

**Questionnaire: Assessment of medication safety knowledge,  
evaluation on quality of information sheet, and perceptions of medication use**

Explanation: Please answer all questions completely and selecting options which coincide most with your personal views. All of your data will be kept confidentially.

**Part I. General information**

Please put the symbol ✓ into the box next to the answer or write in a space provided.

1. Gender       Male                       Female
2. Age .....
3. Educational level
  - Primary school or less               Diploma/High Vocational Certificate
  - Junior high school                       Bachelor's degrees
  - High school                               Master's degrees
  - Diploma                                   Doctoral Degrees
4. Occupation
  - None                                       College student
  - Farmer                                       Private company employee
  - Business owner                           Government employee
  - Freelance                                   Others .....
5. Income (baht per month)
  - Less than 5,000 baht                       5,001 – 10,000 baht
  - 10,001 – 20,000 baht                       20,001 – 30,000 baht
  - More than 30,000
6. Health care insurance
  - Universal Coverage Scheme
  - Social Security Scheme
  - Civil Servant Medical Benefit Scheme
  - Own payment
  - Others .....
7. Comorbid disease
  - No     Yes Please specify.....

8. Concomitant drug use

- No  Yes, please answer the number of your medicines .....

9. Drug allergy

- No  Yes Please specify.....

10. Have you ever read information about this medicine (atorvastatin/celecoxib/metformin) from written medicine information?

- No  
 Yes. Did you read it from?  
 Package inserts  
 Patient information leaflets

**Part II. Safety Information of taking the medicine**

After reading the written information sheet, please put the symbol ✓ into the box that is closest to your understanding about safety of taking this medicine.

[For patients receiving atorvastatin]

1. Which patient is contraindicated to take this medicine?

- Osteoarthritic patient  Patients with liver disease  
 Asthma patient  Patients with ischemic heart disease

2. Which patients has a special precaution to take this medicine?

- Patient with kidney disease  Patient with dyslipidemia  
 Patient taking digoxin  Patient with peptic ulcer disease

3. What should you do if you miss a dose for more than 12 hours?

- Stop taking the medicine until next visit  
 Take one more tablet immediately  
 Take an extra dose for the next time  
 Skip the missed dose and take the next dose in the normal amount

4. What symptoms could be found related to this medicine, but not necessary to stop the medicine?

- Severe nausea or vomiting  Weight loss  
 Having nightmare  Rash, urticaria

5. What symptoms that you need to stop taking the medicine and see the doctor immediately?

- Nightmare, insomnia  Muscle pain, muscle weakness  
 Nausea, vomiting  Weight gain

6. What action you should do while taking this medicine?
- Take this medicine continuously
  - Adjust the dosage following your lipid profile
  - Take this medicine as needed
  - Take this medicine after meals
7. What should you do if you take this medicine overdose?
- Buy some medicines to treat abnormal symptoms
  - See the doctor immediately
  - Admit to the hospital
  - Observe your abnormal symptoms closely
8. How would you take this medicine?
- Take this medicine at the same time every day
  - Take this medicine only when your lipid is high
  - Take this medicine twice daily, at the morning and evening
  - Increase the amount of the medicine when having high-fat diet

[For patients receiving celecoxib]

1. Which patient is contraindicated to take this medicine?
- Diabetic patient
  - Patient with coronary heart disease
  - Smoking patient
  - Patient aged >65 years
2. Which patients has a special precaution to take this medicine?
- Depressive patient
  - Patient with glaucoma
  - Hypertensive patient
  - Patient with thyroid disease
3. What should you do if you miss a dose for more than 12 hours?
- Stop taking the medicine until next visit
  - Take one more tablet immediately
  - Take an extra dose for the next time
  - Skip the missed dose and take the next dose in the normal amount
4. What symptoms could be found related to this medicine, but not necessary to stop the medicine?
- Nose bleeding
  - High blood sugar
  - Nausea, vomiting
  - Frequent urination
5. What symptoms that you need to stop taking the medicine and see the doctor immediately?
- Nightmare, insomnia
  - Rash, urticaria

- Dyspepsia, diarrhea                       Weight gain

6. What action you should do while taking this medicine?

- Avoid driving if you feel dizzy after taking this medicine  
 Take this medicine continuously  
 Take this medicine with juice  
 Take this medicine to other patients who have the same condition

