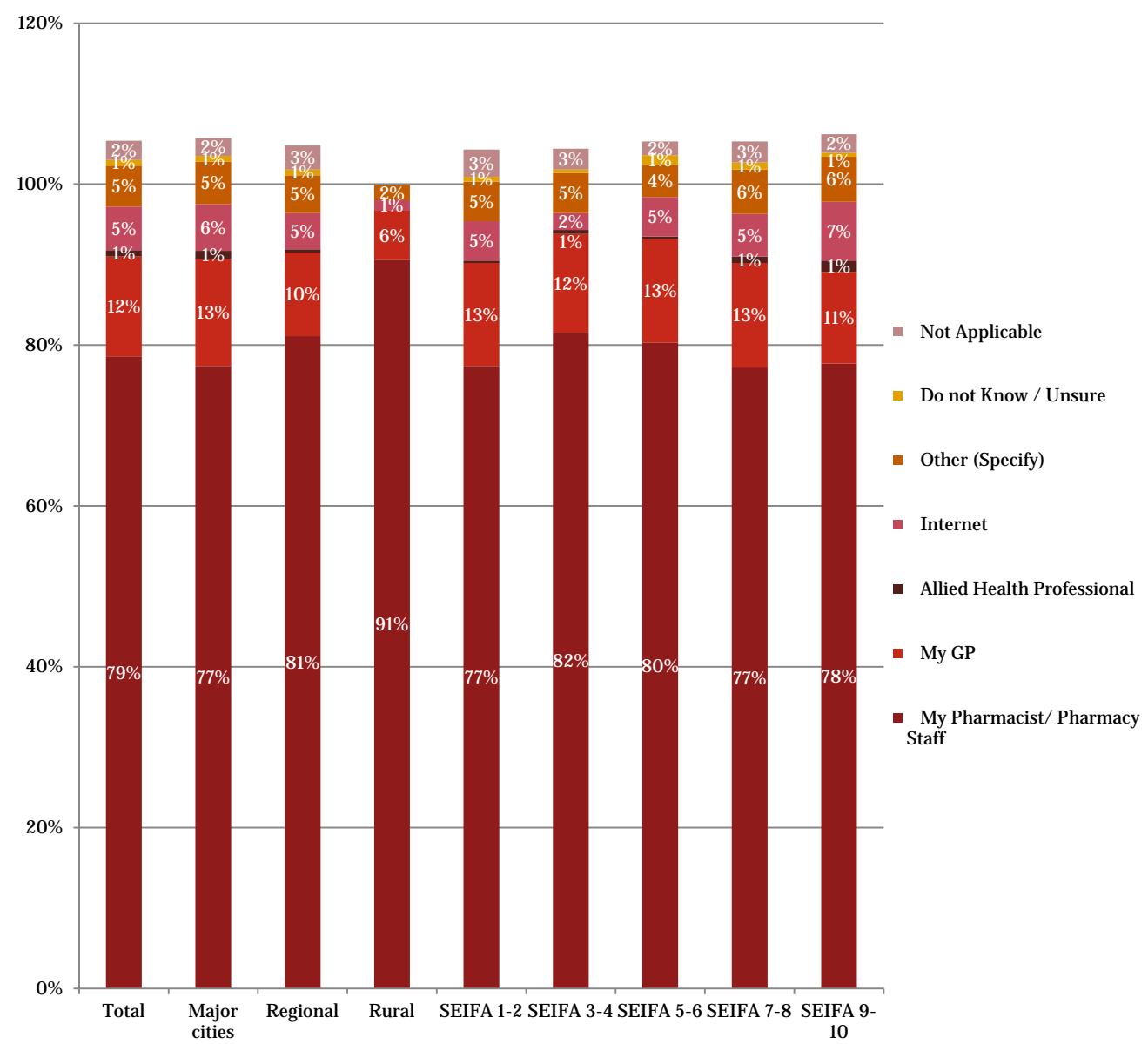


Figure 126: Q79A. In the future, where would you likely go to in the first instance for health advice and information for minor ailments, chronic pain relief or chronic conditions? (by age and gender)

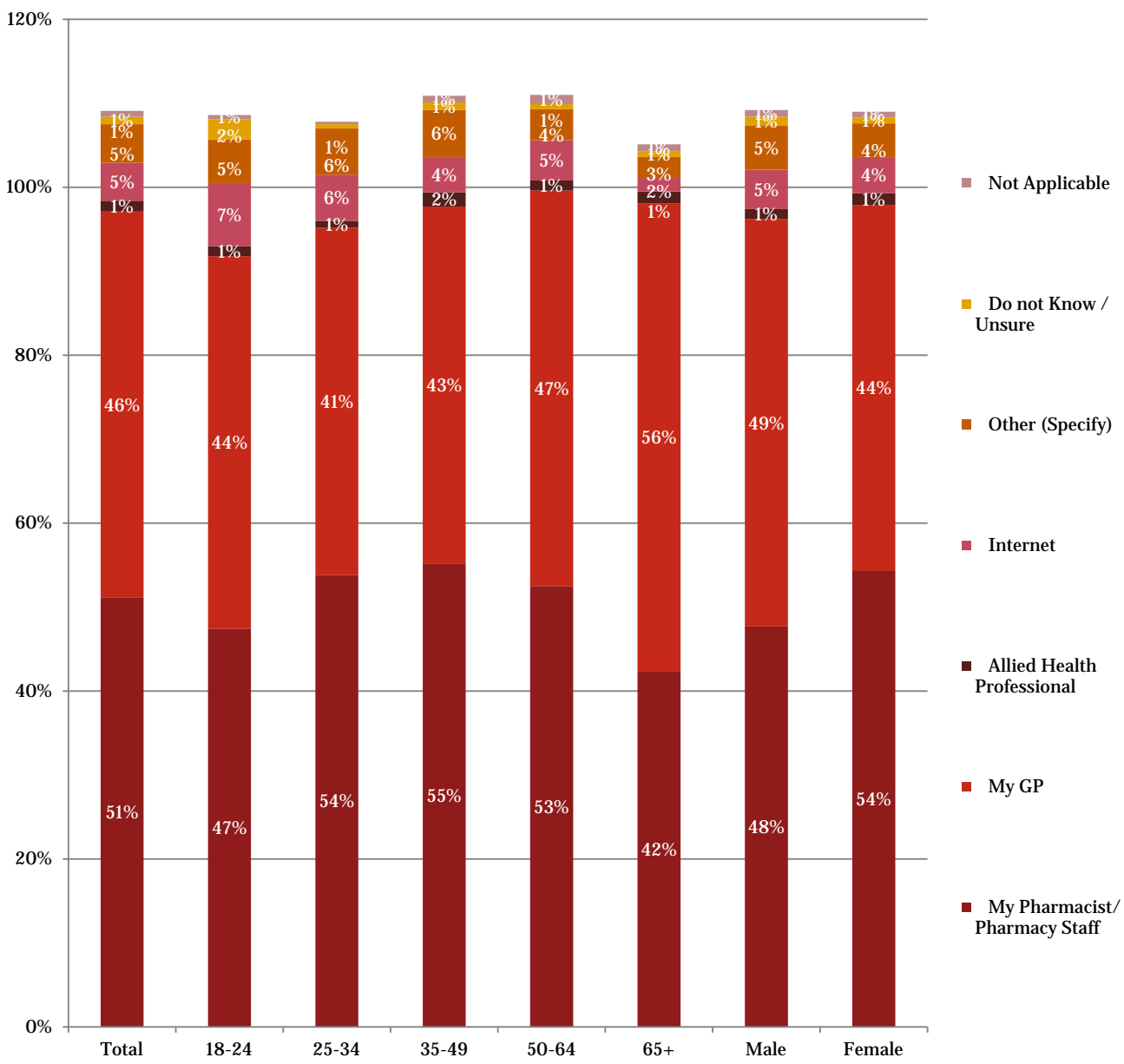
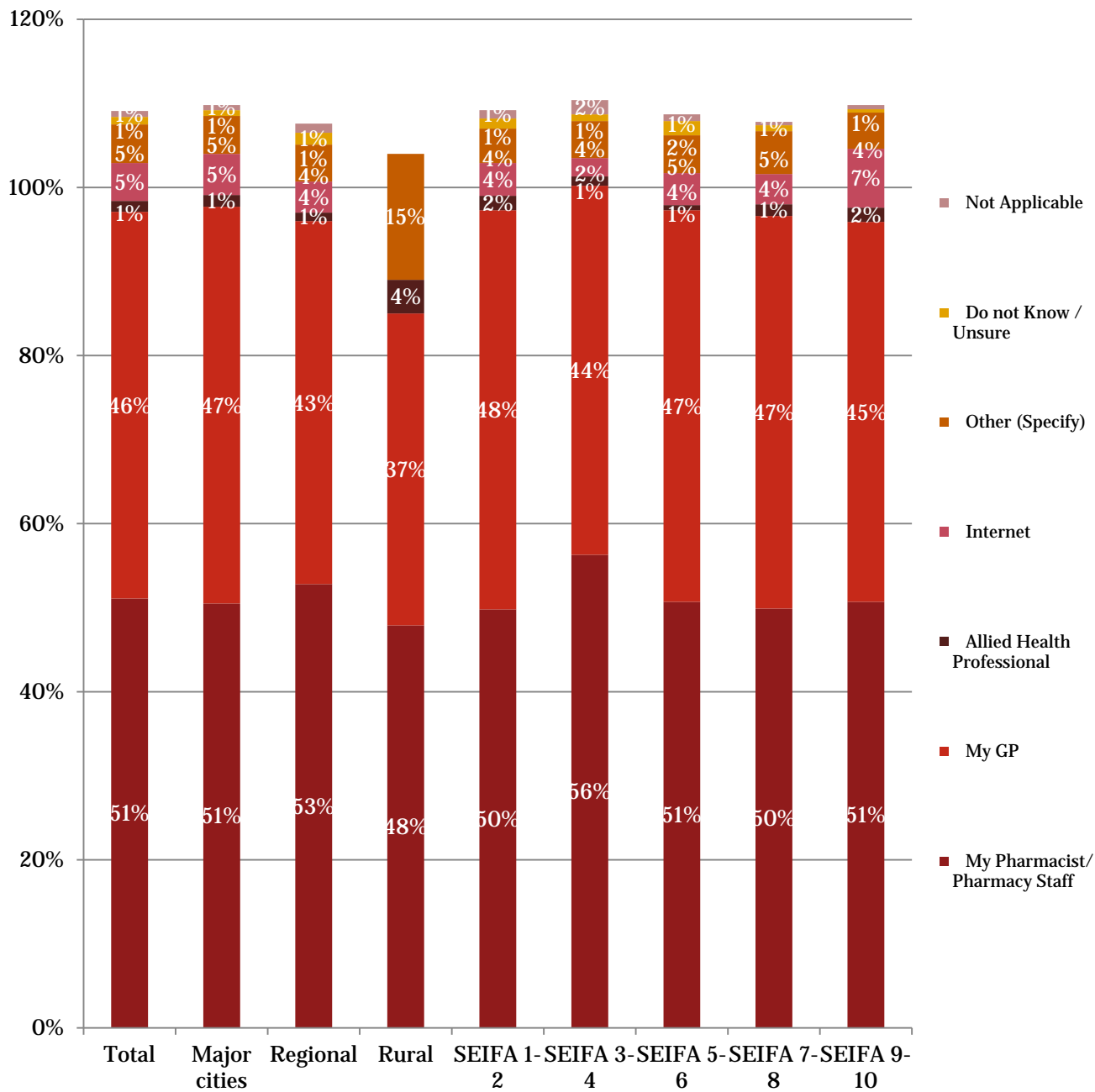


Figure 127: Q79A. In the future, where would you likely go to in the first instance for health advice and information for minor ailments, chronic pain relief or chronic conditions (by location and SEIFA)



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)

