

Retailer/ Pharmacist Questionnaire

Effect of Generic Drugs on the buying behaviour pattern and brand sustainability of Ethical Drugs in Western India

Dear Respondents,

I am undergoing this study for my Doctoral Degree in Management. To serve the purpose, I have designed this questionnaire. It would be kind on your part, if you acknowledge gracefully your cooperation in answering the questionnaire.

I assure you that this information is gathered purely for academic purpose.

Thanking You.

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Assumptions:

1. Most pharmacists prefer generic medicines/ brands with higher margins.
 2. Insists the local physician/ general practitioners to prescribe medicine brands with higher margins.
 3. Keep medicines and update their formulations based on the Drug lists provided by the Chemists Association Booklet.
 4. Normally located near consulting doctor's chamber.
 5. Selection of drugs to be kept in the store is mainly guided by the specialties of the physician(s) practicing near the store location and their prescription slip.
 6. Some pharmacists also offer home delivery of the purchased drugs and credits to the regular patients visiting their stores.
 7. Almost all drug stores keep non-drug items along with the medicines.
 8. Family run business and small-to-medium size stores (150-250 square feet).
 9. Many of the small pharmacists did not have even necessary medical equipments for preserving medicines/ injectables.
 10. In many stores, refrigerators are not properly operated during working and non-working hours.
 11. Sale of medicines are normally not followed by the guidelines of Food and Drugs Act (FDA).
 12. Part of the business is done without the bill to save the Central and State government taxes.
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Pharmacist Questionnaire

I. Location of Store:

(Please tick mark whichever is applicable)

(a) How many Drug Store(s) you own?

(Please tick mark the Store size as per the Codes given)

Store Size	Code
< 250 sq. ft.	1
≥ 250 sq. ft.	2
≥ 500 sq. ft.	3
≥ 1000 sq. ft.	4
≥ 2000 sq. ft.	5
Others	6

(please specify) _____

No. of Drug Stores	Place	Store Size	Year of Est.
1			
2			
3			
4			
5			
6			

(b) Where is your Drug Store located?

- (i) Near Consulting doctor's chamber _____
- (ii) Inside the hospital premises _____
- (iii) In a locality _____
- (iv) In a Commercial area _____
- (v) Other (please specify) _____

(c) Is your Store a: (please tick mark)

- (i) Family run business _____
- (ii) Work as an employee _____
- (iii) Retail Chain _____
- (iv) Store in a Hospital premises _____
- (v) Other (please specify) _____

(d) What equipment(s) do you have for storing/ preserving of medicines and injectables?

Equipment	Number
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

II. Stock:

(In case of multiple choice(s), please tick mark)

(a) What categories of product(s) do you normally stock?

- i. Health care products _____
- ii. Vitamins & Nutritional care products _____
- iii. Baby care products _____
- iv. Personal care products _____
- v. Beauty care products _____
- vi. Food & Snack products _____
- vii. Alternative medicines _____
- viii. Others (please specify) _____

(b) The period for which you normally keep the Stocks?

(Please tick mark whichever is applicable)

Product Category	Monthly	Weekly	Daily	2-3 months	4-5 months	≥ 6 months
Health care						
Vitamins & Nutritional care						
Baby care						
Personal care						
Beauty care						
Food & Snack						
Alternative medicines						
Others						

(c) The Stock of each product category you normally keep?

(Please tick mark whichever is applicable)

Product Category	0 - 1 pkt/box*	2 - 4 pkt/box	5 - 10 pkt/box	12 - 15 pkt/box	> 15 pkt/box
Health care					
Vitamins & Nutritional care					
Baby care					
Personal care					
Beauty care					
Food & Snack					
Alternative medicines					
Others					

(* Use "p" for packets and "b" for boxes)

(d) What proportion of your monthly income usually comes for each product category?

(Please tick mark whichever is applicable)

Product Category	≤ 10%	≤ 20%	≤ 30%	≤ 50%	≥ 50%
Health care					
Vitamins & Nutritional care					
Baby care					
Personal care					
Beauty care					
Food & Snack					
Alternative medicines					
Others					

(e) Movement of the product category from your Store Counter?

