

REFERENCES

- Aljinovic-Vucic, V., Trkulja, V., & Lackovic, Z. (2005). Content of home pharmacies and self-medication practices in households of pharmacy and medical students in Zagreb, Croatia: Finding in 2001 with a reference to 1977. *Croatia Medical Journal*; 46(1),74-80.
- Attridge, C.J. & Preker, A.S. (2005). *Improving access to medicines in developing countries, application of new institutional economics to the analysis of manufacturing and distribution issues*. Washington D.C.: The World Bank.
- Bennett, S., Quick, J.D. & Velasquez, G. (1997). *Public-private roles in the pharmaceutical sector, Implications for equitable access and rational drug use*. Geneva: World Health Organization.
- Casner, P.R. & Guerra, L.G. (1992). Purchasing prescription medication in Mexico without a prescription. The experience at the border. *The Western journal of medicine*. 156(5), 512-516.
- Chetley, A., Hardon, A., Hodgkin, C., Haaland, A., & Fresle, D. (2007). *How to improve the use of medicine by consumers*. Geneva: World Health Organization.
- Christensen, D.B. & Farris, K.B. (2006). Pharmaceutical care in community pharmacies: Practice and research in US. *The Annals of Pharmacotherapy*. 40(1), 1400-1406.
- Covington, T.R., (2006). Nonprescription medications and self-care. Non prescription drug therapy: Issues and opportunities. *American Journal of Pharmaceutical Education*. 70 (6), 136.
- Federation Internationale Pharmaceutique [FIP]. (1997). *Standards for Quality of Pharmacy Services*. The Hague: Federation Internationale Pharmaceutique.

- Federation Internationale Pharmaceutique [FIP]. (2000). *FIP Statement of Policy on Good Pharmacy Education Practice*. Vienna: Federation Internationale Pharmaceutique.
- Handayani R.S., Gitawati R., Muktiningsih S.R., Raharni. (2006). The exploration of service information for pharmacy consumers and pharmacist preparedness for drug information mainly for chronic and degenerative diseases. Jakarta: *Pharmaceutical Science Magazine*. 3(1), 38-46.
- Harris, M. & Taylor, G. (2004). *Medical statistics made easy*. London: Taylor and Francis.
- Indian Pharmaceutical Associations. (2005). *Good Pharmacy Practice training manual*. Mumbai: Indian Pharmaceutical Associations.
- Institute for Safe Medication Practices, (2001). *Medication Safety Self Assessment for Community /Ambulatory Pharmacy*. Retrieved 19 October 2007, from <http://www.ismp.org>.
- International Health Care Research [IHCAR]. (2001). *Improving Access to Essential Pharmaceuticals*. Stockholm: Swedish International Development Cooperation Agency.
- Jakarta Provincial Government (2007). *Jakarta in figures 2007*. Jakarta: Statistics DKI Jakarta Provincial Office.
- Kamei, M., Teshima, K., Fukushima, N., & Nakamura, T. (2001). Investigation of patients' demand for community pharmacies: Relationship between pharmacy services and patient satisfaction. *Yakugaku Zasshi*. 121 (3), 215-220.
- Khroutski, O.A. & Khroutski, K.S. (2002). Pharmacy and Bioethics – Towards the “Doctors of Pharmacotherapy in a drugstore”. *Eubios Journal of Asian and International Bioethics*. 12(3), 97-103.

