

Questionnaire survey: Medicine use and adolescents

Dear Parent:

Adolescents often use medicine without sufficient knowledge about them. The questionnaire you are receiving is part of a study investigating parents' relationship to their adolescents' use of medicine and their awareness of the medicine risk in general.

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

Your children received a similar questionnaire in which they expressed their own attitudes toward medicine use. We are interested in your opinion on this issue in relation to the child who completed the questionnaire.

The questionnaire was developed as a part of research study 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 and return it in the enclosed envelope along with the questionnaire that your child completed.

Read each question carefully and all of the answer options that are assigned to it. Mark the answer that suits you the best with a check mark: . In the case of multiple-choice questions, we have indicated how many options you can choose.

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

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

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

- Yes No

If your answer is 'no', continue to Question 5.

4. Which and 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)

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

- Never
 Once
 Twice
 More than twice

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

- Yes
 No

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

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

8. How often have you taken over-the-counter medicine in the last six months (Select one answer.)

- Never
 Occasionally
 Regularly

9. Which of the options describes your behaviour when your child is ill (Select one answer.)

- I prefer home treatment with tea and homeopathic medicines (without a doctor's visit)
 I prefer home treatment with over-the-counter medicines (without a doctor's visit)
 I visit the doctor with my child if my method of treatment does not work
 I immediately visit the doctor with my child

10. At what age (in years) can a child take medicine without parental supervision (Select one answer.)

- 7-8
 9-10
 11-12
 13-14
 15-16
 17-18
 Older than 18

I do not know

11. Does your child take **prescription medicine** (medicine prescribed by your doctor) under the supervision of a parent?

Yes

No

12. Does your child take **over-the-counter medicine** under the supervision of a parent?

Yes

No

13. Have you ever found that your child bought medicine without consulting with you?

Yes

No

14. How does your child react when you give him or her medicine? (Select one answer.)

My child is always willing to take it

My child only takes medicine when he or she feels sick

My child only takes medicine when I force him or her

My child is not willing to take medicine

15. 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 my child takes, is effective (they improve my child's health).	1	2	3	4	5
2.	I think that over-the-counter medicine , which my child takes, is effective (they improve my child's health).	1	2	3	4	5
3.	I think that prescription medicine , which my child takes, is safe (they cannot hurt my child).	1	2	3	4	5
4.	I think that over-the-counter medicine , which I take, is safe (they cannot hurt my child).	1	2	3	4	5
5.	I think that the medicine for adults is also suitable for children.	1	2	3	4	5

Age:

Less than 30

30–45

More than 46

Education level

Middle school

High school

College or higher

Work focus

Medical

Other than medical ones

What do you think your income is?

Minimum

Average

Above average

Thank you for your time and cooperation!