A study to assess Clinician-perceived failure rates of commonly used ACTs

Interviewer's Name: ____________________  
Region: ________________________________ 
Health Facility Name: ____________________  
Date of Interview: ____/_____/_____

Clinician-perceived ACT Treatment Failure: The failure of a malaria-patient to improve despite having received an Artemisinin Combination Therapy (ACT) regardless of artemisinin resistance.

SECTION A: DEMOGRAPHICS


2. Age (in completed years): ....................

3. Education Level:
   [1] Certificate
   [2] Diploma
   [3] Bachelor
   [5] Other (specify)____________________

4. Professional experience (Years): [ ]

5. If less than 1 year in Q4, state number of completed months ……

6. Professional Cadre:
   [1] Physician
   [2] Medical Officer
   [3] Pharmacist
   [4] Nurse
   [5] Clinical Officer
   [6] Pharmacy Technician
   [7] Other (specify)____________________

7. Health Facility Type:
   [1] Public
   [2] Private Not-for-Profit
   [3] Private for-Profit

8. Health Facility Status:
   [1] Hospital
   [3] Health Centre II
   [4] Private Clinic
   [5] Pharmacy
   [7] Other, (specify)____________________
SECTION B: PERCEIVED ACT FAILURE

Please, complete the questionnaire by indicating the appropriate responses.

1. What is the approximate number of malaria-patients you see per day? .................

2. In the use of ACTs in treating uncomplicated malaria, have you ever encountered any treatment failure(s) in your malaria-patients?

3. Have you suspected any ACT treatment failure in the past 4 weeks?

4. If YES to Q3, how many cases of ACT treatment failure? ..........

5. Have you received patient-complaints of ACT treatment failure in the past 4 weeks?

6. If YES to Q5, how many patient-complaints of ACT treatment failure? ............

7. Briefly describe the most recent case of ACT treatment failure you have encountered providing information on patient age, brand of ACT involved, clinical outcome & action taken; e.t.c.
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

8. Have you reported any ACT treatment failure(s) in the past 6-months? (Please tick one)
   [1] Yes [2] No (Skip to 13)

9. If YES to Q8, to whom have you reported the most recent ACT treatment failure(s)? (Please tick all applicable)
   [1] District Health officer
   [3] Immediate Supervisor
   [4] National Pharmacovigilance Center

10. If YES to Q8, how did you report the most recent ACT treatment failure(s)? (Please tick all applicable)
    [1] Verbally
    [3] Other, (specify)..........................................................
11. What motivates you to report ACT treatment failure(s)?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

12. Do you get feedback on the ACT treatment failure(s) you report?

13. Do you feel that circumstances in your setting make it difficult to report treatment failure to ACTs?

14. Explain your response to Q13

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

15. What can be done to improve the reporting of treatment failure to ACTs in your setting?

___________________________________________________________________

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16. What are the commonly used ACTs at your health facility? *(Please tick all appropriate)*

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17. Which ACT brand(s) have you observed to result in treatment failure? *(Please tick all appropriate)*

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18. Do you think ACT resistance is a growing concern nationally?

19. If yes to Q18, briefly describe why?
   ____________________________________________________________
   ____________________________________________________________

20. Do you think ACT resistance is a growing concern in your institution?

21. If yes to Q20, briefly describe why?
   ____________________________________________________________
   ____________________________________________________________

SECTION C: DRUG FACTORS RELATED TO ACT FAILURE

22. Do you think the color of an ACT could lead to poor patient compliance hence treatment failure?  [1] Yes           [2] No

23. Briefly describe why giving examples?
   ____________________________________________________________
   ____________________________________________________________


25. Briefly describe why giving examples?
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   ____________________________________________________________


27. Briefly describe why giving examples?
   ____________________________________________________________
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29. Briefly describe why giving examples?
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31. Briefly describe why giving examples?
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32. Do you think the dosing frequency of an ACT could lead to poor patient compliance hence treatment failure? [1] Yes [2] No

33. Briefly describe why giving examples?
___________________________________________________________________
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34. What other factors in the practice of patients are responsible for the poor response of patients to ACT? (Please briefly outline)
___________________________________________________________________
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35. What other factors in the practice of clinicians are responsible for the poor response of patients to ACT? (Please briefly outline)
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We appreciate your time taken to respond to this questionnaire. Thank you

This a collaborative study between National Drug Authority and Makerere University Department of Pharmacology and therapeutics.