- Larsson, M., Tomson, G., Binh, N.T., Chuc, N.T.K., & Falkenberg, T. (2006). Private pharmacy staff in Hanoi dispensing steroids - theory and practice. *Pharmacy Practice*. 4(2), 60-67.
- Ministry of Health Republic Indonesia [MOH-RI]. (2004). *National Health System*. Jakarta: Secretary General of Ministry of Health.
- Ministry of Health Republic Indonesia [MOH-RI]. (2006a). *Standard of Pharmaceutical Services at Pharmacy*. Jakarta: Directorate General of Pharmaceutical and Medical Devices.
- Ministry of Health Republic Indonesia [MOH-RI]. (2006b). *Indonesia Health Profile 2004. Towards Healthy Indonesia 2010*. Jakarta: Center for Data and Information.
- Ministry of Health Republic Indonesia [MOH-RI]. (2006c). *Data of Pharmacies in Indonesia in 2006*. Jakarta: Directorate General of Pharmaceutical and Medical Devices.
- Nguyen, T.K.C. (2002). *Towards good pharmacy practice in Hanoi: A multi-intervention study in private sector*. Doctoral Dissertation, Karolinska Institute, Stockholm, Sweden.
- Purwanti A, Harianto, & Supardi S, (2004). Description of the pharmaceutical service practices in pharmacy in Jakarta in 2003. Jakarta: *Pharmaceutical Science Magazine*. 1(2), 102-115.
- Rustamaji & Danu, S.S. (2005). Evaluation of quality assurance policy of copy drug through bioequivalence testing. *Journal of Management of Health Services*. 8(4), 207-214.
- Schommer, J.C., Pedersen C.A., Gaither C.A., Doucette W.R., Kreling D.H., Mott D.A. et al. (2006). Pharmacists' Desired and Actual Times in Work Activities: Evidence of Gaps from the 2004 National Pharmacist Workforce Study. *Journal of the American Pharmacist Association*. 46(3), 340-347.

- Statistics DKI Jakarta Provincial Office (2004). *Result of P4B Jakarta Timur Municipalities*. Retrieved 12 January 2008, from <http://bps.jakarta.go.id/wwwjaktim/HTML-jaktim-2004/Penduduk.htm>
- Suen, B., Dean, A., & McGuire, L. (2006). Service quality in community pharmacies – comparing perceptions of customers and staff. *Australian Pharmacist*. 25(8), 650-656.
- Suryawati, S. (2003). CBIA: Improving the quality of self-medication through mothers' active learning. *WHO Essential Drugs Monitor*. No.32. Retrieved 29 February 2008, from http://mednet2.who.int/edmonitor/32/32_12.pdf
- Syakhang, L. (2002). *The quality of private pharmacy services in a province of Lao PDR: perceptions, practices and regulatory enforcements*. Doctoral Dissertation, Karolinska Institute, Stockholm, Sweden.
- Taylor, J. (2001). OTC Counseling: Review of pharmacist's performance. *Medscape Pharmacists*. 2(2), 2001. Retrieved 20 March 2008 from http://www.medscape.com/viewarticle/408580_1
- Telford and Wrekin, PCT. (2005). *New Community Pharmacy Contractual Framework. "You and your pharmacy". Patient questionnaire analysis*. Retrieved 5 September 2007 from <http://www.telfordpct.nhs.uk>
- Thompson, S.K. (2002). *Sampling*. New York: Wiley.
- Wiedenmayer, K., Summers, R.S., Mackie, C.A., Gous, A.G.S., Everard, M. (2006). *Developing Pharmacy Practice. A focus on patient care, Handbook. (2nd ed.)*. Geneva: World Health Organization, Department of Medicines Policy and Standards.
- World Bank. (2006). Retrieved 2 November 2007 from <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTHSD/0,,contentMDK:20190823~menuPK:438812~pagePK:148956~piPK:216618~theSitePK:376793,00.html>

- World Bank. (2007). *Indonesia at a glance*. Washington DC: worldbank.
- World Health Organization [WHO]. (1985). *The rational use of drugs. WHO Report of the Conference of Experts, Nairobi*. Geneva: World Health Organization.
- World Health Organization [WHO]. (1996). *Good Pharmacy Practice (GPP) in community and Hospital and Pharmacy Settings*. Geneva: World Health Organization.
- World Health Organization [WHO]. (1997a). *Public-private roles in the pharmaceutical sector: Implications for equitable access and rational drug use*. Geneva: World Health Organization.
- World Health Organization [WHO]. (1997b). *Financing drugs in South-East Asia*. New Delhi: World Health Organization.
- World Health Organization [WHO]. (1998). *Role of pharmacist in Self-care and Self-Medication*. Geneva: World Health Organization.
- World Health Organization [WHO]. (2007a). *How to improve the use of medicine by customers*. Geneva: World Health Organization.
- World Health Organization [WHO]. (2007b). *National Health Accounts Series*. Geneva: World Health Organization, WHO/NHA/D9-13.
- World Health Organization [WHO-SEARO]. (2007). *11 health questions about the 11 SEAR countries*. New Delhi: World Health Organization.
- Zhen, K.X., Keung, C.W., & Chuen, L.S. (2003). *A survey of consumers on the provision of professional advice given by community pharmacists on self-medication*. Retrieved January 12, 2008, from http://staff.science.nus.edu.sg/~scilooe/srp_2003/sci_paper/pharm/list_of_proj.html