(Please tick mark whichever is applicable)

Product Category	Slow moving	Fast moving
Health care		
Vitamins & Nutritional care		
Baby care		
Personal care		
Beauty care		
Food & Snack		
Alternative medicines		
Others		

III. Mode of Payment:

(a) What is your mode of payment? (Please tick mark)

- i. Cash ☐
- ii. Credit ☐
- iii. Both ☐

(b) If you pay through credit, what is your average credit period?
(Please tick mark)

- i. < 10 days ☐
- ii. 10 days ☐
- iii. 15 days ☐
- iv. 20 days ☐
- v. A month ☐
- vi. More than a month ☐

IV. Attitudinal Information:

(5 as Strongly Agree, 4 as Agree, 3 as neither agree nor disagree, 2 as Disagree and 1 as Strongly Disagree)

I. Stock of Medicine brands

(a) I normally stock brands, which are prescribed by the doctor(s) nearby my store

(b) Selection of medicine brand(s) is normally done based on the specialty and preferences of the doctor

(c) I visit Doctor(s) near-by my store to fix the set of medicine brands; their ranges and their quantity

(d) I do this because of the margin provided, by the drug manufacturer, for storing their brand of medicine

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	5	4	3	2	1
(e) Besides this, I also keep certain common products, which helps in increasing the frequency of visits of customers to my store	—	—	—	—	—

2. Sources of information for keeping particular Medicine brand(s):

	5	4	3	2	1
(a) I normally stock medicine brands, looking at their fast or slow moving trends	—	—	—	—	—
(b) Preferences of brand(s) by the doctor(s) practicing nearby my store is the major reason to keep specific set of medicine brands	—	—	—	—	—
(c) Promotional Scheme(s) and trade discount(s) provided by the manufacturer, helps me in deciding on specific range of medicine brand(s)/ alternative brand(s)	—	—	—	—	—
(d) Trade margin provided by the drug companies; help me to decide on the set of medicine brand(s)/ alternative brand(s)	—	—	—	—	—
(e) I regularly refer to the latest index of medicine brands listed in the Chemist Association Circulars to procure the stocks	—	—	—	—	—

3. Stock preferences of medicine brands:

	5	4	3	2	1
(a) When I order any specific medicine brand, I compare the costs of different medicine brands that have the same efficiency	—	—	—	—	—
(b) I normally look at the frequency of prescription slip(s) that comes and the medicine(s) prescribed, to decide on the stock to procure	—	—	—	—	—

	5	4	3	2	1
(c) I look at the shelf life of specific medicine brand while deciding on the stock level	—	—	—	—	—
(d) I also keep substitute brands of the same formulation(s) for a particular disease	—	—	—	—	—
(e) I usually carry generic version of the same formulation(s) of branded medicines for a particular disease	—	—	—	—	—
(f) I carry generic version of the same formulation due to better margin than the branded medicine	—	—	—	—	—
(g) Generic version of the same formulation gives me better sales volume	—	—	—	—	—
(h) Gifts, promotional schemes, trade discounts and margins are the major reasons in deciding the final set of medicine brands or its generic version	—	—	—	—	—

4. Impact of Generic and the branded version of same medicine on the Cost of Treatment of patients

	5	4	3	2	1
(a) Patients normally look at the cheaper substitute of medicines (generic) for normal illness	—	—	—	—	—
(b) Patients normally do seek my advice for the cheaper substitute (generic) of medicine(s) mentioned in the doctor's prescription slip	—	—	—	—	—

5 4 3 2 1

(c) Patients of affluent class*, who regularly visit
my store, do not care about the price of
medicine(s) while buying for normal illness or
based on the doctor's prescription slip — — — — —

(d) Patients of middle or lower income class*, who
regularly visit my store, purchase the medicine(s)
of lower price for normal illness or based on the
doctor's prescription — — — — —

(* The Income Class is mentioned based on the patient's physical appearance and vehicle he/she normally brings)

V. Personal Details:

(a) Name : _____

(b) Qualification: (Please tick mark)

- i. B Pharma : _____
- ii. M Pharma : _____
- iii. Other (please specify) : _____

(c) Years of Practice : _____

(d) Monthly income:

- i. <60,000/annum : _____
- ii. 60,000-1,50,000/ annum : _____
- iii. 1,50,000- 2,00,000/ annum : _____
- iv. >2,00,000/annum : _____

Thanks!