

PREM (Patient Reported Experience Measures) - Prescription Survey

* Indicates required question



1. Disclaimer and consent statement *

This is a survey on the prescription and usage of medicines amongst patients with chronic kidney disease (CKD). It will capture information on how patients interact with prescriptions and the patterns of use of prescribed medicines. This is an initiative of the Kidney Warrior Foundation [KWF] and we are hopeful that the analysis of results will help doctors and other health care professionals devise interventions to improve prescription practices and patient-physician communication. The survey is completely anonymous, and individual identities will not be recorded or revealed.

By clicking YES, you confirm that you are responding to this survey questionnaire voluntarily without anyone's influence.

You consent to the Research and Scientific Committee of KWF sharing the results with the scientific community to improve in care of patients with chronic kidney disease.

Mark only one oval.

☐ Yes *Skip to question 2*

☐ No

Section A: Process of Procuring Medicines

2. Please check the option that best describes you *

Mark only one oval.

- ☐ I am a patient
- ☐ I am a caregiver .If you are a caregiver filling this survey of the behalf of the patient, then kindly note that all the questions are to be explained to the patient and are to be answered by the patient in his/her own perspective .

3. 1. Where do you procure your medicines from? *



Mark only one oval.

- ☐ The majority from the government hospital pharmacy [free of charge]
- ☐ The majority from a hospital pharmacy [paid]
- ☐ The majority from a private medical store
- ☐ The majority from a trust centre /distributor at a discounted rate
- ☐ The majority from online pharmacy apps
- ☐ Other: _____

4. **2. Every patient has a buying cycle [how often you refill the medications e.g. once a month, once in 2 months etc.]. What makes you decide your buying cycle?** *

Check all that apply.

- ☐ Doctor's appointment schedule i.e. until the next appointment with the doctor
- ☐ Financial constraints i.e. does the expense /cost limit your purchase of medicines
- ☐ Storage issues i.e. does the availability of cold storage i.e. refrigeration limit your purchase of medicines
- ☐ Other reasons

Section B: Demographic details

5. **3. Patient's Age:** *

Mark only one oval.

- ☐ less than 20 years
- ☐ 21-35 years
- ☐ 36-45 years
- ☐ 46-60 years
- ☐ 61-75 years
- ☐ Older than 76 years

6. **4. Patient's Sex:** *

Mark only one oval.

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to answer

7. **5. Patient's level of education:** *

Mark only one oval.

- ☐ Less than five years of schooling
- ☐ 5 - 10 years of schooling
- ☐ Secondary school or high school
- ☐ Undergraduate
- ☐ Graduate / Postgraduate

8. **6. Patient's city of residence** _____ *

9. **7. Family's Monthly income – In INR/Rs** *

(Total Monthly Income of all earning family members)

Mark only one oval.

- ☐ Below 25,000 INR
- ☐ 25,001 INR - 50,000 INR
- ☐ 50,001 INR - 1,00,000 INR
- ☐ Above 1,00,000 INR

Section C: Disease Condition10. **8. Which of the following describes patient's kidney disease condition at present best:** *

Mark only one oval.

- ☐ On Hemodialysis
- ☐ On Peritoneal dialysis
- ☐ Post kidney transplant
- ☐ Chronic kidney disease but not on dialysis

11. **9. For how long have you or patient been diagnosed with kidney disease? ***

Mark only one oval.

- ☐ less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ greater than 10 years

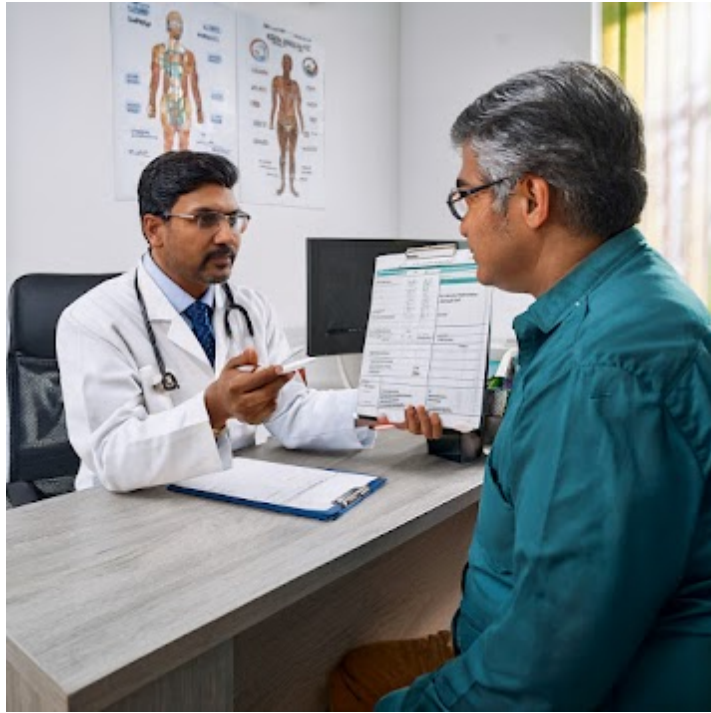
Section D: Prescription Quantity12. **10. On average, your prescription contains how many medicines? [can check past three months' average] ***

Mark only one oval.