APPENDICES

**APPENDIX A
SCHEDULE ACTIVITIES**

SCHEDULE ACTIVITIES

No	Activities	November				December				January				February				March				April				May			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Writing proposal	■	■																										
2	Submit first draft			■																									
3	Revise first draft				■	■	■	■	■																				
4	Submit for proposal exam									■																			
5	Proposal exam										■																		
6	Revise proposal										■	■																	
7	Pretest questionnaire											■																	
8	Revise questionnaire												■																
9	Conduct structure interview													■	■	■													
10	Data management														■	■													
11	Data analysis															■	■	■	■										
12	Report writing																	■	■	■	■	■							
13	Submit for final defense																						■						
14	Thesis exam																							■					
15	Revision																							■	■				
16	Submit as the final paper																										■		

APPENDIX B

PARTICIPANT INFORMATION

To the Community Pharmacy Manager

Dear Sir or Madam,

As we know, Good Pharmacy Practice is the International Standard for pharmacy practice including self-medication practices as a common behaviour for consumers in Indonesia. This research title is “Pharmaceutical Services in Community Pharmacy in East Jakarta”, and the purpose of this research is to explore both aspects Good Pharmacy Practice in community pharmacy and self-medication practices from both sides, community pharmacy as a provider and consumers behaviour in the other aspect. Your participation is greatly appreciated as a part of this research.

You are one of 100 of our respondent in community pharmacy in East Jakarta, who are being asked to complete this survey. Please answer the questions in this form. The form will take about 15 minutes to complete. Your name and your pharmacy will be completely confidential. This research is independent, and not related with government policy. If you wish to comment on any of the questions, please do so on the last page.

Your participation is voluntary. You are free to refuse to participate and will be free to withdraw from the research at any time without any penalty or responsibilities.

Thank you for your help and time for participating in this research.

Sincerely,

(Refiandes, S.Si, Apt.)

APPENDIX C**INFORMED CONSENT**

By signing this letter, I agreed to participate in this research as a respondent. I know that I am not forced to participate and my name and my pharmacy name will be anonymous, completely confidential and only used for research purpose.

My participation is voluntary. I am free to refuse to participate and will be free to withdraw with no reason from the research at any time without any penalty or responsibilities.

Respondent' signature _____ **Date** _____
Respondent's name _____
Name of Pharmacy _____
Name of Pharmacist _____ **Interviewer** _____

APPENDIX D

QUESTIONNAIRE FORM FOR COMMUNITY PHARMACY

(Checked the box to the person who answer the questions pharmacist or pharmacist assistant, who work in this pharmacy)

Sub-City _____ Date of Interview _____
Name of Pharmacy _____ Interviewer _____

P1. Gender of Respondent Male Female P2. What is the respondent age? _____yrs

P3. How many years is your working experience in the community pharmacy? _____yrs

For the question number 4, 5 and 6, the meaning of "pharmacist" is the pharmacist who hold the license for this community pharmacy.

P4. What is the pharmacist age? _____yrs

P5. Does the pharmacist have other job, except this job as a pharmacist?

Yes No

If yes, what is the other job?

1. Government Employee
 2. Private Employee
 3. Entrepreneur
 4. Non-Profit Organization
 5. Others (specify) _____

P6. How many years the pharmacist's experience as a pharmacist in the community pharmacy? _____yrs

P7. How many times the pharmacist come to this pharmacy?

1. Almost every day
 2. At least twice a week
 3. Once a week
 4. Once in two week
 5. Once in a month
 6. Other (specify) _____

P8. What is the category below that best describes your pharmacy?

1. Independent Pharmacy
 2. Chain Pharmacy

P9. What is the approximate number of prescription dispensed per week in this pharmacy? (*including iter prescription*)

1. < 100
 2. 101 to 350
 3. 351 to 700
 4. 701 to 1500
 5. > 1500

P10. Do you provide generic drugs for your customers?

