

Self-medication among Indigenous People in Bangladesh

Interviewer's ID:

Date of interview:

The participant has given his/her consent to voluntarily participate in this study: Yes No

1. Name:

2. Current address: Para/village:, Police station:,

Post office: Upazila:, District:, Bangladesh

3. Permanent address: Para/village:, Police station:,

Post office: Upazila:, District:, Bangladesh

4. Phone no (Mandatory):

➤ Questionnaire Section I: Socio Demographic Variables

5. Marital status: Never married Married Separated/Divorced Widow/widower

6. Age:

7. Ethnicity: Chakma Marma Tripura Tanchangya Bawm Others

8. District: Khagrachhari Rangamati Bandarban

9. Height: ft..... inch

10. Weight:kg*

11. Gender: Male Female Others

12. Educational Status:

Illiterate Primary Secondary Higher secondary Graduate

13. Occupation:

Agricultural work Day labor Business Healthcare work Handloom

Housewife Service Student Unemployed Others

➤ **Questionnaire Section II: Morbidities and medication practices**

14. Do you currently have any of the following diseases? (tick more than one if applicable)

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Skin infection | <input type="checkbox"/> Neurological disorder |
| <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Eye problem | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cancer | <input type="checkbox"/> Anxiety disorder |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypotension |
| <input type="checkbox"/> Thyroiditis | <input type="checkbox"/> None | <input type="checkbox"/> Not Applicable |

15. Which of following diseases did you suffer in last one year? (tick more than one if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Cough, cold & fever | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Joint pain | <input type="checkbox"/> Diarrhea and food poisoning |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dental carries & toothache |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Skin allergy |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Irritable bowel syndrome |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Roundworm/ Tapeworm |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Other respiratory illness |
| <input type="checkbox"/> Typhoid | <input type="checkbox"/> None |
| <input type="checkbox"/> Not applicable | |

16. Have you ever taken medication due to any of the above mentioned (Q-18) conditions?

- Yes No

17. What kind of medicine did you take? (tick more than one if applicable)

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Antipyretics | <input type="checkbox"/> Analgesic | <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Antacids and Anti-ulcerants |
| <input type="checkbox"/> Antidiarrheal | <input type="checkbox"/> Antitussive | <input type="checkbox"/> Anti-allergic | <input type="checkbox"/> Vitamins |
| <input type="checkbox"/> Antiemetic | <input type="checkbox"/> Sedatives | <input type="checkbox"/> Contraceptives | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Beta blockers | <input type="checkbox"/> Steroids | <input type="checkbox"/> Not applicable | |

18. Source of that medicine (tick more than one if applicable):

- Community pharmacy
- Doctor's with prescription
- Doctor's/ Community health workers without prescription
- Self-medication experience from previous treatment
- Previous prescription
- Family & friends
- Internet
- Telemedicine
- Folk medicine practitioner/ Kobiraj/ Ojha
- Not applicable

19. How frequently did you use self-prescribed medication?

- Never
- Once in a year
- 2-5 times in a year
- 10 times/year
- >10 times/year
- Always
- Not applicable

20. How far (in km) is the health care center from your residence?

Answer: km

21. How far (in km) is the nearest pharmacy from your residence?

Answer: km

22. Monthly family income (in TK):

- <20k
- 20k - <35k
- 35k -<50k
- 50k - <75k
- 75k - <100k
- >100k