

Questionnaire survey: Medicine use and adolescents

Dear student:

Questionnaire, that you received, is focused on your relationship to the use of medicines and your attitude toward medicines.

The aim of our research is to improve the adolescents' awareness about the use of medicines and to draw the attention to the potential risks associated with their arbitrary use.

The questionnaire was developed as a part of research at the Faculty of Pharmacy, Comenius University in Bratislava in cooperation with the Slovak Chamber of Pharmacists.

The questionnaire is anonymous, and it does not contain any personal information. We kindly ask you to complete it at school and take the second questionnaire (for parents) to your parents, who complete it at home and return in the enclosed envelope.

Read carefully each question and all options that are assigned to it. Mark the answer that suits you the best with the cross „☒“. In case of multiple-choice questions there is indicated how many options you can choose.

Thank you in advance for your time and willingness to provide valuable information.

1. How would you rate your overall health? (Select one answer.)

- Very good Good Neither good or bad Bad Very bad

2. Which symptoms have you suffered from in the last six months? (Select as many boxes as you need.)

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Stomach ache |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Teeth pain |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Menstrual pain |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Eye problems |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ear problems | _____ |

3. Which long-term (chronic) disease have you been treated for? (Select as many boxes as you need.)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Skin disease |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Obesity (higher weight) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lactose intolerance (The inability of the body to process milk sugar) | _____ |

4. Have you got over any long-term (chronic) disease that has been successfully cured?

Yes

No

5. If you feel sick

You immediately visit a doctor

You treat yourself at home without visiting a doctor

6. How often have you visited a doctor in the last six months (Select one answer.)

Never

Once

Twice

More than twice

7. Have you taken **prescription medicine** in the last six months (medicines **prescribed** by a doctor)?

Yes

No

If your answer is 'no', continue to Question 10.

8. Which and what for what have you taken these **prescription medications** (medicine **prescribed** by a doctor) in the last six months?

Name of medicine	Disease and symptoms (stated in questions no. 2 and 3)

9. How often has a doctor **prescribed** you the **prescription medicine** in the last six months? (Select one answer.)

Never

Once

Twice

More than twice

10. Have you taken **medicine without a prescription** in the last six months (**over-the-counter medicines** which can be bought at a pharmacy without a prescription)?

Yes

No

11. Which and what for what have you taken the **over-the-counter medicines** (medicines without a prescription) in the last six months?

Name of medicine	Symptoms (stated in question no. 2)

21. The following statements relate to your perception of medicine, their use and the risks that are associated with them. Think about each argument and make an X in the 5-step scale in the box that best describes your opinion.

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

1.	I think that prescription medicine , which I take, is effective (they improve my health).	1	2	3	4	5
2.	I think that over-the-counter medicine , which I take, is effective (they improve my health).	1	2	3	4	5
3.	I think that prescription medicine , which I take, is safe (they cannot hurt me).	1	2	3	4	5
4.	I think that over-the-counter medicines , which I take, are safe (they cannot hurt me).	1	2	3	4	5
5.	I think that the medicine for adults is also suitable for children.	1	2	3	4	5
6.	I think that I have enough knowledge of the medicine I take.	1	2	3	4	5
7.	I discuss medicine and its use with my parents.	1	2	3	4	5

22.

Where do you most often search for information about the medicines you take? (Select all that apply.)

- From a pharmacist
- From a doctor
- From parents
- From friends, acquaintances
- From package leaflet
- From electronic media (internet, TV)
- Do not search for information
- Others _____

23. The following statements relate to your awareness of the medicines risk. Think about each argument and make an X in the 5-step scale in the box that best describes your opinion.

- 1 = Strongly agree
 2 = Agree
 3 = Neither agree nor disagree
 4 = Disagree
 5 = Strongly disagree

1.	Allergy medicines can sedate (induce sleep, reduce concentration).	1	2	3	4	5
2.	Painkillers can damage organs in the body.	1	2	3	4	5
3.	Cough medicines can cause hallucinations and convulsions.	1	2	3	4	5
4.	Long-term use (more than 10 days) of some nasal drops can be addictive.	1	2	3	4	5
5.	Medicine combined with alcohol can be dangerous.	1	2	3	4	5
6.	If more tablets than the recommended dose of medicine are taken, it may cause a problem (i.e. an adverse effect).	1	2	3	4	5
7.	When given antibiotics, they need to be finished (the whole prescribed package must be taken).	1	2	3	4	5
8.	Taking two different medicines together can change their effect.	1	2	3	4	5

Gender:

Female

Male

Age:

12

13

14

15

16

17

18

What do you think your parents' income is?

Minimum

Average

Above average

Thank you for your time and cooperation!