YES NO

If yes, what are the proportions of generic and patent drug use in your pharmacy?

Brand Name Drugs 0-20 21-40 41-60 61-80 81-100
Generic Drugs 0-20 21-40 41-60 61-80 81-100

P11. In one day, for an average in the last 6 months, how many people or customers approximately come to this pharmacy with,

1. Prescription from doctor _____ person
2. "Iter" prescription (repeated prescription) _____ person
3. No Prescription (mention about drug name) _____ person
4. Symptoms only and ask for the drug _____ person
5. Ex-foil or container of the drug _____ person
- Total _____ person

P12. If your patient complains about the price of the drug, which one of the activities below does you do most often?

1. Ask the patient to reduce the amount of drug
2. Suggest the patient with another brand name
3. Suggest the patient with generic drugs if available
4. Call the physician (if patient come with prescription) for drug substitution
5. Take no action
6. Other (specify) _____

Drug information in the 3 questions below is associated with the the purpose, dosage, use direction, duration, storage, side effect, safety concern and expire date of the drug.

P13. Do you provide drug information for your customers?

1. Not at all
2. Just a few of customers
3. Half of customers
4. Almost every customer
5. Yes for all

P14. What is the information you give?

1. The purpose of drug
2. Dosage of the drug
3. Direction for use
4. Duration of time to use the drug
5. Proper storage of the drug
6. Activity or food/drink should be avoided during treatment
7. Expected benefits
8. Potential risks/side effects
9. Important safety concerns
10. Expired date of the drug
11. Other (explain) _____

(Answer could be more than one answer)

P15. How many percent approximately does each person below give the information to patients based on opening hour in a month?

1. Pharmacist _____ %
2. Pharmacist Assistant _____ %
3. Store keeper (non-pharmacist) _____ %
4. Store Owner (non-pharmacist) _____ %
5. Other (specify) _____ %

Total should be 100%



Please check [✓] in the box with one answer that you think is best to describe your pharmacy!

No.	Assessment Object	Answer Choice				
P16.	Drug inventory or shelf is periodically reviewed and reduced as appropriate and well stocked and easily accessible.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P17.	Lighting at the point where prescription and product label must be read and verified is adequate for those needs all times during work.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P18.	Temperature and humidity are appropriate for drug and drug supplies storage.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P19.	Temperature and humidity are comfortable for pharmacy staff members.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P20.	The pharmacy has an adequate space for storage of drugs and drug supplies.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P21.	Workspaces where medications are prepared are clean, orderly and free of clutter.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P22.	Medication refrigerators are used only for medical product storage and with sufficient space to allow the drug to be refrigerated in an organized manner.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P23.	Adequate time is budgeted by management/owner for patient counseling activities.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P24.	A suitable private area with minimal distractions is available to provide patient counseling activities.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P25.	This pharmacy has access to the reference sources or updated information for drug related problem, such as from internet, latest edition of MIMS, etc.	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
P26.	Patients are encouraged to ask questions about the medications they are receiving.	<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a few of customer	<input type="checkbox"/> Half of customer	<input type="checkbox"/> Almost every customer	<input type="checkbox"/> Yes for all

P27.	Some advice associated with good health promotion is given to patient. (ex. reduces smoking, give more time for rest, do exercise, etc.)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a few of customer	<input type="checkbox"/> Half of customer	<input type="checkbox"/> Almost every customer	<input type="checkbox"/> Yes for all
P28.	Some advice associated with non-pharmacological issues are given to the patient. (ex. For hypertensive patient: use less salt for food, eat fruit and vegetables with rich potassium e.g. carrot, cabbage, orange, grapes.)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a few of customer	<input type="checkbox"/> Half of customer	<input type="checkbox"/> Almost every customer	<input type="checkbox"/> Yes for all
P29.	Basic patient information (full name, address, phone number, gender, physician's name) is gathered and documented in patient's record.	<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a few of customer	<input type="checkbox"/> Half of customer	<input type="checkbox"/> Almost every customer	<input type="checkbox"/> Yes for all
P30.	A standard procedure is followed to help ensure that medications are being dispensed to the proper patient (such as saying full name aloud, verifying the patient's name, address, phone number, etc.).	<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a few of customer	<input type="checkbox"/> Half of customer	<input type="checkbox"/> Almost every customer	<input type="checkbox"/> Yes for all
P31.	When dispensing, all of drugs are shown and instructions details are given about the name of the drug, its purpose, the prescribed dose, direction for use, the expected benefits and potential risks, and important safety concerns.	<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a few of customer	<input type="checkbox"/> Half of customer	<input type="checkbox"/> Almost every customer	<input type="checkbox"/> Yes for all
P32.	Pharmacy telephone number is provided to the patient/caregiver in the pharmacy drug label for any concerns or questions about their drug therapy after they leave the pharmacy.	<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a few of customer	<input type="checkbox"/> Half of customer	<input type="checkbox"/> Almost every customer	<input type="checkbox"/> Yes for all