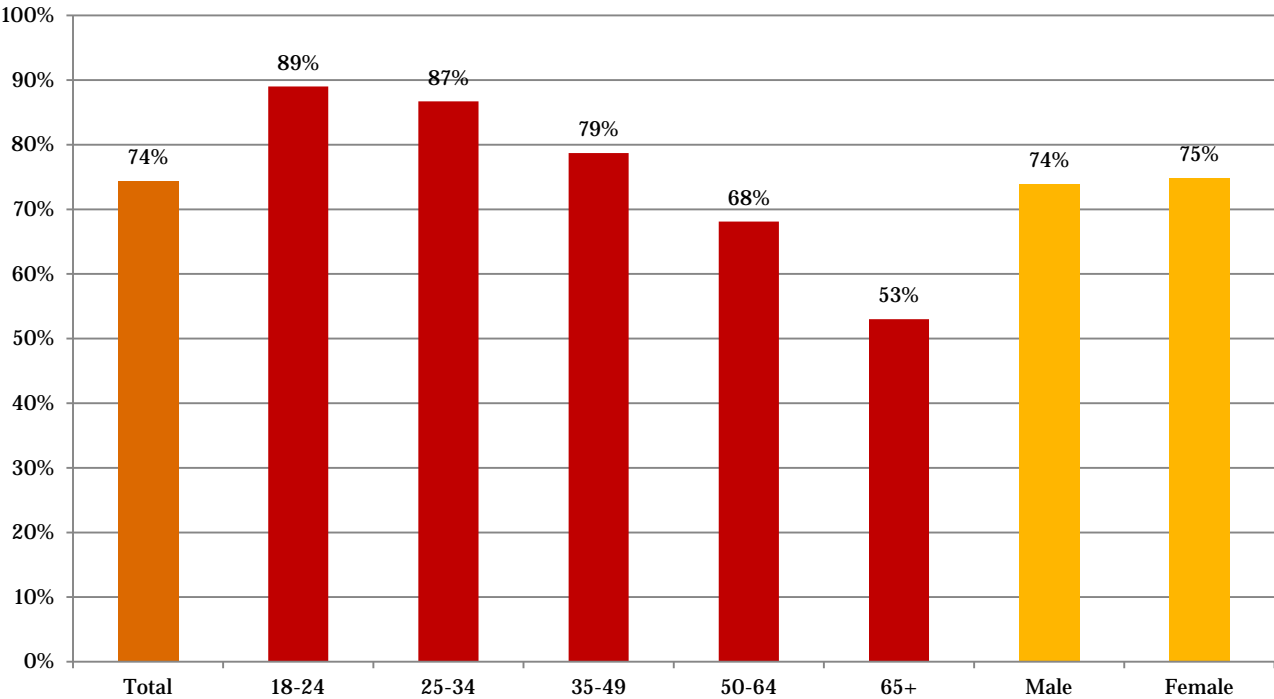


Figure 133: Q73. Expect pharmacist to refer you to seek treatment from health professional (by location and SEIFA)

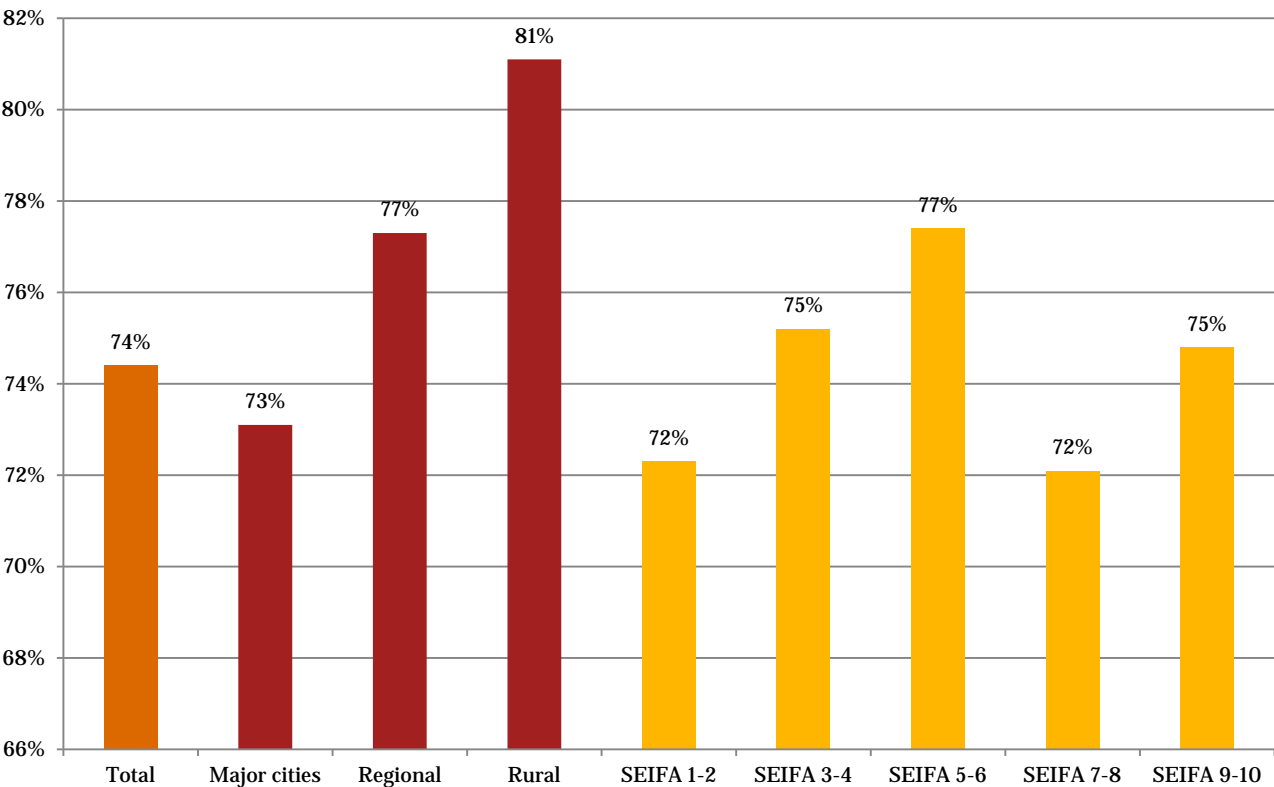


Figure 134: Q72. Whether pharmacist recommended you to seek treatment from health professional in last 3 months (by age and gender)

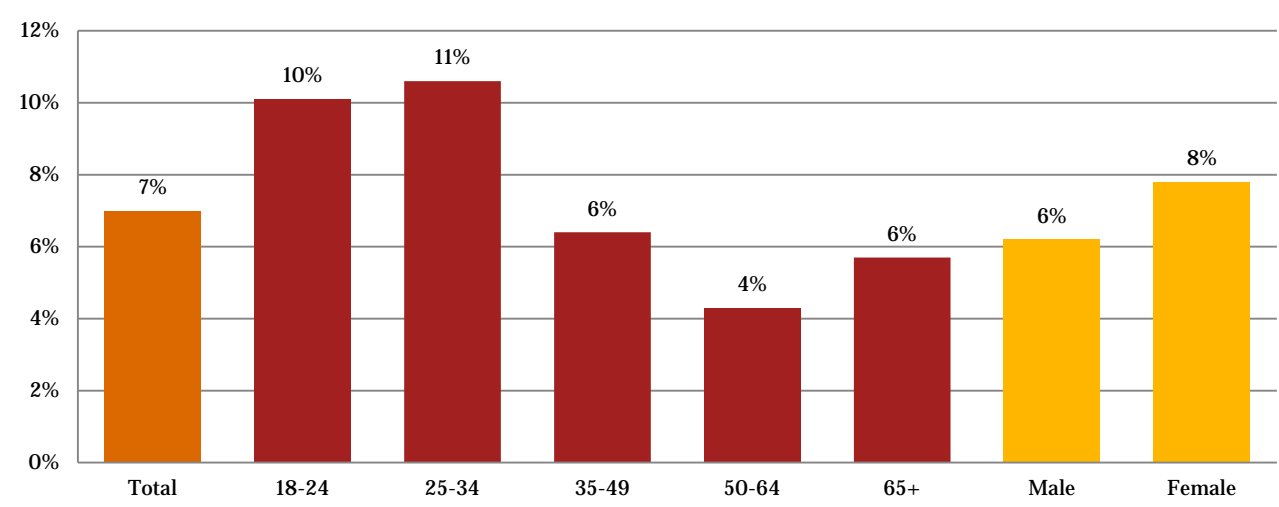
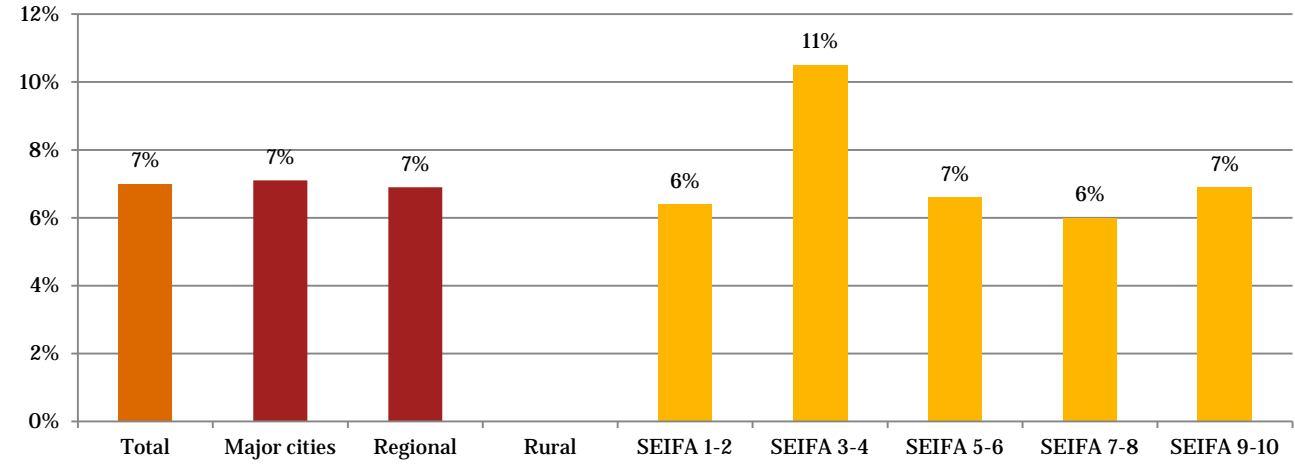


Figure 135: Q72. Whether pharmacist recommended you to seek treatment from health professional in last 3 months (by location and SEIFA)



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)