- ☐ Less than 3
- ☐ 4 – 6
- ☐ 7 – 9 medicines
- ☐ Greater than 10 medicines

Section E: Prescription quality

13. **11. At the time of issuing a new prescription, which of the following does the doctor routinely explain to you ?** (Can choose multiple options) *



Check all that apply.

- ☐ The frequency and time of consumption of each medicine
- ☐ Method to take the particular medicine [eg empty stomach, with milk etc]
- ☐ Duration i.e. how long you need to take it for
- ☐ The purpose of each medicine?
- ☐ The side effects of each medicine?

14. **12. How legible [easy to read] is your doctor's prescription?** *

Mark only one oval.

- ☐ It is typed with all the details – so no problem
- ☐ Very legible
- ☐ Mostly legible, but some parts can be difficult to read
- ☐ Very difficult to read; only the pharmacist understands
- ☐ Very difficult to read; even pharmacist find it difficult to understand

15. **13. When you get a new prescription, which of the following you routinely do before leaving the doctor's office? [can choose multiple options]** *

Check all that apply.

- ☐ Read and understand the frequency and time of consumption
- ☐ Ask the doctor how to take the particular medicine
- ☐ Ask the doctor for how long it needs to be taken
- ☐ Ask the doctor what is the purpose of each drug
- ☐ Ask the doctor what are the side effects of each drug
- ☐ None of the above

16. **14. Does the treatment also has important parts which are written in the language which you best understand [vernacular language/mother tongue]** *

Mark only one oval.

- ☐ Yes
- ☐ No

17. **15. Do you hesitate in discussing various aspects of prescription [doses, method of administration, side effects, interactions etc.] with your doctor?** *

Mark only one oval.

- ☐ Yes
- ☐ No

18. **16. Which of the following are present in your doctor's prescription? [choose carefully – tick multiple to include all that is present; you can open your last prescription to confirm]** *

Check all that apply.

- ☐ Date
- ☐ Patient name/ age
- ☐ Diagnosis
- ☐ Generic name of medicines along with brand names
- ☐ Dosage
- ☐ Time of administration
- ☐ Total duration of administration
- ☐ Special Precautions
- ☐ Doctor's Signature
- ☐ Doctor's Stamp
- ☐ Current complaints / symptoms
- ☐ Current weight and BP

19. **17. On a scale of 1 – 5 how satisfied you are about the various aspects of prescription which you receive [doses, method of administration, side effects, interactions etc.]** *

Mark only one oval.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Section F: Practice of Medicine Usage

20. **18. If you forget to discuss with the doctor what would you normally do after treatment is over, would you** *

Mark only one oval.

- ☐ Continue to take each medicine and visit the doctor only if some health problem arises
- ☐ Stop the medicine [as they can cause side effects] and visit the doctor only if a health problem arises
- ☐ Call /visit the doctor and confirm what needs to be done – but STOP till it is confirmed
- ☐ Call /visit the doctor and confirm what needs to be done – but CONTINUE till it is confirmed

21. **19. Some medicines can interact with each other. This is particularly important if you are seeing multiple specialists. Which of the following is most true in your practice?** *

Mark only one oval.

- ☐ My doctor always checks what other doctors have prescribed
- ☐ I always tell my doctor what other doctors have prescribed and ask about interactions
- ☐ I don't bother as all doctors have prescribed medicines in good faith
- ☐ I ask the pharmacist at the shop/ dispensary

22. **20. If you develop a new complaint which you believe is side-effect of a medicine. What do you do?** *



Check all that apply.

- ☐ I immediately contact my doctor and discuss it with him
- ☐ I continue to consume the medicine as it is important for my health and discuss the side effect in my next OPD visit
- ☐ I immediately stop the medicine and wait till the scheduled OPD visit to discuss this issue
- ☐ Ask fellow patients/ caregivers/experts on social media

23. **21. Suppose the doctor prescribes a costly medicine which you cannot afford. What do you do?** *

Mark only one oval.

- ☐ I tell the doctor upfront that I will not be able to afford costly medicines and ask them to give substitutes
- ☐ I am shy to discuss this with my doctor and try to find substitutes on my own
- ☐ I take only the medicines which I can afford and leave the rest
- ☐ I try to arrange money anyhow for the medicines as I believe they are very important and I don't believe in substitutes/generics
- ☐ I did not know I can ask for substitutes

24. **22. Suppose the doctor has prescribed you 3 months of medicines. Once 3 months are over and you are feeling better, what do you do?** *

Mark only one oval.