P33. Do you know the regulation below:

a. About Standard of Pharmaceutical Services in Pharmacy?

(SK Menkes No.1027/Menkes/SK/IX/2004)

YES

NO

If yes, do you have the document in your pharmacy? YES

NO

(please show the document)

Source of document : Health Office

Other pharmacy

Pharmaceutical Company

Friend/colleague Other

b. About Generic Labeling in drug package?

YES

NO

(SK Menkes No. 68/Menkes/SK/II/2006 Revised by SK Menkes No.314/Menkes/SK/V/2006 Revised by SK Menkes No.370/Menkes/SK/V/2006)

If yes, do you have the document in your pharmacy? YES

NO

(please show the document)

Source of document : Health Office

Other pharmacy

Pharmaceutical Company

Friend/colleague Other

- c. About the price labeling in drug package? YES NO
(SK Menkes No.69/Menkes/SK/II/2006)
If yes, do you have the document in your pharmacy? YES NO
(please show the document)
Source of document : Health Office Other pharmacy Pharmaceutical
 Friend/colleague Other Company
- d. About latest updated Generic Drug Price? YES NO
(SK Menkes No.521/Menkes/IV/2007)
If yes, does your pharmacy use the price as your guidelines to sell generic drugs?
 YES NO
Source of document : Health Office Other pharmacy Pharmaceutical
 Friend/colleague Other Company

P35. Do you have any comment related to the question above?

- Thank you for your cooperation -

APPENDIX E**INFORMED CONSENT FOR CUSTOMER**

Dear Sir or Madam,

As we know, Self-medication practices is a common for consumers behaviour in Indonesia. This research title is "Pharmaceutical Services in Community Pharmacy in East Jakarta", which is independent and the purpose of this research is to explore both sides of self-medication practices from community pharmacy as a provider and consumers behaviour in the other aspect. Your participation is greatly appreciated as a part of this research.

You are one of our respondent as a customer in East Jakarta which being asked to complete this survey. Please answer the questions in this form. The form will take about 10 minutes to complete. You may be assured of complete confidentiality since your name will not be places on the form. If you wish to comment on any of the questions, please do so on the last page.

Your participation is voluntary. You are free to refuse to participate and will be free to withdraw from the research at any time without any penalty or responsibilities.

Thank you for your help and time for participating in this research.

Jakarta, January 2008

Sincerely,

(Refiandes, S.Si, Apoteker)

Respondent' signature _____ **Date** _____

APPENDIX F

QUESTIONNAIRE FORM FOR CUSTOMER

Sub City _____

Date of interview _____

Pharmacy _____

Interviewer _____

C1. Gender of the interviewee Male Female C2. What is your age? _____ yrs

C3. What is your educational background?

1. Junior High or lower
 2. High School
 3. Diploma
 4. Bachelor degree
 5. Master/Doctoral

C4. What is your occupation?

1. Government employee
 2. Private Employee
 3. Self-employee
 4. Student or college student
 5. Not working/Housewife
 6. Other (specify) _____

C5. How much is approximately your income per month?

1. Less than Rp. 1.000.000,- (*Less than 3.500 Baht*)
 2. Rp. 1.000.000,- to Rp. 2.500.000,- (*3.500 - 8.800 Baht*)
 3. Rp. 2.500.001,- to Rp. 7.500.000,- (*8.800 - 26.300 Baht*)
 4. Rp. 7.500.001,- to Rp. 20.000.000,- (*26.300 - 70.000 Baht*)
 5. More than Rp. 20.000.000,- (*More than 70.000 Baht*)

C6. Do you know the name of the drug you bought?