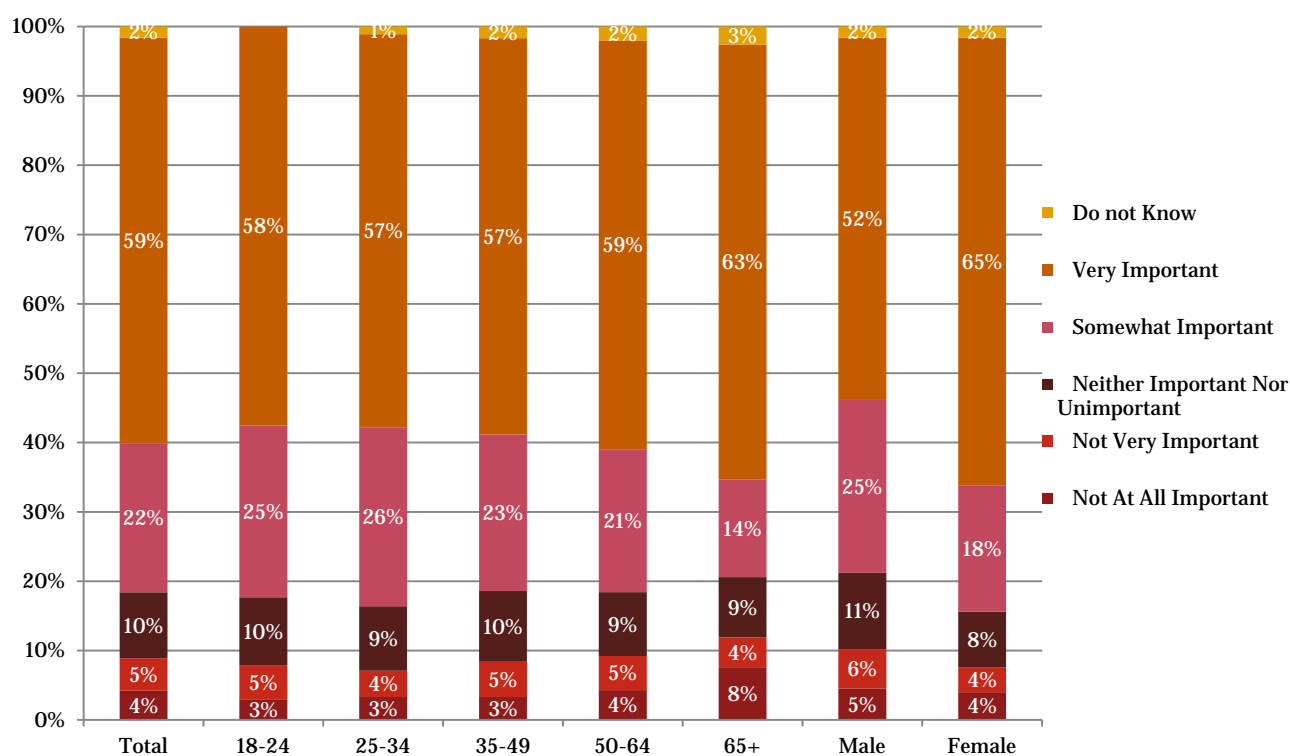
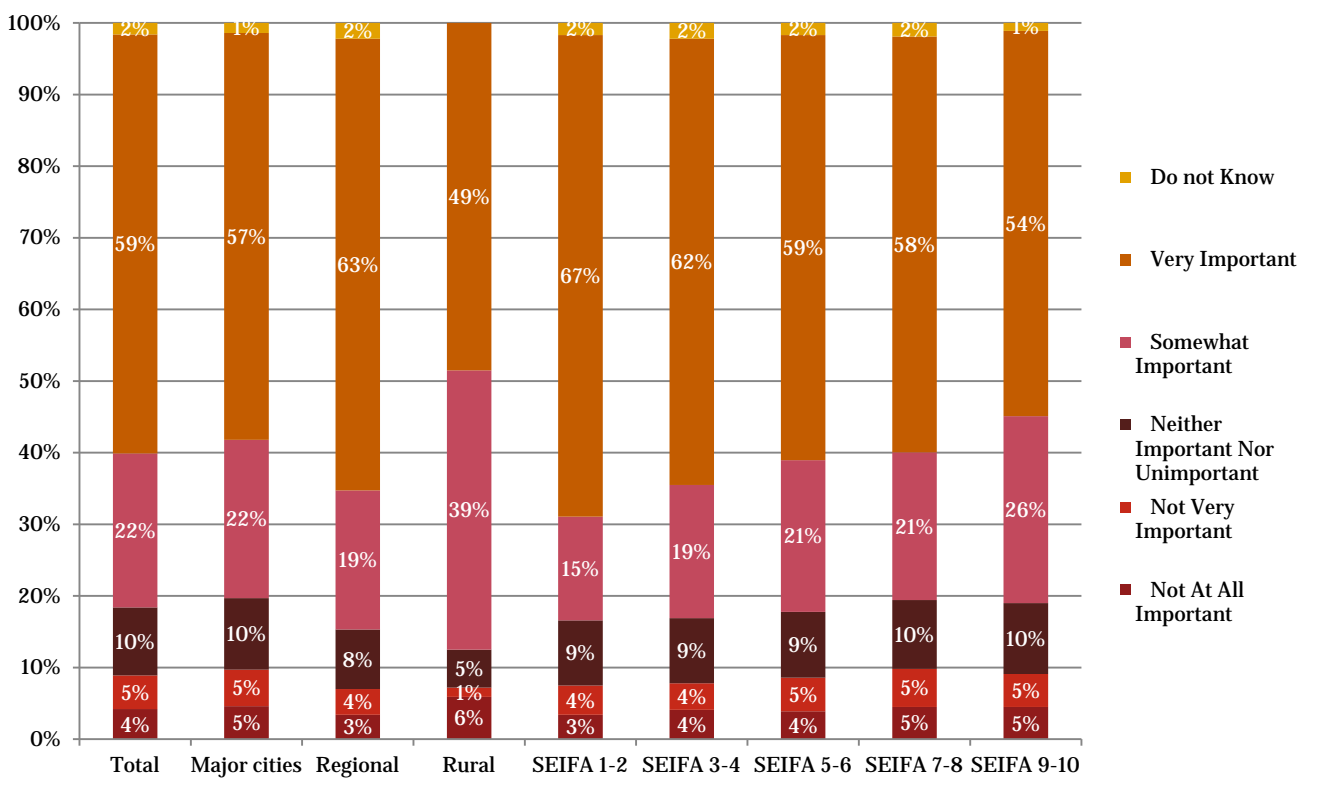


Figure 137: Q58. Importance of pharmacists providing updated information on new and existing medications (by location and SEIFA)



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)

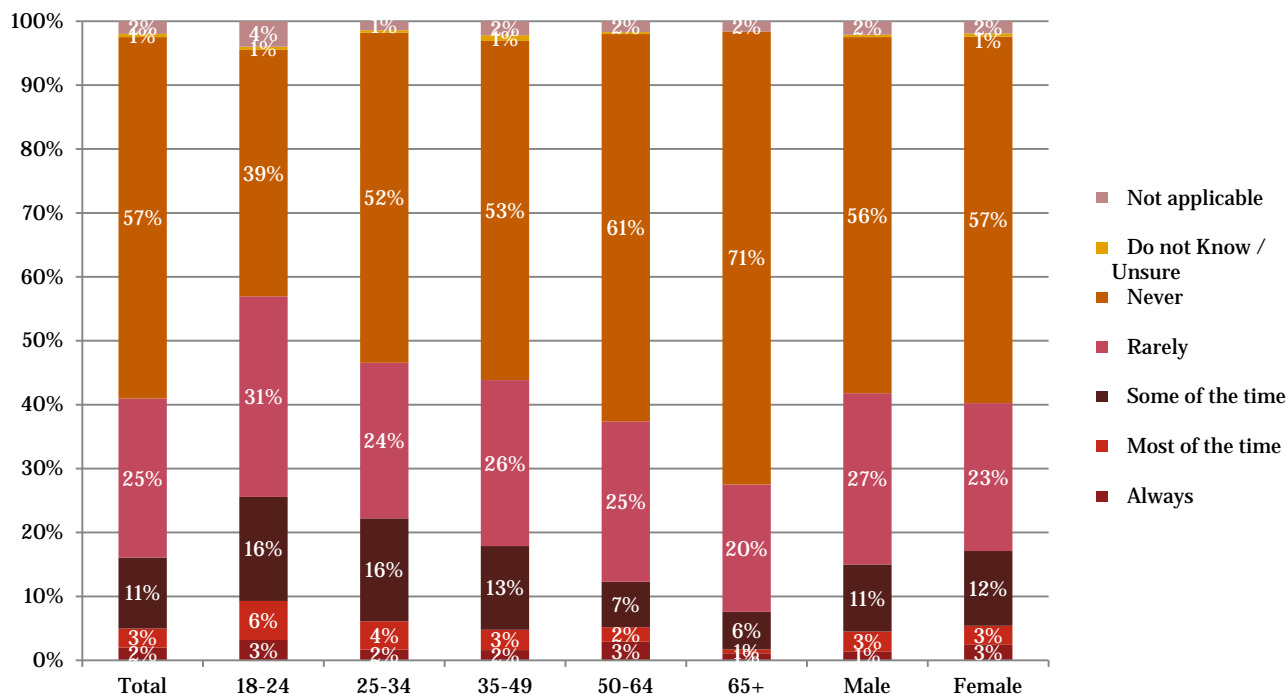


Figure 141: Q20. Frequency of going to different than regular pharmacy to get cheaper prescription medicines? (by location and SEIFA)

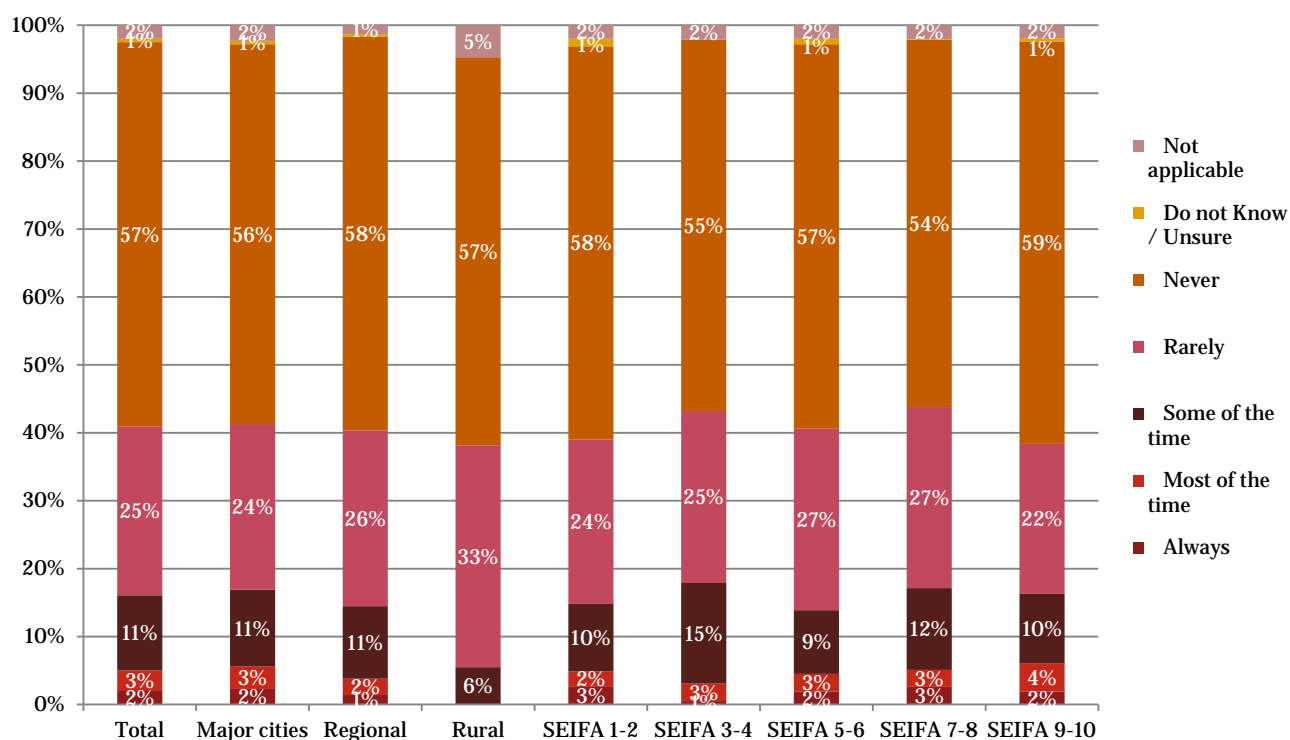


Figure 142: Q21. Goes to different pharmacy for cheaper medicines even if more inconvenient? (by age and gender)