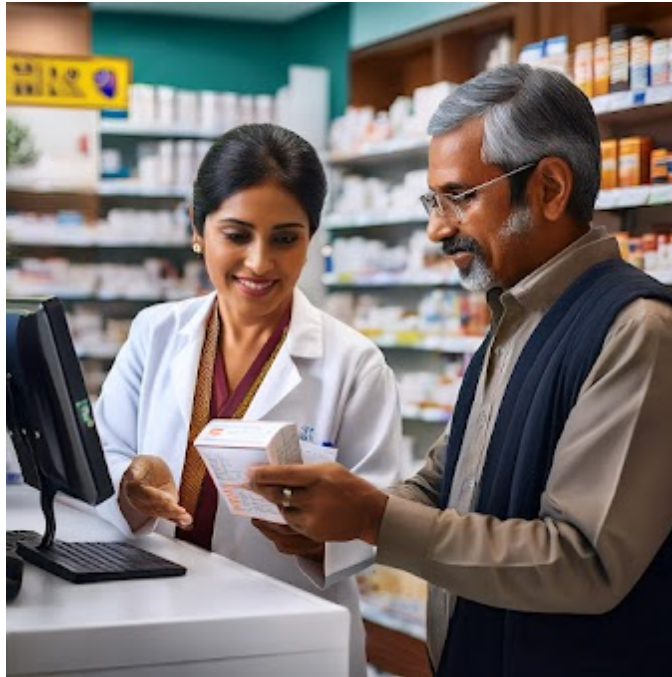
- ☐ Consult the doctor again and ask what needs to be done
- ☐ Stop the medicines as you are feeling better, visit the doctor only if health worsens
- ☐ As the medicines made you feel better, continue taking the same medicines but visit the doctor only if health worsens

25. **23. Who usually instructs you about the medicines? (can choose multiple options)** *

Check all that apply.

- ☐ Doctor
- ☐ Nurse in the clinic
- ☐ Pharmacist at the shop/ hospital dispensary
- ☐ Google/Online Search
- ☐ No one, as there is not enough time for discussing these things
- ☐ I don't bother about these things. I only believe in taking the medicine on time
- ☐ I ask fellow patients/ caregivers/experts on social media

26. **24. At the time of procurement, which of the following things do you check/pay attention to [can choose multiple]** *



Check all that apply.

- ☐ The correct name of medicine
- ☐ Correct amount in milligrams or grams
- ☐ Date of manufacture
- ☐ Side Effects
- ☐ Expiry dates
- ☐ Brand of the medicine
- ☐ Cost
- ☐ Storage method of seller e.g. if cold chain was maintained

27. **25. Do you know about storage requirements of each medicine and store them accordingly?** *

Mark only one oval.

- ☐ I know about the storage requirements of each medicine and store them accordingly
- ☐ I know about the storage requirements of each medicine, but not able to store them accordingly due to lack of facilities
- ☐ I don't know about the storage requirements of each medicine as no one has told me

28. **26. Which of the following is true about your use of health supplements** *
[multivitamins, power drinks, fortified tea etc.]



Mark only one oval.

- ☐ I always ask the doctor about any supplement I wish to take
- ☐ I take supplements on my own and I don't find any time to discuss this with the doctor
- ☐ I don't believe in supplements
- ☐ I google/ search online about the use of health supplements and follow that
- ☐ I trust my family physician for this and follow his/her advice
- ☐ I ask fellow patients/ caregivers/experts on social media

29. **27. Which of the following is true about your use of alternative** *
[Ayurveda/homeopathic/Yunani] medicines

Mark only one oval.

- ☐ I always seek permission from my doctor before starting these
- ☐ I inform the doctor, if asked about it
- ☐ I don't inform the doctor even when asked as I don't feel comfortable discussing this
- ☐ I ask fellow patients/ caregivers/experts on social media or the family physician"

Section G : Practice of Medicine Adherence

30. **28. What is/are the reasons that you miss the doses?(can choose multiple options)** *



Check all that apply.

- ☐ I just forget sometimes
- ☐ I am not able to afford to buy sometimes
- ☐ I can afford but am not able to restock/buy or store
- ☐ There are just too many drugs and I feel overwhelmed
- ☐ I skip because I don't want to get addicted to these drugs
- ☐ Not applicable as I do not miss a dose

31. **29. When you miss the medicine doses, which of the following is most likely to happen? [compliance = sticking to the schedule of medicines as prescribed]** *

Mark only one oval.

- ☐ My doctor always asks about compliance and I tell the truth
- ☐ My doctor sometimes asks about compliance and I tell the truth
- ☐ My doctor rarely asks about compliance, but I tell the truth on my own
- ☐ Neither my doctor asks about compliance, nor do I discuss it and I tell the truth
- ☐ My doctor asks about compliance but I am not able to tell the truth because I am embarrassed/ashamed/scared

32. **30. On a scale of 0 – 5 how often have you missed medicine doses in last three months?**

*

Mark only one oval.

0 1 2 3 4 5

never ☐ ☐ ☐ ☐ ☐ ☐ miss doses almost daily

THANK YOU FOR PARTICIPATING

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