 Yes No

If yes, please mention the name of the drug.

1. _____
 2. _____
 3. _____

C7. Choose one of the drug you bought. Do you get information from the pharmacy about the drug that you bought?

a.	About the usage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	About the dosage (how many times) to take the medicine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	About how to use this medicine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	About duration or how long you should take this medicine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	About storage or how to keep this medicine safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	About any activities you should avoid during the medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	About any side effects likely to occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	About the expired date of this drug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C8. If you know already or get the information from the pharmacy about the drug you bought, can you tell us about:

1. Do you know what it is for? Yes No
 (specify) _____
2. Do you know how many times a day you should take this medicine? Yes No
 (specify) _____
3. Do you know how to use the medicine? Yes No

- (specify) _____
4. Do you know how long you should take this medicine? Yes No
(specify) _____
5. Do you know how to keep this medicine safely? Yes No
(specify) _____
6. Do you know any activity you should avoid during the medication?
 Yes No
(specify) _____
7. Do you know any side effect likely to occur? Yes No
(specify) _____
8. Do you know the expired date of this drug? Yes No
(specify) _____

C9. Thinking about the reason you do self medication and buy this medicine. Please read the statement below and find the reason that you would likely to use.

- | | Definitely
Not | Probably
Not | Probably
Yes | Definitely
Yes |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Inability to go to a physician because of the cost factor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Inability to go to a physician because lack of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The pharmacy provides information I need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have the same experience in previous time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Want to try because the medicine is recommended by the pharmacy after telling the symptoms and asking for it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The feeling that the condition is simple enough to be treated with self-medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C10. Where do you get information to get the medicine? Please read the statement below and find the reason that you would likely to use.

- | | Definitely
Not | Probably
Not | Probably
Yes | Definitely
Yes |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Influence of advertisement or media (like newspaper, magazine or television) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Recommendation by family, neighborhood or friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Prior use for similar condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. From the pharmacy (recommended by pharmacist or pharmacist assistant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Others (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C11. From the statement below, have you had any problems with your medicine in the last 6 months?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Changes to the color or shape of my medicine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Reading the label or instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Tablets that look similar | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Forgetting to take your medicine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C12. Thinking about the services that the pharmacy you use most often provides. How important are the following factors for you?

	Very Important	→	Not Important
1. The pharmacy has a quick service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The price is cheaper than other pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The pharmacy provides information you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The pharmacy usually has your medicine in stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You know the pharmacist and/or the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is some privacy when you need for consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C13. Do you know the pharmacist role in the pharmacy?

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| 1.As a drug seller | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not know |
| 2.As a pharmacy licenser/responsibility | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not know |
| 3.As a counselor for any drug information | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not know |
| 4.Be responsible for all of the concerns about the drug | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not know |

C14. When you need advice of drug information or having any problem related to the drug you want to take who do you go to see first?

- 1. Pharmacist Assistant
- 2. Pharmacist
- 3. Drug store keeper
- 4. Other (please specify) _____

C15. Do you have any comment related with the question above?