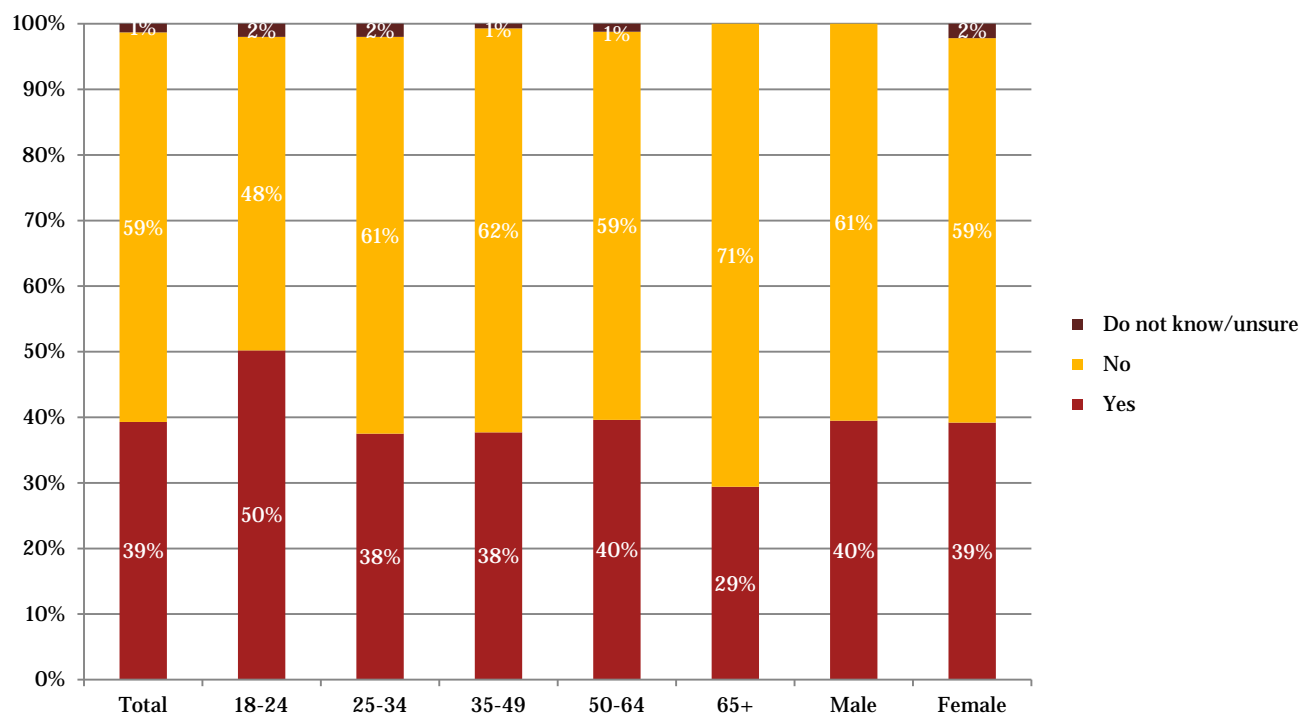
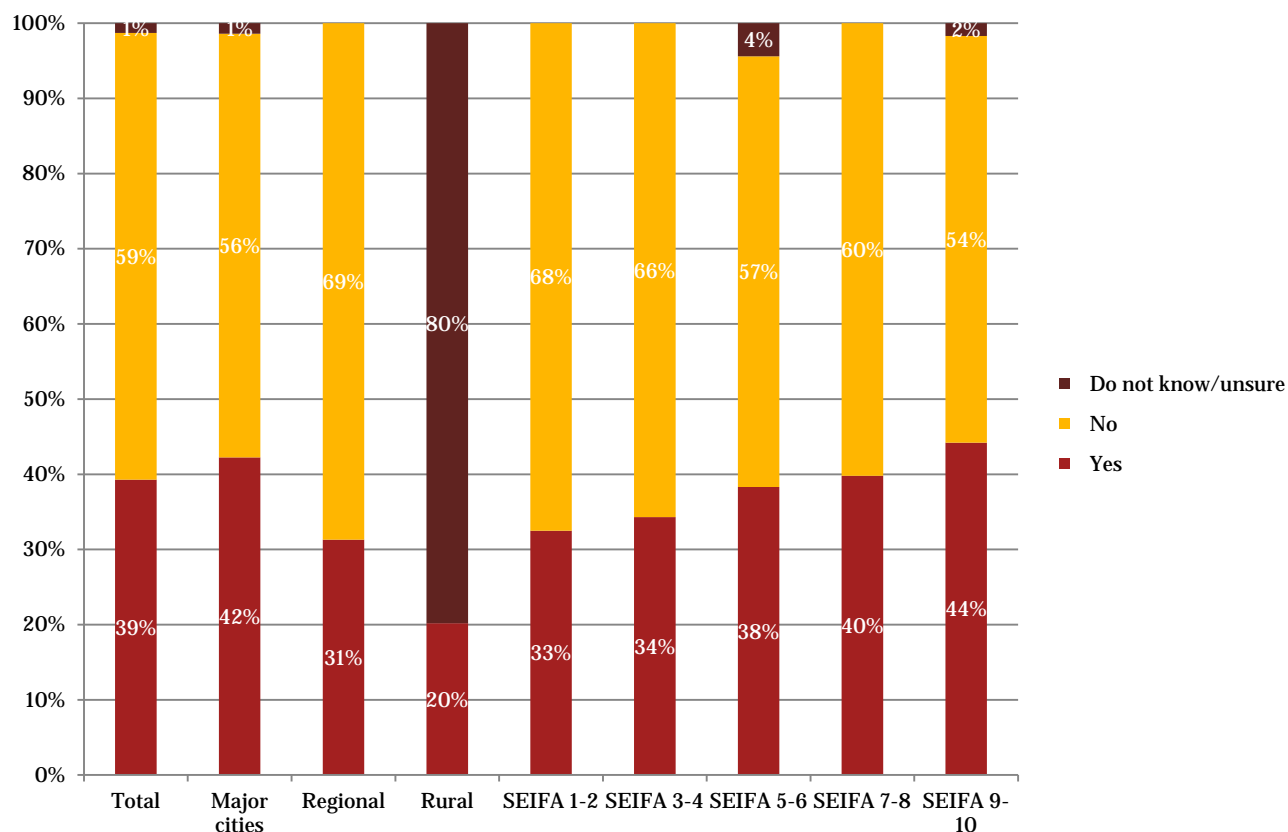


Figure 143: Q21. Goes to different pharmacy for cheaper medicines even if more inconvenient? (by location and SEIFA)



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)

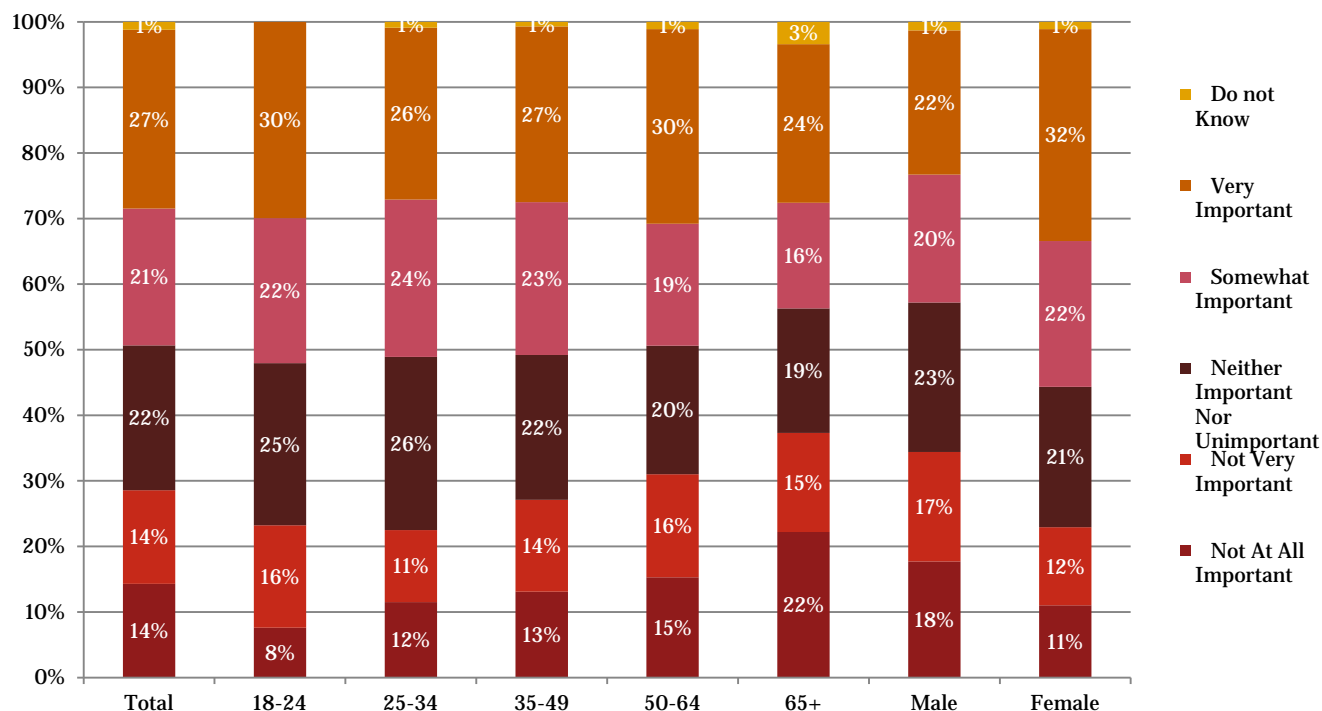
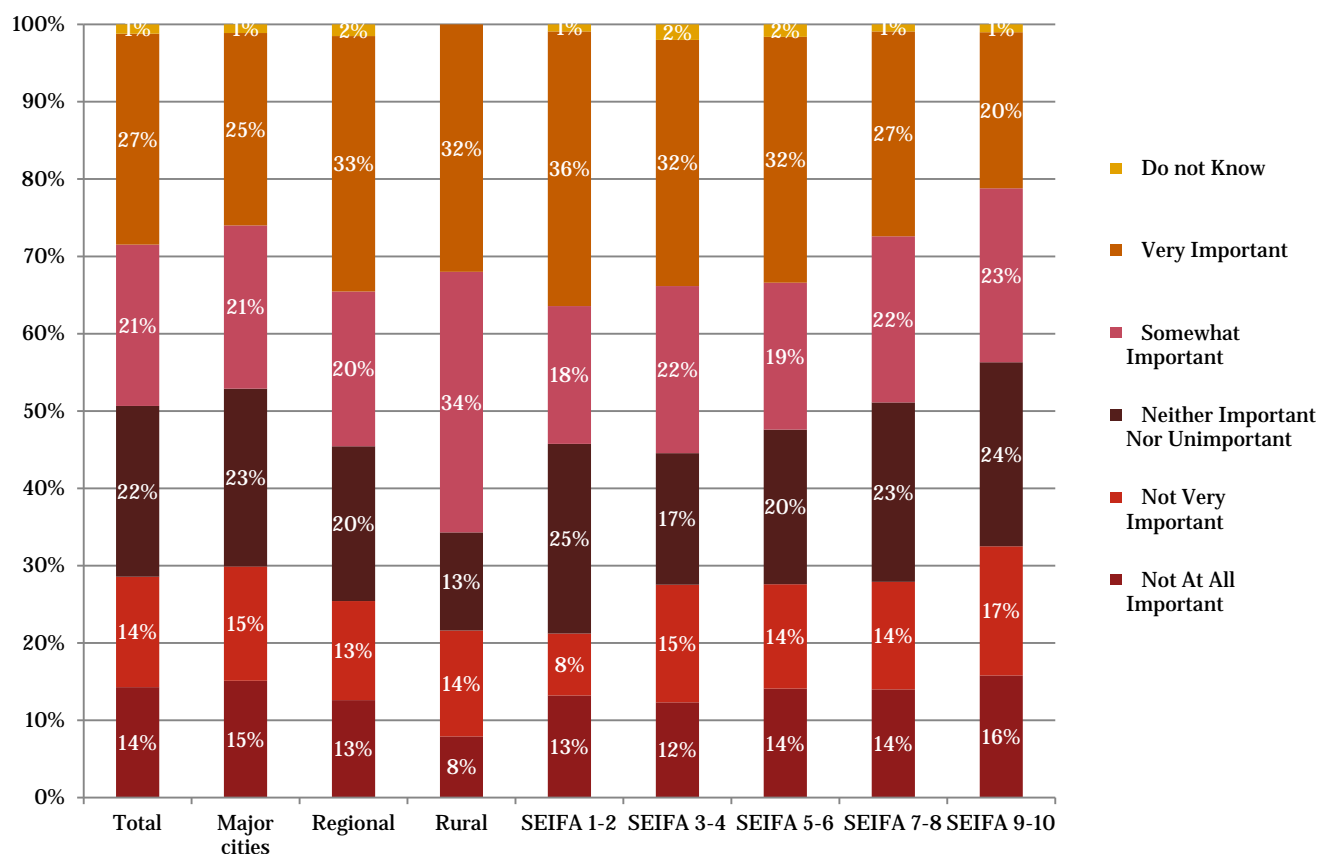


