Pharmacy Practice
ISSN: 1885-642X
ISSN: 1886-3655
Centro de Investigaciones y Publicaciones Farmaceuticas

Tan, Rachel; Cvetkovski, Biljana; Kritikos, Vicky; Yan, Kwok; Price, David; Smith, Peter; Bosnic-Anticevich, Sinthia

Management of allergic rhinitis in the community pharmacy: identifying the reasons behind medication self-selection

Pharmacy Practice, vol. 16, no. 3, 2018, July-September, pp. 1-8
Centro de Investigaciones y Publicaciones Farmaceuticas

DOI: 10.18549/PharmPract.2018.03.1332

Online Appendix. Researcher Administered Survey

STUDY ID:_____ **DATE:** _____

Researcher administered survey:

The management of nasal symptoms: PATIENT PRODUCT SELECTION FORM

Do you consent to participate in this study? ☐ Yes ☐ No

PRODUCT(S):

Product(s) selected: _____

What are you taking it for? _____

Why did you choose this product(s)?

☐ Effective ➔ ☐ Compared to others of the same class

☐ Price/Advertisement/Catalogue/What's on the box

☐ Recommended, Who? _____

☐ Other:

Who for? ☐ Self ☐ Other

Age: ☐ <18 ☐ 18-39 ☐ >40

Gender: ☐ M ☐ F ☐ Pregnant

DIAGNOSIS:

Have you spoken to your doctor about this?	☐ Yes, GP/Specialist?	☐ No
If 'yes', what was diagnosed and/or recommended?		
If 'no', did you speak to your pharmacist?	☐ Yes	☐ No
If 'yes', what was recommended/advised?		
Has anyone shown(spray)/explained(tablet) how to use this?	☐ Yes	☐ No
If 'yes', please specify:		

MEDICATION HISTORY:

Have you tried anything in the past for these condition?	☐ Yes,_____	☐ No
Did it work for you?	☐ Yes	☐ No
Are you using anything else for your condition?	☐ Yes, _____	☐ No
Do you use a puffer?	☐ Yes, _____	☐ No

SYMPTOM(S):

What symptom(s) is this product(s) is being used to treat?

Do you also have?

Symptoms	
☐ Sneezing	☐ Watery Eyes
☐ Itchiness Nose/Eyes/Ears/Palate	☐ Mucus Clear/Yellow/Green
☐ Runny Nose	☐ Headache
☐ Blocked Nose	☐ Fever
☐ Wheeze	☐ Muscle Ache

Other:

How severe are the symptoms?

	Severity			
Symptoms	**No**	**Mild**	**Moderate**	**Severe**
Sneezing				
Itchy Nose				
Itchy Ears/Palate				
Runny Nose				
Blocked Nose				
Itchy Watery Eyes				
Headache				
Wheeze				

How often do these symptoms affect your sleep/performance/daily activities?

Weekly
LESS < 4 times/week **> MORE**
Yearly
LESS < 4 weeks/year **> MORE**

How often do you need your medications to keep your symptoms under control?

☐ Everyday

☐ Other:_____

What brings on/makes your symptoms worse? s

Is there, if any, a particular time of the year that this symptoms occur?