7. Which followings should be avoided while taking this medicine?

- High-fat diet                                       Lay down after taking the medicine  
 Dairy products                                       Alcoholic beverages

8. What kind of drug or drug groups that you should avoid if you are allergic to this medicine (celecoxib)?

- Sulfonamides                                       Penicillin  
 Lipid-lowering drugs                                       Paracetamol

[For patients receiving metformin]

1. Which patient is contraindicated to take this medicine?

- Patient with peptic ulcer disease                       Patient with severe kidney disease  
 Elderly patient                                       Asthma patient

2. Which patients has a special precaution to take this medicine?

- Asthma patient                                       Hypertensive patient  
 Patient drinking alcohols                                       Patient with peptic ulcer disease

3. What should you do if you miss a dose?

- Stop taking the medicine until next visit  
 Take an extra dose for the next time  
 Take this medicine as needed  
 Skip the missed dose and take the next dose in the normal amount

4. What symptoms could be found related to this medicine, but not necessary to stop the medicine?

- Dry cough                                       Nose bleeding  
 Nausea, vomiting                                       Nightmare, insomnia

5. What symptoms that you need to stop taking the medicine and see the doctor immediately?

- Loss of appetite                                       Lactic acidosis  
 Urinary infection                                       Nightmare, insomnia

6. What action you should do while taking this medicine?
- Notify the doctor before receiving contrast media for x-rays
  - Take this medicine with alcohols
  - Take this medicine only when your blood sugar is high
  - Adjust the dosage based on your blood pressure
7. What should you do if you take this medicine overdosage, and have difficulty in breathing and slow heart rate?
- Wait until these symptoms relieve
  - Buy some medicines to treat these symptoms
  - Drink a glass of fruit juice
  - Go to hospital with this medicine package
8. Which conditions you should tell the doctor while taking this medicine?
- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Pregnancy or breast feeding | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Smoking                     | <input type="checkbox"/> Anemia   |

**Part III. Consumer Information Rating Form (CIRF)**

Please circle around the numbers that most closely reflects your opinion.

1. Overall, what do you think how hard or easy this information sheet is to...?

	<b>Very easy</b>	<b>Pretty easy</b>	<b>In between</b>	<b>Pretty hard</b>	<b>Very hard</b>
Read	1	2	3	4	5
Understand	1	2	3	4	5
Ability to remember the information	1	2	3	4	5
Locate important information	1	2	3	4	5
Keep information for future	1	2	3	4	5

2. If you receive this medicine for the first time from hospital or drugstore, how likely it is that you would do these actions?

	<b>Very likely</b>	<b>Somewhat likely</b>	<b>Unsure</b>	<b>Somewhat unlikely</b>	<b>Very unlikely</b>
You would read the information sheet.	1	2	3	4	5
You would use the information.	1	2	3	4	5
You would keep the information sheet.	1	2	3	4	5

3. For the first use of this medicine, please circle around the numbers that most closely reflects your opinion about the amount of information received from the information sheet and usefulness of this information. (Please response both questions.)

	Amount of information			Usefulness of information		
	Too much	About right	Too little	Very useful	Pretty useful	Not useful
The drug and its benefits	1	2	3	1	2	3
The person that should not use this medicine	1	2	3	1	2	3
Specific advice about how to use the medicine	1	2	3	1	2	3
Precautions that are necessary while using this medicine	1	2	3	1	2	3
Possible side effects and practice to do when the side effects occur	1	2	3	1	2	3
How to store the medicine and general information	1	2	3	1	2	3

4. Below is a list of explanations about design, organization, and general appearance of the information sheet that you received. Please circle around the numbers that most closely reflects your opinion. 1 means poor appearance of the information sheet and 5 means excellent appearance of the information sheet.