Figure 145: Q48. Importance of pharmacy to have private consultation area (by location and SEIFA)



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)

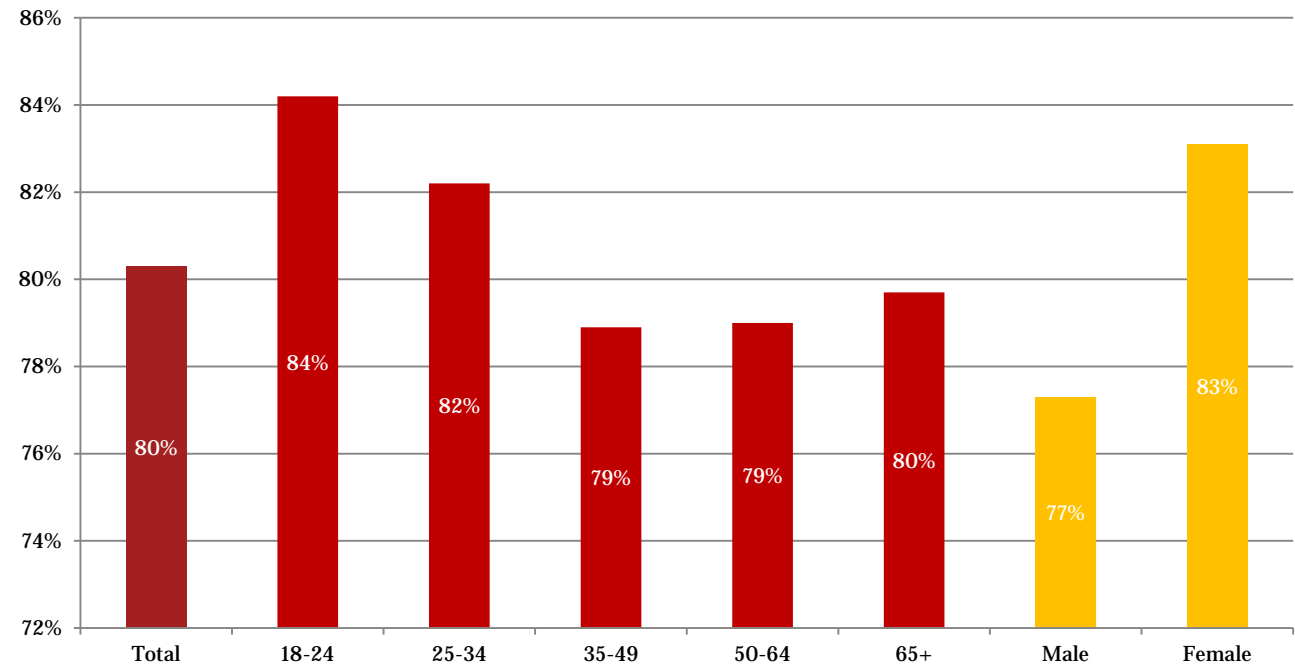
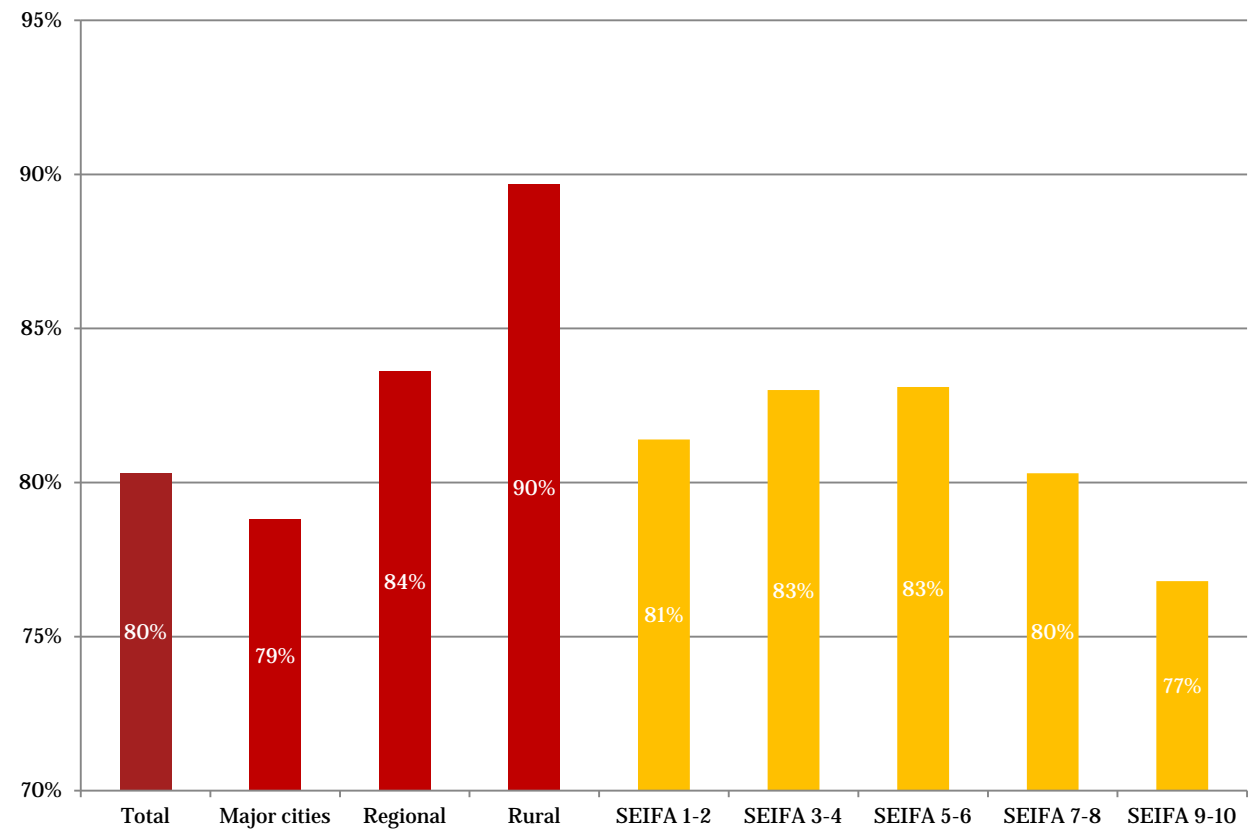


Figure 147: Q49. Ability to speak privately to the pharmacist (by location and SEIFA)



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)

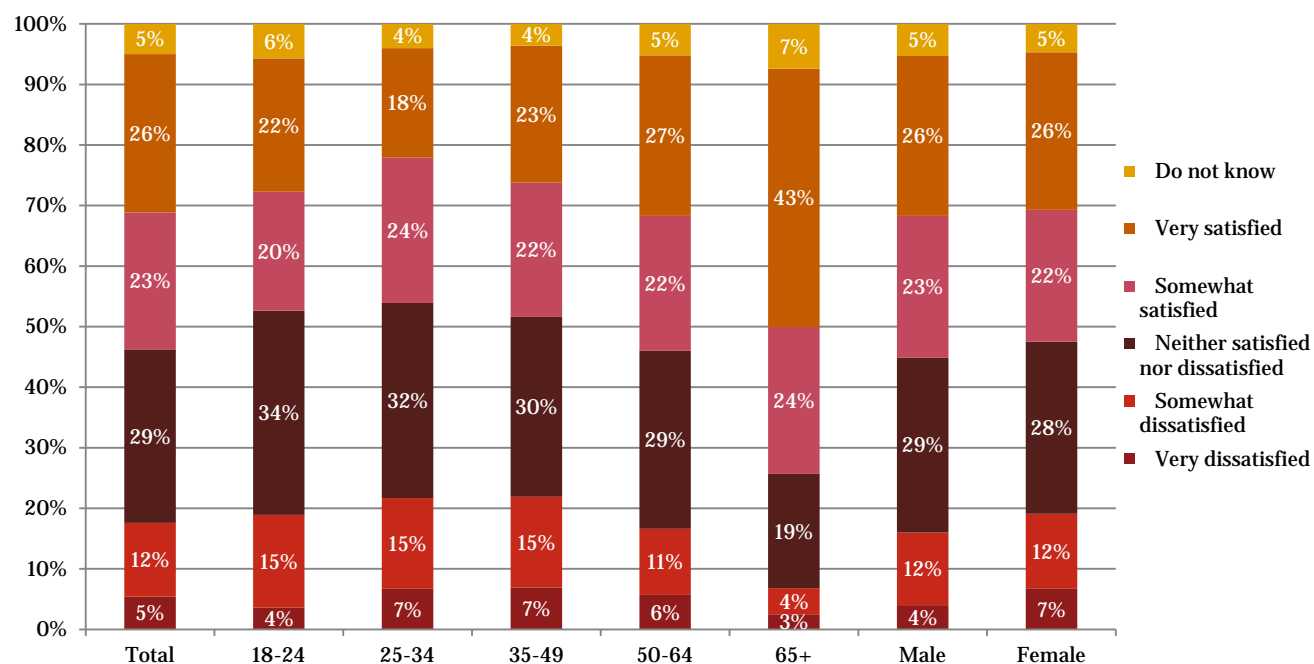
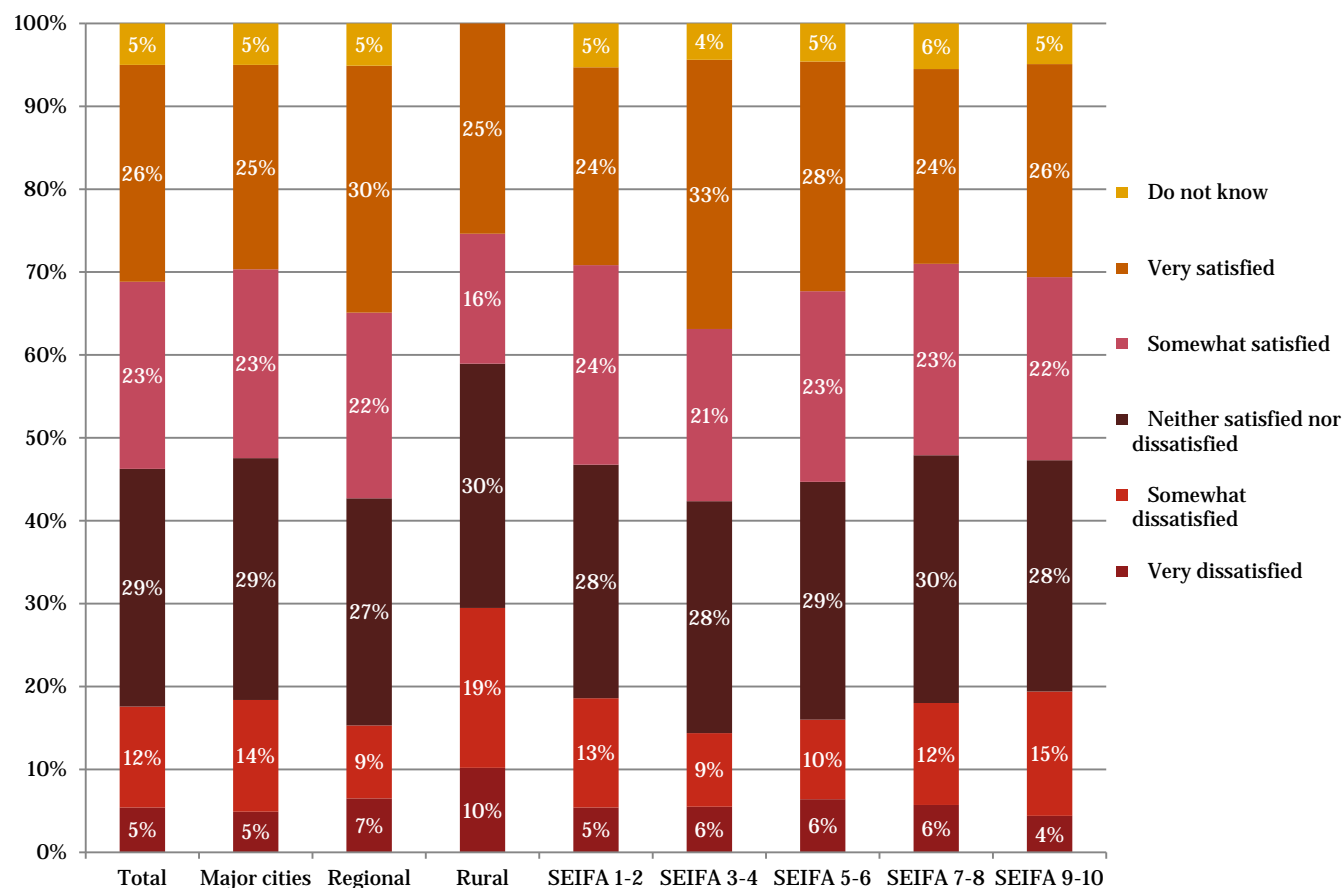


