

Physician code:

--	--	--	--	--	--	--	--	--	--

## Pharmaceutical Sales Representatives and Patient Safety Questionnaire

PLEASE FILL IN ONE FORM FOR EACH PROMOTED MEDICINE

Date (month/day/year): 

m	m
---	---

 / 

d	d
---	---

 / 

2	0	0	9
---	---	---	---

Name of the drug: \_\_\_\_\_

Is this the first time this drug has been promoted to you by a sales representative?

Yes  No

Was this visit?

- one-to-one  
 a group session including other physicians

How long did the visit last?

- 5 minutes or less  
 6 to 10 minutes  
 11 to 20 minutes  
 more than 20 minutes

### INFORMATION ON THE PROMOTED DRUG - BENEFITS AND HARM

1. Did the sales representative mention any indications for use?

Yes  No

→ If yes, please list all indications that were mentioned:

2. Did the representative mention specific groups of patients for whom this drug is indicated?

Yes  No

→ If yes, please list:

3. Did the representative mention specific groups of patients for whom this drug is contraindicated?

Yes  No

→ If yes, please list:

**4. Were any adverse effects mentioned?**

Yes       No → ***If no, go to question 6***

→ ***If yes, how would you describe these adverse effects? (please check all that apply)***

- 4a. serious adverse events (life-threatening, leading to hospitalization and/or to ongoing disability)
- 4b. common non-serious symptomatic adverse effects (e.g., nausea, dizziness, bloating, etc)
- 4c. adverse effects involving specific groups of patients
- 4d. dose-related adverse effects
- 4e. adverse effects related to drug interactions
- 4f. laboratory test results indicating harm
- 4g. other

***Please list all adverse effects mentioned:***

**5. Was the likelihood or magnitude of harm described?**

Yes       No

→ ***If yes, indicate the type of information provided:***

- 5a. absolute numbers of patients (e.g., 20% of treated patients experience dizziness)
- 5b. relative risk increases (e.g., leads to a doubling of risks of kidney failure)
- 5c. other, *please specify:*

**6. Were any safety claims made?**

Yes       No

→ ***If yes, were they? (please check all that apply):***

- 6a. unqualified claim (e.g., "this drug is safe")
- 6b. qualified claim (e.g., "well-tolerated" or "few side effects")
- 6c. comparative claim (e.g., better tolerated than drug xx)
- 6d. other, *please specify:*

**7. Did the representative provide information on the drug's beneficial effects?**

Yes       No → ***If no, go to question 9***

→ ***If yes, how would you describe these drug benefits? (please check all that apply)***

- 7a. effects on serious morbidity or mortality
- 7b. effects on quality of life
- 7c. effects on disease symptoms
- 7d. effects on asymptomatic physiological measures (e.g., cholesterol, bone density, etc.)
- 7e. other, *please specify*:

**8. Was the likelihood or magnitude of benefit described?**

Yes       No

→ ***If yes, indicate the type of information provided:***

- 8a. absolute numbers of patients (e.g., out of every 100 patients treated, 10 improved)
- 8b. relative risk reductions (e.g., leads to a 50% reduction in heart attack risk)
- 8c. differences in an evaluation score (e.g., a 10 point reduction in pain scores)
- 8d. other, *please specify*:

**9. Was the drug's pharmacology described?**

Yes       No

→ ***If yes, was this?***

- 9a. the mechanism of action
- 9b. how the drug is handled by the body (pharmacokinetics)
- 9c. the drug class (e.g., ace inhibitor, calcium channel blocker)
- 9d. other, *please specify*:

## PAYMENT

10. Did the representative mention the drug's cost to consumers?

- Yes       No

↳ *If yes, was this in comparison with another drug?*

- Yes       No

↳ *Which drug or drugs?*

11. Did the representative discuss reimbursement by public or private insurers?

- Yes       No

↳ *If yes, what was said?*

## GENERAL CLAIMS

12. Were any statements made about cost-effectiveness?

- Yes       No

13. Was another clinician's favourable opinion of the drug stated?

- Yes       No

↳ *If yes, was this? (please check all that apply)*

- 13a. another family physician
- 13b. a local specialist clinical expert
- 13c. a national or international expert
- 13d. other, *please specify:*

14. Overall, what was the sales representative's key message about the drug?

14a. In your opinion, how accurate was this key message?

- 95% or more       75%       50%       25%       5% or less       Not applicable

**ADDITIONAL MATERIALS PROVIDED**

**15. Did the sales representative provide you with any article reprints?**

Yes       No → ***If no, go to question 17***

↳ ***If yes, did this include? (please check all that apply)***

- 15a. randomized controlled trial reports, meta-analyses or systematic reviews
- 15b. general review articles
- 15c. clinical guidelines
- 15d. conference or symposium reports
- 15e. other, *please specify:*

**16. Why were reprints provided? (please check all that apply)**

- 16a. to support claimed effectiveness and/or safety
- 16b. to refute negative evidence on safety or effectiveness
- 16c. other, *please specify:*

**17. Were any patient brochures or teaching aids provided?**

Yes       No

**18. Was government approved product information provided? (e.g., drug data sheet or monograph)**

Yes       No

**18a. If no, was other prescribing information provided? (including, for example, starting dose, any titration, duration of therapy, route of administration, etc.)**

Yes       No

**19. Did the representative give you any promotional items or samples?**

Yes       No

↳ ***If yes, did this include? (please check all that apply)***

- 19a. free samples of drugs
- 19b. pens, notepads, or prescription pads
- 19c. a lunch or other food provided by the representative
- 19d. other offers of promotional items, gifts, or social invitations

***If other, please list:***

**20. Were you invited to an event that the company either directly funded or that was paid for by an educational grant from the company? (e.g., medical education program, dinner, conference, symposium, advisory board, speaker's panel)?**

Yes       No

↳ *If yes, please specify:*

**21. Were you invited to participate in a study or recruit patients for a study?**

Yes       No

↳ *If yes, briefly describe, including whether this is a study of a drug that is already on the market or a drug that the company hopes to market in the future:*

**21a. Did you agree to participate?**

Yes       No       Undecided

**OVERALL ASSESSMENT**

**22. In general, how would you rate the quality of the scientific information presented by the representative?**

excellent       good       fair       poor       very poor

**23. Have you previously prescribed this drug?**

Yes       No

**24. How likely are you to start or to increase your prescribing of this drug compared with before the visit?**

very likely       somewhat likely       somewhat unlikely       very unlikely

**Do you have any comments?**

**Thank you very much for your assistance!**