

Pharmacists in Qassim, Saudi Arabia. **Survey**

Instructions: We request your time and cooperation in completing this survey.

Knowledge and awareness of pharmacovigilance (PV) and adverse drug reactions (ADRs)	
1. Which of the following BEST defines PV (WHO* definition)? (Please select ONE answer only) *WHO = World Health Organization	1 <input type="checkbox"/> The science of monitoring ADRs happening in a Hospital. 2 <input type="checkbox"/> The process of improving the safety of drugs 3 <input type="checkbox"/> The science and activities of detecting, assessing, understanding & preventing adverse effects 4 <input type="checkbox"/> The science of detecting the type & incidence of ADRs after a drug is marketed. 5 <input type="checkbox"/> I do not know
2. The purpose of PV is: (Please select ONE answer only)	1 <input type="checkbox"/> To enhance patients' safety in relation to use of drugs 2 <input type="checkbox"/> To calculate incidence of ADRs 3 <input type="checkbox"/> To identify predisposing factors to ADRs 4 <input type="checkbox"/> To identify unrecognised ADRs 5 <input type="checkbox"/> I do not know
1. Which of the following defines ADRs correctly (WHO definition)? (Please select ONE answer only)	1 <input type="checkbox"/> Adverse health outcomes associated with inappropriate drug use 2 <input type="checkbox"/> Harm caused by drug overdose 3 <input type="checkbox"/> Harm resulting from the use of substandard/counterfeit drugs 4 <input type="checkbox"/> Any noxious or undesired effect of a drug occurring at normal doses, during normal use 5 <input type="checkbox"/> Adverse outcomes associated with drug impurity 6 <input type="checkbox"/> Other health problems associated with drug use
2. Which of the following could be a common cause of ADRs? <i>(You may tick MORE THAN ONE)</i>	1 <input type="checkbox"/> Undesirable effect 2 <input type="checkbox"/> Allergic reaction 3 <input type="checkbox"/> Incorrect administration 4 <input type="checkbox"/> Drug interaction 5 <input type="checkbox"/> Unsafe drug for the patient 6 <input type="checkbox"/> Dosage increased or decreased too fast 7 <input type="checkbox"/> Other (please specify)
3. In your opinion, which ADRs should be reported? (Please select ONE answer only)	1 <input type="checkbox"/> All serious ADRs 2 <input type="checkbox"/> ADRs to herbal and non-allopathic drugs 3 <input type="checkbox"/> ADRs to new drugs 4 <input type="checkbox"/> ADRs to vaccines

	5 <input type="checkbox"/> Unknown ADRs to old drugs 6 <input type="checkbox"/> All of the above 7 <input type="checkbox"/> None of the above
4. Are ADRs classified as drug therapy problems (DTP)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I do not know
5. In your opinion, which of these are qualified to report ADRs? (You may tick MORE THAN ONE)	1 <input type="checkbox"/> Doctors 2 <input type="checkbox"/> Nurses 3 <input type="checkbox"/> Pharmacists 4 <input type="checkbox"/> Dentists 5 <input type="checkbox"/> Physiotherapists 6 <input type="checkbox"/> Patients 7 <input type="checkbox"/> Other (please specify)
6. Have you heard of the following medication safety processes? (You may tick MORE THAN ONE)	1 <input type="checkbox"/> Medication reconciliation 2 <input type="checkbox"/> Medication check review 3 <input type="checkbox"/> Medication history 4 <input type="checkbox"/> I don't know
7. Are you aware of organizations that educate healthcare professionals on safe medication practices? (You may tick MORE THAN ONE)	1 <input type="checkbox"/> Institute For Safe Medication Practices 2 <input type="checkbox"/> International Medication Safety Network 3 <input type="checkbox"/> Canadian Patient Safety Institute 4 <input type="checkbox"/> World Health Organization (WHO) 5 <input type="checkbox"/> Other: 6 <input type="checkbox"/> I don't know
8. Are you aware of any Center or ADR reporting system in Saudi Arabia?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I do not know If YES, where?
9. Which method would you prefer to send ADR information to an ADR Reporting Center? (Please select ONE answer only)	1 <input type="checkbox"/> Direct contact 2 <input type="checkbox"/> Post 3 <input type="checkbox"/> Telephone 4 <input type="checkbox"/> Email/on Website 5 <input type="checkbox"/> Other (please specify)
Perception and attitude towards PV and ADRs reporting	
10. In your opinion, do you think it is necessary to report ADRs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I do not know
11. In your opinion, is ADR reporting a professional obligation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I do not know
12. Do you think that ADR reporting will affect healthcare system in a positive way?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I do not know