Figure 149: Q50. Satisfaction with amount of privacy offered by pharmacy (by location and SEIFA)



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)

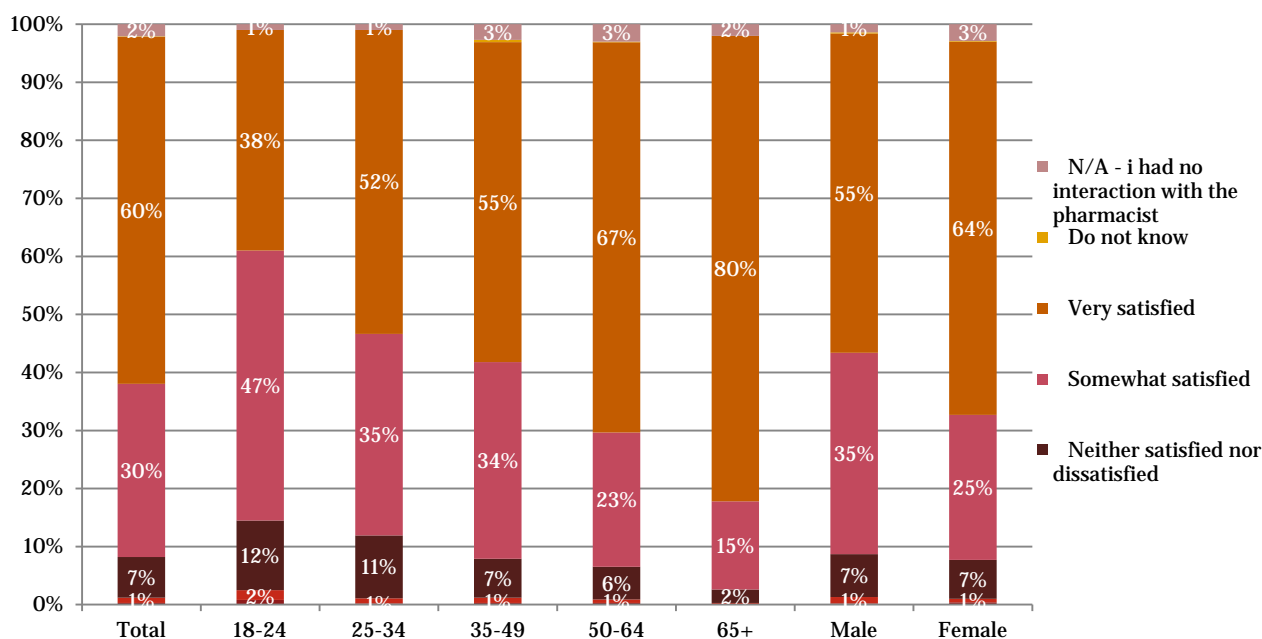
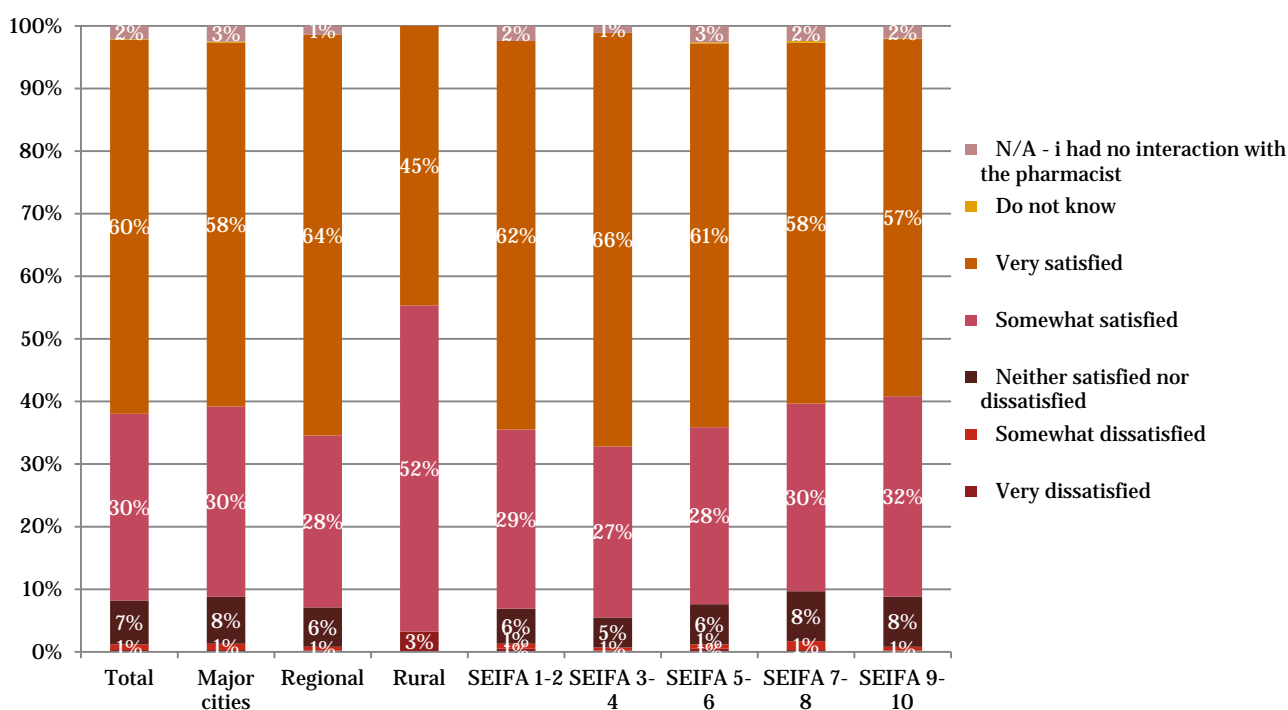


Figure 151: Q28. Overall satisfaction of interaction with pharmacist with last 3 visits to pharmacy (by location and SEIFA)



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%
The Pharmacist Did Not Appear Trustworthy	%	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	1%	1%	1%	1%	1%	0%	1%	1%
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)

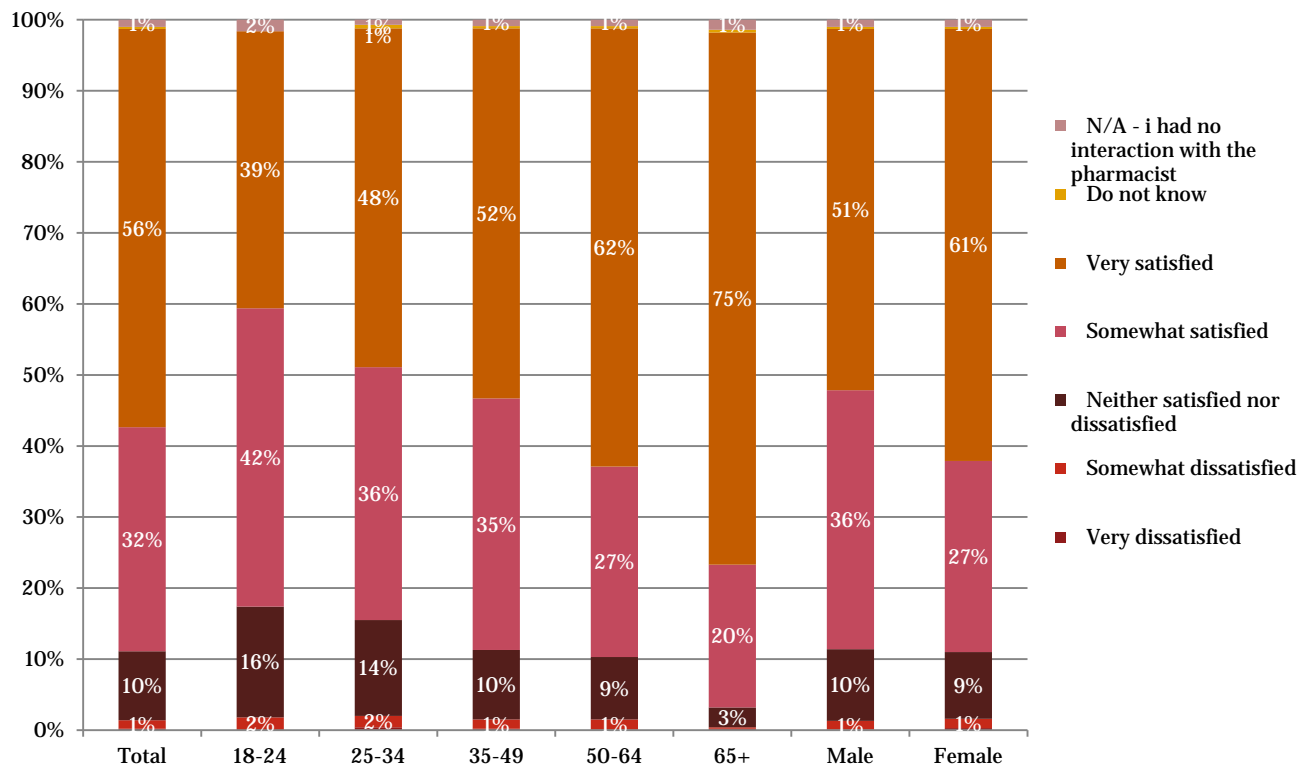
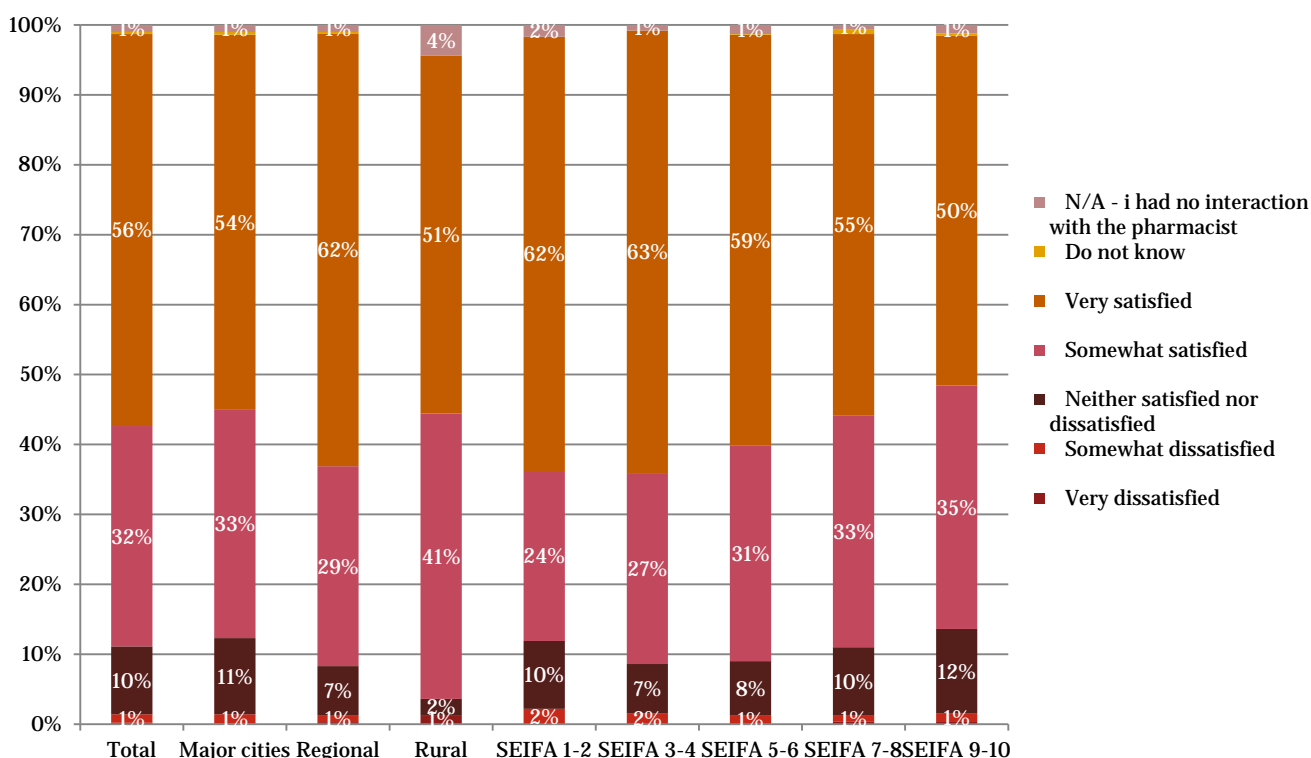


