

Questionnaire on Self-medication practices using Analgesics as NSAIDs and Acetaminophen

[SECTION: A]

General Demographic Information
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1.	Name of the University/College:	
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2.	Department:	Nursing		Home		English	
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3.	Study Year	Ist Year		2 nd Year		3 rd Year		4 th Year	
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4.	Gender	Male		Female	
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5.	Age (in Years):	18-22		22 – 30		30-35	
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6.	Number of Siblings							
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7.	Marital status	Unmarried		Married		Divorced	
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8.	Resident	Farasan		Jazan		Other cities	
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9.	Types of residence	Hosteller		Day scholar	
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[SECTION: B]

Self-Medication Practices [Please note that your response should be based on last 3 months experience]

1. Did you have any disease in last three months? Yes No
2. Have you taken self-medication in last 3-months? Yes No

3. What was your reason for self-medication with analgesics?
(You can select multiple choices by placing a tick mark (v) in the appropriate boxes below)

? Doctor / Clinic far from home	? Saves time
? High fees of doctor	? I have old prescription
? Doctor is busy with many patients	? I have medicines of family members
? No trust in doctor	? Pharmacist advice
? Disease does not merit to consult a Doctor	? Busy Academic Schedule
? Others	

4. For which disease you have taken self-medication in last 3 months?
(You can select multiple choices by placing a tick mark (v) in appropriate boxes below)

	? Headache	? Eye infection
	? Dandruff	? Running nose/Cold/Flu
	? Hair fall	? Ear pain
	? Migraine	? Asthama
	? Dental pain	? Epilepsy
	? Others	
	? Difficulty in swallowing	? Body ache
	? Acidity	? Skin rashes
	? Muscular pain	? Fever
	? Nausea	? Mycoses
	? Diarrhea/Appendicitis	? Gastroenteritis
	? Others	
	? Joint pain	? Pain of Burns
	? Muscle pain	? Menstruation pain
	? UTIs	? Birth control
	? Wounds	? Menstrual problems
	? Genital infection	? Others

5. Which of the following analgesics and antibiotics were used for self-medication?
(You can select multiple choices by placing a tick mark (v) in the appropriate boxes below)

? Diclofenac	? Amoxicillin
? Aspirin	? Doxycycline
? Meloxicam	? Azithromycin
? Ibuprofen	? Metronidazole
? Acetaminophen (Panadol/Crocin)	? Ampicillin
? Any other NSAIDs:	? Any other Antibiotics:

6. Have you used any of the above mentioned antibiotics to manage pain?
(You can select multiple choices by placing a tick mark (v) in the appropriate boxes below)

? Yes	? No
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7. What do you consider while selecting the drug for self-medication?
(You can select multiple choices by placing a tick mark (v) in the appropriate boxes below)

? Price
? Pharmaceutical Company
? Type of medicine
? Brand. If you select any specific brand, then answer question 6, or else go to question 6.
? Others

8. Your selection of particular brand depends on which of the following choices?
(You can select multiple choices by placing a tick mark (v) in the appropriate boxes below)

? Recommended by pharmacist	? Old prescription of doctor
? Used by peers – friends / family	? Advertisement
? My previous experience	? Other

9. Sources from where you obtain your drugs for self-medication?
(You can select multiple choices by placing a tick mark (v) in the appropriate boxes below)

? Pharmacy shop	? Online shopping
? Primary health care center /University Clinic	? Medical representatives
? Friends / family /Old prescriptions	? Other, Please explain:

10. Do you check the prescribing information before self-medicating?
(Select only 1 choice by placing a tick mark (v) in the appropriate box below)

? Yes, always	? No, never	? Yes, sometimes
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11. How much did you understand from the instructions of prescribing information?
(Select only 1 choice by placing a tick mark (v) in the appropriate box below)

? Fully understood	? Partially understood	? Not interested
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12. Have you ever experienced Adverse Drug Reactions (ADRs) with self-medication of analgesics?

? No	? Yes. Please explain _____
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If answer to question 12 is yes, then solve question 13. If not, then go to question 12.

13. What did you do for the adverse event you experienced?
(You can select multiple choices by placing a tick mark (v) in the appropriate boxes below)

? Go to private doctor	? Go to pharmacist
? Go to primary health care center	? Stop taking medication
? Friends / family	? Any other, Please specify

14. Are you taking analgesics as NSAIDs and acetaminophen for any chronic disease?
(Chronic disease in this study is defined as a disease lasting three months or longer.)

? No	? Yes
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If answer to 14 is yes then solve question 15.

15. For how long you have been practicing self-medication of NSAIDs and acetaminophen for any chronic disease?

S. Nos.	Name of disease	Time periods in months
1.		
2.		

THANKYOU FOR YOUR PARTICIPATION