- Poor organized 1.....2.....3.....4.....5 Excellent organized
- Unattractive 1.....2.....3.....4.....5 Very attractive
- Poor print size 1.....2.....3.....4.....5 Excellent print size
- Anxious in tone 1.....2.....3.....4.....5 Comforting in tone
- Overall, the information sheet is not helpful 1.....2.....3.....4.....5 Overall, the information sheet is very helpful
- The information is biased 1.....2.....3.....4.....5 The information is unbiased
- Poor spacing between lines 1.....2.....3.....4.....5 Excellent spacing between lines

5. Do you have any suggestions about this information sheet?

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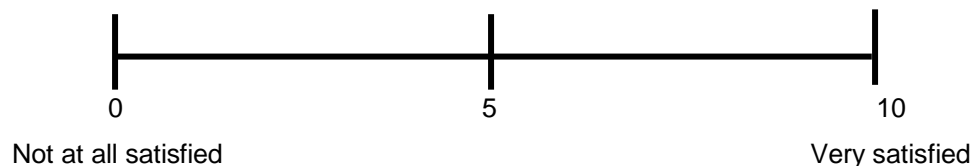
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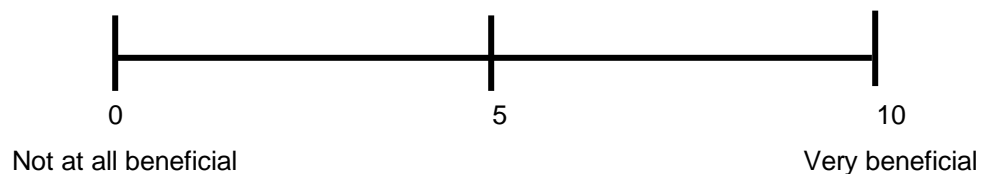
**Part IV. Satisfaction with information received and perceptions of benefits and risks from taking the medicine**

After reading the written medicine information, what do you think about taking this medicine? Please mark the symbol X on the line, ranging from 0 (left) to 10 (right) according to your opinion.

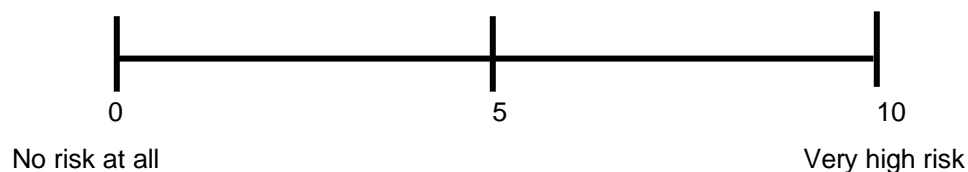
1. How much are you satisfied with received written medicine information?



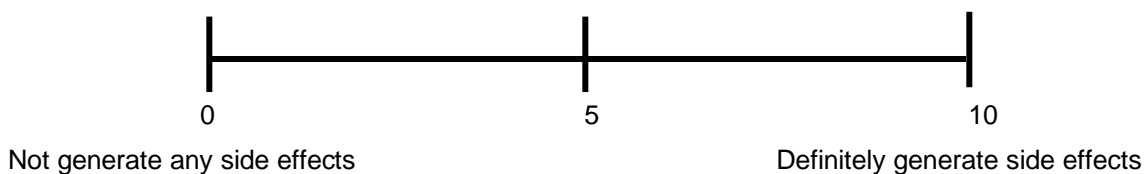
2. How much benefit to health do you think you would receive from taking this medicine?



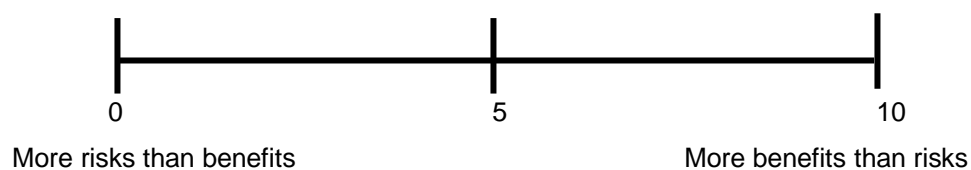
3. How much risk to health do you think you would receive from taking this medicine?



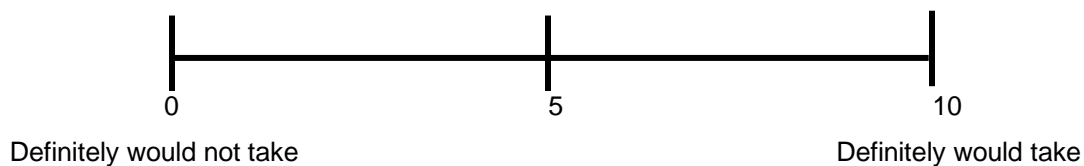
4. Do you think this medicine would generate any side effects that are written on the leaflets?



5. Overall, do you think this medicine has more benefits or more risks?



6. How would you describe your attention to take this medicine?



❖ Thank you for completing this questionnaire ❖