Figure 159: Q37. Overall satisfaction with the pharmacy staff with last 3 visits to pharmacy (by location and SEIFA)



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%	0% %	0% %	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%	1% %	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)

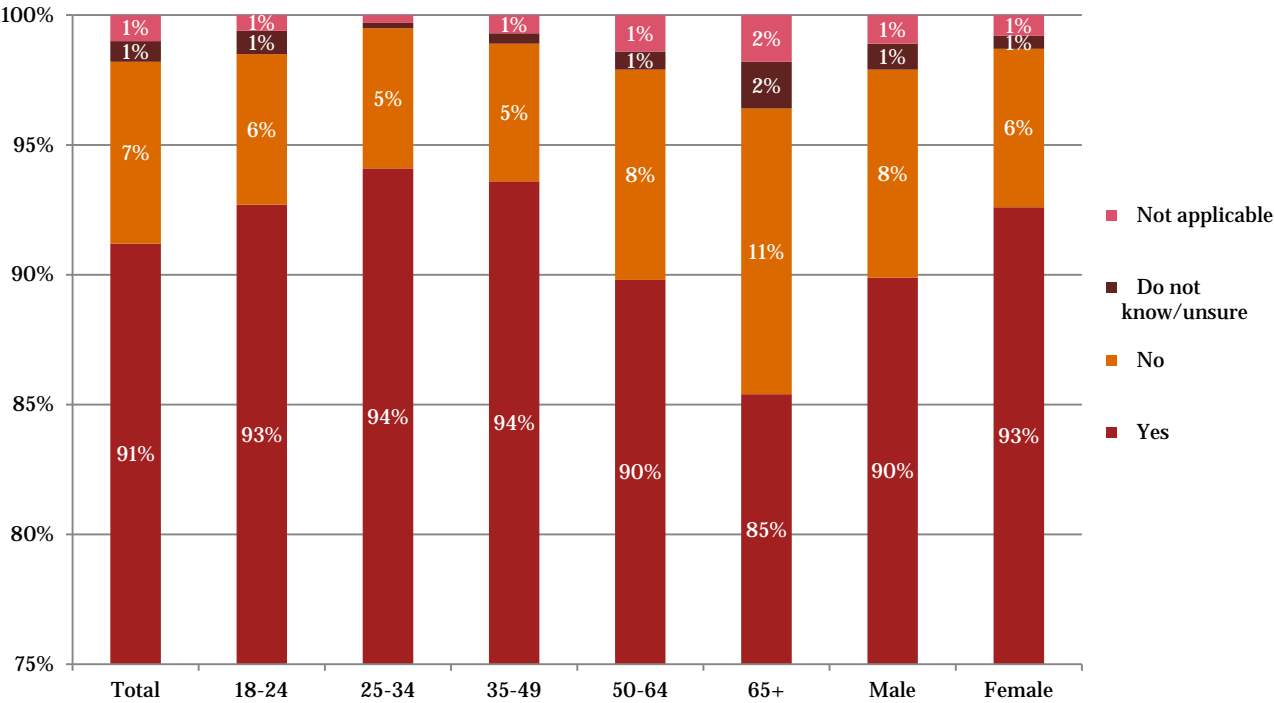


Figure 167: Q45. Expect pharmacy staff to refer you to seek advice from pharmacist (by location and SEIFA)

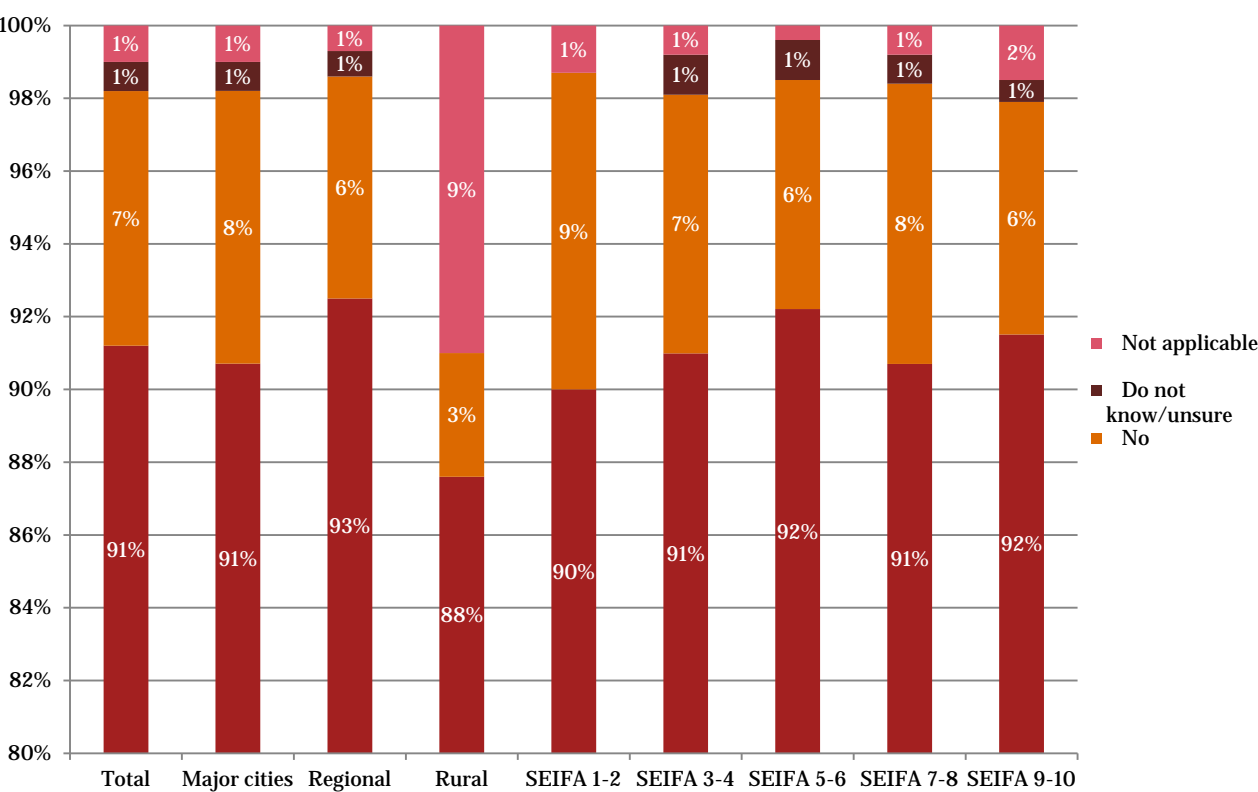


Figure 168: Q46. Expect pharmacy staff to have knowledge to give advice on OTC and complementary medicines (by age and gender)

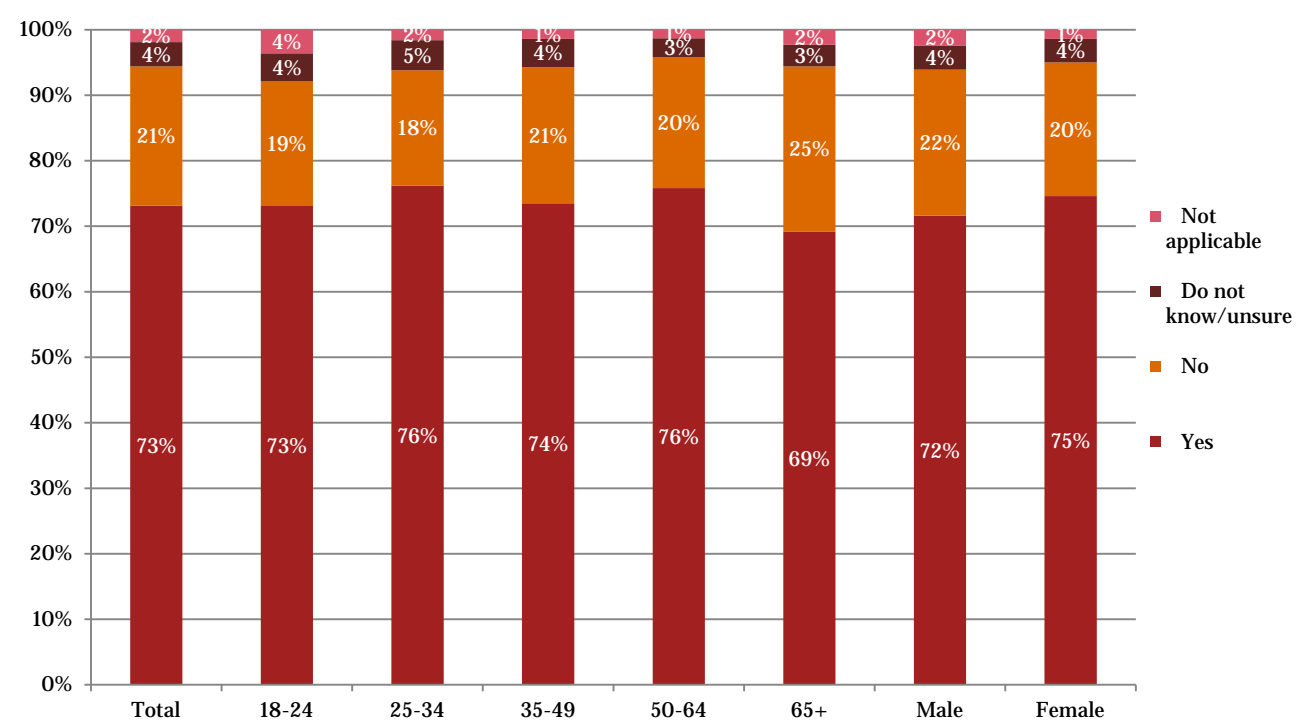
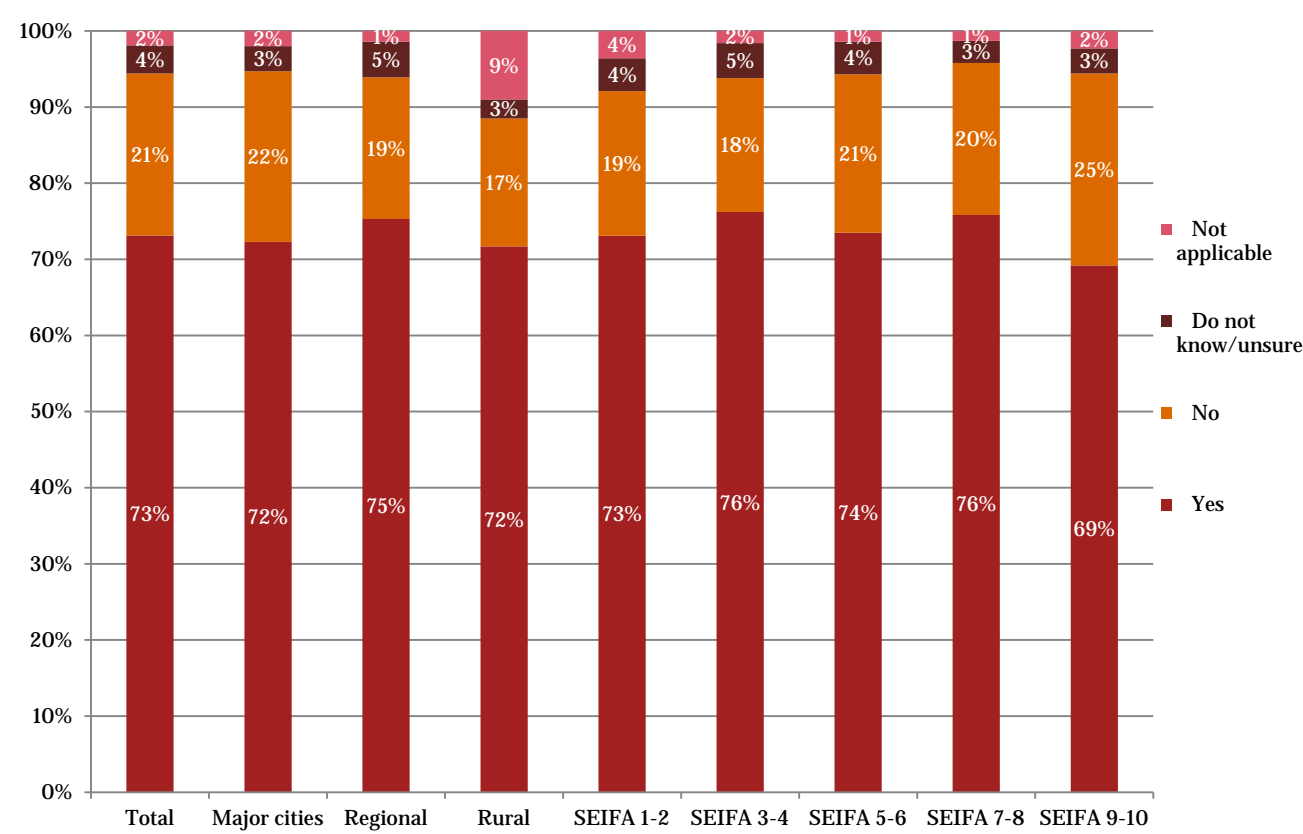