- Thank you for your cooperation -

APPENDIX G

MEASUREMENT FOR GOOD PHARMACY PRACTICE

No	Indicator	Variable	Question	Measurement	Scale	Minimum Score	Maximum Score
1	Activities associated with promotion of good health avoidance of ill health and the achievement of health objectives.	Facilities	P23	Ordinal	1 - 5	1	5
			P24	Ordinal	1 - 5	1	5
		Promote good health	P27	Ordinal	1 - 5	1	5
			P28	Ordinal	1 - 5	1	5
2	Activities associated with the supply and use of medicine and items for the administration of medicines or otherwise related to treatment.	Reception, medication record and activities to ensure supply to patients	P29	Ordinal	1 - 5	1	5
			P30	Ordinal	1 - 5	1	5
		Storage	P16	Ordinal	1 - 5	1	5
			P18	Ordinal	1 - 5	1	5
		Equipment	P20	Ordinal	1 - 5	1	5
			P17	Ordinal	1 - 5	1	5
		Facilities	P22	Ordinal	1 - 5	1	5
			P19	Ordinal	1 - 5	1	5
		Condition at supply	P21	Ordinal	1 - 5	1	5
3	Activities associated with self care, including advice about and, where appropriate, the supply of a medicine or other treatment for the symptoms of ailments that can properly be self treated.	Self-care practice	P31	Ordinal	1 - 5	1	5
			P13	Ordinal	1 - 5	1	5
			P14	Categorical	1 - 10	0	5
			P15	Categorical	1 - 5	0	10
			P26	Ordinal	1 - 5	1	5
4	Activities associated with influencing prescribing and medicine use.	Source of information	P32	Ordinal	1 - 5	1	5
			P25	Ordinal	1 - 5	1	5
		TOTAL SCORE				18	105

APPENDIX H

MEASUREMENT FOR SELF-MEDICATION PRACTICE

No	Indicator	Variable	Question	Measurement	Scale	Minimum Score	Maximum Score
1	SCORE 1	Name of the drug	C6	Ordinal	Yes - No	0	1
		Drug information from pharmacy	C7 a	Ordinal	Yes - No	0	1
			C7 b	Ordinal	Yes - No	0	1
			C7 c	Ordinal	Yes - No	0	1
			C7 d	Ordinal	Yes - No	0	1
			C7 e	Ordinal	Yes - No	0	1
			C7 f	Ordinal	Yes - No	0	1
			C7 g	Ordinal	Yes - No	0	1
			C7 h	Ordinal	Yes - No	0	1
2	SCORE 2	Knowledge of customer for the drug they bought	C8 a	Ordinal	Yes - No	0	1
			C8 b	Ordinal	Yes - No	0	1
			C8 c	Ordinal	Yes - No	0	1
			C8 d	Ordinal	Yes - No	0	1
			C8 e	Ordinal	Yes - No	0	1
			C8 f	Ordinal	Yes - No	0	1
			C8 g	Ordinal	Yes - No	0	1
			C8 h	Ordinal	Yes - No	0	1
		TOTAL SCORE				0	17

APPENDIX I

BUDGET

No	Activities	Unit	Price (baht)	Unit (number)	Total Budget (Baht)
1.	Pre-testing				
	- Photocopy	Quest.	12	30	360
	- Stationery	Set	200/set	1	200
2	Data Collection				
	- Photocopy Quest. for Pharmacy	Quest.	0.5/page	7 x 100	350
	- Photocopy Quest. for Customer	Quest.	0.5/page	5 x 300	750
	- Souvenir for respondent	Set	20/Set	97 + 291	7,760
	- Interviewers per diem	Person	300/p/d	3 pr x 12day	10,800
	- Transportation cost	Trip/day	200/p/d	3 pr x 12day	7,200
	- Data Processing	Person	200/p/d	2 pr x 10day	4,000
		DATA COLLECTING PROCESS			SUBTOTAL
3	Document Printing				
	- Paper + Printing	Page	5/page	800 pages	4,000
	- Photocopy (exam+final submit)	Page	0.5/page	12 x 400	2,400
	- Stationery	Set	200/set	1 set	200
	- Binding Paper (exam)	Set	150/set	6 set	900
	- Binding Paper (submit)	Set	200/set	6 set	1,200
	THESIS DOCUMENT PROCESS			SUBTOTAL	8,700
				TOTAL	40,120

CURRICULUM VITAE

- Name : Refiandes Zurmatias
- Date of Birth : 31 December, 1974
- Place of Birth : Jakarta
- Education : Pharmacist Program, Faculty of Pharmacy Pancasila University, Jakarta, Indonesia (2001).
Bachelor Degree of Pharmacy, Faculty of Pharmacy Pancasila University, Jakarta, Indonesia (2000).
- Current Office : Directorate of Public Drug and Medical Devices, Directorate General of Pharmaceutical and Medical Devices, Ministry of Health Republic Indonesia.
- Address Office : Ministry of Health Republic Indonesia, Jalan HR Rasuna Said Kav. 4-9 Blok X-5 Jakarta Selatan, Indonesia, 12950.