

Questionnaire - English Version

Questionnaire for obtaining the knowledge, attitude and practice of self-medication with Over the Counter drugs among pharmacy outlet customers in Asmara, Eritrea

SECTION A: SOCIO-DEMOGRAPHY

Instruction: Circle, put tick/cross, or write the answer that corresponds with your best answer.

No	Socio-demographic questions	Answer	Skip
1.	Sex	1. Male 2. Female	
2.	Age in years		
3.	Marital status	1. Married 2. Single 3. Divorced 4. Widowed	
4.	Highest level of education		
5.	Occupation	1. Governmental 2. Private service 3. Self employed 4. Unemployed 5. Student 6. House wife	
6.	Chronic Illness		
7.	Pregnancy	1. Yes 2. No 3. Not applicable	
8.	Lactation	1. Yes 2. No 3. Not applicable	
9.	Religion	1. Christian 2. Muslim 3. Other, <i>please specify</i> <hr style="width: 20%; margin-left: 0;"/>	
10.	Ethnic group		
11.	Nationality		

SECTION B: KNOWLEDGE

Instruction: Circle your answers on the choices provided at the right side.

No	Questions about knowledge	Answer	Skip
1.	Medicines are always used on the prescription of a doctor.	1. Yes 2. No 3. Don't know	
2.	All Over the Counter drugs are safe and effective.	1. Yes 2. No 3. Don't know	
3.	Over the Counter drugs are used for treating diseases like:	1. Hereditary diseases 2. Minor illnesses and injuries 3. Don't know	
4.	Over the Counter drugs are approved for self-care.	1. Yes 2. No 3. Don't know	
5.	Which of the following drugs fall under OTC drugs? (multiple answers)	a. Antipyretics b. Anti-cold c. Analgesics d. Anti-microbials	
6.	Over the Counter drugs could be used after their expiry date.	1. Yes 2. No 3. Don't know	
7.	Over the Counter drugs can:	1. Sometimes cause side-effect(s) 2. Mostly cause side-effect(s) 3. Never cause side-effect(s) 4. Don't know	
8.	While using Over the Counter drugs, caution should be taken mostly in: (multiple answers)	a. Pregnancy b. Lactation c. Elderly d. Children e. Adolescent/middle adults	
9.	If suspected side-effect(s) are seen, then one should: (multiple answers)	a. Immediately stop using the drug b. Take low dose until side effect(s) subside c. Continue taking the drug regardless the side effect(s) d. Report to a Doctor or Pharmacist e. Other, <i>please specify</i>	
10.	All Over the Counter drugs when taken along with prescribed drug are safe.	1. Yes 2. No 3. Don't know	

SECTION C: ATTITUDE

Instruction: For the following section, the choices are represented by numbers in which 1=Strongly disagree, 2=Disagree, 3=Neither agree or disagree, 4=Agree, and 5=Strongly agree. Circle or tick ✓ ONE answer that best matches your general opinion.

No	Statements	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1.	Over the Counter drugs that are used for self-medication are safe.	1	2	3	4	5
2.	Over the Counter drugs are cheaper and convenient.	1	2	3	4	5
3.	Paracetamol in overdose is a powerful poison.	1	2	3	4	5
4.	Over the Counter drugs can modify or alter the action of another drug.	1	2	3	4	5
5.	All Over the Counter drugs can be used in case of pregnancy.	1	2	3	4	5
6.	Pain killers when taken on an empty stomach does not cause gastritis.	1	2	3	4	5
7.	Over the Counter drugs are not affected by storage conditions, like temperature, moisture and direct sunlight.	1	2	3	4	5
8.	Liquid medicines could be used when opened after one month.	1	2	3	4	5
9.	Eye/Ear drops could be used after one month of opening.	1	2	3	4	5
10.	It is better I don't take Over the Counter drug when I am ill.	1	2	3	4	5
11.	Over the Counter drugs are safe but would seek a physician advice before using it.	1	2	3	4	5

SECTION D: PRACTICE

Instruction: Circle your answers on the choices provided at the right side.

No	Questions regarding Practice	Answer	Skip
1.	Have ever practiced self-medication with Over the Counter drugs?	1. Yes 2. No —————>	Skip to Q. 18
2.	With whom did you consult before using Over the Counter drugs? (multiple answers)	1. Pharmacist 2. Doctor 3. Friends/relatives 4. Leaflet 5. Internet and mobile applications 6. Other, <i>please specify</i> _____	
3.	When did you consume Over the Counter drugs?	1. When symptoms are minor/manageable 2. Whenever I feel sick 3. When I can't visit doctor 4. Other, <i>please specify</i> _____	
4.	Common reason(s) for using Over the Counter drugs is: (multiple answers)	1. Time saving 2. Low cost 3. Safe and well tolerable 4. Easy accessibility 5. Other, <i>please specify</i> _____	
5.	Which categories of medications are mostly preferred by you for self-medication?	1. Antipyretic 2. Cough and cold preparation 3. Analgesics 4. Anti-inflammatory 5. Anti-diarrheal 6. Antacids 7. Vitamin tablets 8. Anti-allergic 9. Other, <i>please specify</i> _____	
6.	Have you ever taken Over the Counter drug(s) more than the recommended dose?	1. Yes 2. No —————>	Skip to Q. 8
7.	Why did you take more than the recommended dose?		
8.	Have you ever experienced adverse effect from Over the Counter drugs?	1. Yes 2. No —————>	Skip to Q. 12
9.	What was the side-effect(s)?		
10.	After what medication was the side-effect(s) experienced?		
11.	What did you do after the side-effect(s)?		

12.	How often do you read the instructions on drug's label before use?	<ol style="list-style-type: none"> 1. Always 2. Occasionally 3. Rarely 4. Never 	
13.	How often do you check the expiry date?	<ol style="list-style-type: none"> 1. Always 2. Occasionally 3. Rarely 4. Never 	
14.	What do you do in case Over the Counter drug don't work well?	<ol style="list-style-type: none"> 1. I double the dose 2. I change other powerful Over the Counter drug 3. I go to health facility 4. Other, <i>please specify</i> <hr/>	
15.	If Over the Counter drugs showed change in shape, color, odor:	<ol style="list-style-type: none"> 1. Immediately discard the drugs 2. Continue using till it expires 3. Continue using even if after it expires 4. Other, <i>please specify</i> <hr/>	
16.	Where do you store Over the Counter drugs?	<ol style="list-style-type: none"> 1. Medicine box 2. Bed room / open in the table 3. Refrigerator 4. Kitchen 5. Bathroom 6. Other, <i>please specify</i> <hr/>	
17.	What is the average number of Over the Counter drugs that you are using per month?		
18.	Type of the medication purchased	<ol style="list-style-type: none"> 1. OTC drug 2. Prescription Only Medicine → 3. Both 	End of Interview
19.	Name of the purchased OTC drug		
20.	Ailment want to be treated		

Thank you very much for completing this questionnaire!