Figure 169: Q46. Expect pharmacy staff to have knowledge to give advice on OTC and complementary medicines (by location and SEIFA)



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%

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

Q80. 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%

Q80. 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 D Target consumer groups for the focus groups

Target consumer group	Assisting organisation (if applicable)	State
1. Mothers with babies	N/A	NSW
2. Young working professionals	N/A	NSW
3. Older consumers	COTA Tasmania	TAS
4. Culturally and Linguistically Diverse/ Disabled	Action on Disability in Ethnic Communities (ADEC)	VIC
5. Regional	Probus Club of Wangaratta	VIC
6. Consumers with chronic disease: asthma	Asthma Foundation	NSW
7. Consumers with chronic disease: arthritis	Arthritis NSW	NSW
8. Men	Katoomba Men's Shed	NSW
9. Aboriginal and Torres Strait Islander	Blue Mountains Aboriginal Cultural and Resource Centre	NSW
10. Aboriginal and Torres Strait Islander	Bagot Community Health Clinic	NT

Appendix E Beliefs About Medicines Questionnaire (BMQ)



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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 and 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 [†]	0.55	0.76	0.74 [†]	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*

* $p < 0.001$.

[†]The diabetic and psychiatric out-patient samples completed shortened versions of the *Specific-Necessity* scale ([†]4 items; [†]3 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" ($p = -0.44$; $n = 78$; $p < 0.001$) as expected. As predicted there were also positive correlations with scores on the IPQ Timeline ($p = 0.49$; $n = 77$; $p < 0.001$) and Identity ($p = 0.24$; $n = 76$; $p < 0.05$) 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' ($p = 0.33$; $n = 78$; $p < 0.005$), and 'I would like to change my present treatment' ($p = 0.37$; $n = 78$; $p < 0.001$). 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' ($p = -0.45$; $n = 78$; $p < 0.001$). 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 ($p = 0.5$, $n = 211$, $p < 0.001$).
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 ($p = 0.23$; $n = 78$; $p < 0.05$). Responses to the statement "I can cope without my medicines" correlated significantly, in the predicted direction, with both the *General-Harm* ($p = 0.24$; $n = 77$; $p < 0.05$) and *General-Overuse* scales ($p = 0.34$; $n = 78$; $p < 0.005$). Correlations between the *General-Harm* and *Sensitive-Soma* scales ($p = 0.25$, $n = 91$, $p < 0.05$), 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 ($p = 0.19$; $n = 210$, $p < 0.01$). Correlations between the RAM scale and the *Specific-Concerns* ($p = -0.28$; $n = 210$; $p < 0.001$), *General-Overuse* ($p = -0.19$; $n = 210$; $p < 0.01$) and *General-Harm* ($p = -0.06$; $n = 210$; $p > 0.05$) 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 <i>n</i> = 78	Diabetic <i>n</i> = 99	Renal <i>n</i> = 47	Cardiac <i>n</i> = 116	Psychiatric <i>n</i> = 85	General medical <i>n</i> = 86	<i>F</i> <i>df</i> = 5,505	<i>P</i>
Specific-Necessity								
Mean	19.67 _a	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 (<i>n</i> = 36)	Complementary (<i>n</i> = 36)	<i>t</i> (<i>df</i> = 70)	<i>P</i> (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 F Medication Adherence Questionnaire (MAQ)



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Concurrent and Predictive Validity of a Self-Reported Measure of Medication Adherence

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Concurrent and Predictive Validity of a Self-reported Measure of Medication Adherence

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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,

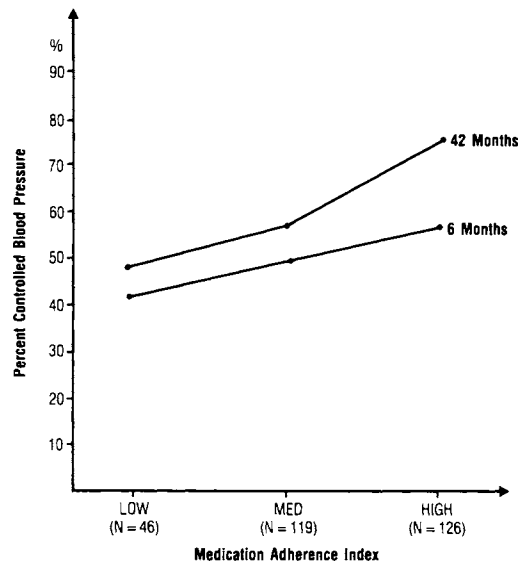


FIG. 1. Blood pressure control by verbal medication-adherence index ($n = 290$); $r_{6 \text{ ms.}} = 0.43$, $P < 0.01$; $r_{42 \text{ ms.}} = 0.58$, $P < 0.01$.

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

Sensitivity = $\frac{94}{116} = 0.81$.

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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Appendix G Sampling for Measurement Tool validation

Wave 1 sampling targets

	Male			Female		
SEIFA	1,2,3	4,5,6	7,8,9,10	1,2,3	4,5,6	7,8,9,10
18-34	13	18	29	13	18	29
35-64	22	30	49	23	31	51
Over 65	7	10	16	9	12	19
Total	43	58	94	45	60	99
Total M/F	195			205		

Number of medicines	
0-1	200
2+	200

Wave 1 sampling achieved

	Male			Female		
SEIFA	1,2,3	4,5,6	7,8,9,10	1,2,3	4,5,6	7,8,9,10
18-34	-1	-7	-5	0	0	0
35-64	0	+1	+1	0	+5	+2
Over 65	0	+3	0	0	0	+4
Total	-1	-3	-4	0	+5	+6
Total M/F	-8			+11		

Number of medicines	Variance
0-1	-31
2+	+34

Waves 2 and 3 sampling targets

	Male			Female		
SEIFA	1,2,3	4,5,6	7,8,9,10	1,2,3	4,5,6	7,8,9,10
18-34	14	18	30	14	18	30
35-64	23	31	50	24	32	51
Over 65	7	10	17	9	12	20

Total	44	59	97	47	62	101
Total M/F	200			210		

Number of medicines	
0-1	205
2+	205

Wave 2 sampling achieved

	Male			Female		
<i>SEIFA</i>	<i>1,2,3</i>	<i>4,5,6</i>	<i>7,8,9,10</i>	<i>1,2,3</i>	<i>4,5,6</i>	<i>7,8,9,10</i>
18-34	0	0	0	0	0	0
35-64	-1	-1	0	0	0	0
Over 65	-1	0	0	-1	0	0
Total	-2	-1	0	-1	0	0
Total M/F	-3			-1		

Number of medicines	Variance
0-1	-60
2+	+64

Wave 3 sampling achieved

	Male				Female			
<i>SEIFA</i>	<i>1,2,3</i>	<i>4,5,6</i>	<i>7,8,9,10</i>	<i>Unspecified</i>	<i>1,2,3</i>	<i>4,5,6</i>	<i>7,8,9,10</i>	<i>Unspecified</i>
18-34	-5	-3	-11		-3	-2	-5	1
35-64	2	-4	-2	3	-2	-1	-6	
Over 65	-3	0	0		1	-1	-1	
Total	-6	-7	-13		-4	-4	-12	
Total M/F	-23				-19			

Number of medicines	Variance
0-1	-91
2+	49

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 Practical guidance for administering the Measurement Tool

If the tool is to be administered, it is important to note the following:

- The tool may be administered to the consumer or self-administered either over the phone, online or on paper.
- The tool cannot be changed in any way; the tool has been validated in its current format and changes to the tool may impact its validity.
- The tool can be administered alongside other validated tools, for example condition specific tools, should additional information on the consumer be needed.
- The scoring method for the tool has been provided; it is recommended that this scoring approach is followed.
- The first question is a screening question – that is only consumers who had been to a pharmacy for themselves (i.e. not using community pharmacy on behalf of others) in the last month are targeted. If this screening question is used in future administration of the tool, results cannot be interpreted to be reflective of the population given this creates bias in the selection process.
- Questions asking for demographic and health information of consumers are critical to determine whether there are any significant correlations between demographics (e.g. gender/age/SEIFA), and health status (SF1; number of medicines consumer is taking) and consumers' experiences with community pharmacy.
- In addition to the questions included in the Measurement Tool, attached in Appendix H, it is recommended that the BMQ and the MAQ be administered alongside. The BMQ is a validated means of measuring consumers' perceptions and attitudes around taking medicines. Correlations may be able to be drawn between a consumer's beliefs about medicines, and other aspects examined in the Measurement Tool such as their utilisation of and satisfaction with community pharmacy services. The MAQ is a validated means to measure a consumer's adherence to medicines. This scale could be useful in examining the impact of a community pharmacy intervention, and the impact that it has on a consumer's adherence. This could be conducted through administering the MAQ before and after an intervention.