13. In your opinion, do you think that conducting a medication review can prevent ADRs?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> I do not know
14. Should ADR reporting and PV be taught in detail to healthcare professionals?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> I do not know
15. Are you willing to implement ADR reporting in your practice?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> I do not know
Practices and barriers of ADR identification and reporting			
16. Have you ever conducted a medication review with your patients?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES, at which frequency? (Please choose ONE): 1 <input type="checkbox"/> rarely 2 <input type="checkbox"/> occasionally 3 <input type="checkbox"/> often 4 <input type="checkbox"/> always		
17. What are the barriers to conducting a medication review? <i>(You may tick MORE THAN ONE)</i>	1 <input type="checkbox"/> Lack of time 2 <input type="checkbox"/> Lack of training on how to conduct a medication review 3 <input type="checkbox"/> Lack of a formal process in place 4 <input type="checkbox"/> Communication (language barrier) difficulties with the patients 5 <input type="checkbox"/> Lack of knowledge by the patients about their medications 6 <input type="checkbox"/> Other (please specify)		
18. Have you ever identified an ADR in any patient?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES, how many till date? (Please choose ONE): 1 <input type="checkbox"/> <5 times 2 <input type="checkbox"/> 5-10 times 3 <input type="checkbox"/> >10 times		
19. Have you ever reported an ADR?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES, on what medications?		
20. Do you know to whom ADR should be reported? <i>(You may tick MORE THAN ONE)</i>	1 <input type="checkbox"/> The Ministry of health (MOH) 2 <input type="checkbox"/> Saudi Drug and Food Control Administration 3 <input type="checkbox"/> Drug Company 4 <input type="checkbox"/> My hospital or clinic 5 <input type="checkbox"/> Other (please specify) 6 <input type="checkbox"/> I do not know		
21. What factors do you think may be discouraging of reporting ADRs? <i>(You may tick MORE THAN ONE)</i>	1 <input type="checkbox"/> Not knowing how to report 2 <input type="checkbox"/> Not knowing what information to report 3 <input type="checkbox"/> Thinking it is not important to report an ADR incident 4 <input type="checkbox"/> Managing patients is more important than reporting ADR 5 <input type="checkbox"/> It is not part of my job to report ADRs		

	6 <input type="checkbox"/> Patient confidentiality issues 7 <input type="checkbox"/> Other (please specify)
22. Are ADRs being reported as part of "incident reports" in your institution?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I do not know If YES, <u>what do you do with these reports?</u>
23. What do you think are the barriers for Saudi Arabia to have a formal PV Center (as opposed to the Gulf Countries)?	
24. Any suggestions/comments you would like to provide?	
Demographics	
25. Ageyears	
26. Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
27. Nationality 1 <input type="checkbox"/> Saudi 2 <input type="checkbox"/> Non-Saudi (Please specify).....	
28. What is your rank of employment? (Please choose ONE)	
1 <input type="checkbox"/> Beginner Pharmacist (صيدلي مبتدئ)	2 <input type="checkbox"/> Pharmacist (صيدلي)
3 <input type="checkbox"/> Senior Pharmacist (صيدلي أول)	4 <input type="checkbox"/> Pharmacy Specialist (اختصاصي)
5 <input type="checkbox"/> Senior Pharmacy Specialist (اختصاصي أول صيدلة)	6 <input type="checkbox"/> Head of Pharmacy Specialist (رئيس اختصاصيين)
What is your <u>LAST</u> degree in pharmacy?	
1 <input type="checkbox"/> Bachelor 2 <input type="checkbox"/> Pharm D 3 <input type="checkbox"/> Master 4 <input type="checkbox"/> PhD 5 <input type="checkbox"/> Other	
29. Country of graduation:	
30. Practice years(years)	
31. Location:.....	

Thank you for your cooperation