**Appendix 1**

**DATA COLLECTION FORM & SURVEY QUESTIONNAIRE**

University students’ self-medication practices and pharmacists’ roles: A cross-sectional survey in Hail, Saudi Arabia

**SECTION 1. RESPONDENT DEMOGRAPHICS**

|  |  |  |
| --- | --- | --- |
| **S.NO** | **RESPONDENTS DEMOGRAPHICS**  | **RESPONSE** |
| **1** | **ID NUMBER** |  |
| **2** | **AGE GROUP**  | <20 | 21-25 | 26-30 | >30 |
| **3** | **GENDER** | MALE | FEMALE |
| **4** | **SMOKING** | YES | NO |
|  | **NATIONALITY**  | SAUDI | NON- SAUDI | OTHER |
| **5** | **DRUG ALLERGY**  | YES | NO |
| **6** | **UNIVERSITY PROGRAMME**  | FOUNDATION | UNDER GRAD | POST GRAD |
| **UNIVERSITY COURSE** | ARTS AND SOCIAL SCIENCE | HOSPITAL FOOD AND LEISURE MANAGEMENT | HEALTH AND MEDICAL SCIENCE | BUSINESS AND LAW  |
|  | ENGENERING | ARCHITECTURE | TECHNOLOGY AND DESIGN  |
| **7** | **RESIDENCE**  | DAY SCHOLAR | HOSTELER |
| **8** | **DO YOU SELF MEDICATE**  | YES | NO |

**SECTION 2.**

**2a. CONDITIONS FOR SELF-MEDICATION IS PRACTICED**

|  |  |  |
| --- | --- | --- |
| **VARIABLES** | **RESPONSE** | **RESPONSE** |
| **Headache**  | Yes | No |
| **Pain** | Yes | No |
| **Fever** | Yes | No |
| **Abdominal colic** | Yes | No |
| **Cough** | Yes | No |
| **Hair health** | Yes | No |
| **Skin health** | Yes | No |
| **Drowsiness** | Yes | No |
| **Flue** | Yes | No |
| **Vomiting** | Yes | No |
| **Diarrhea** | Yes | No |
| **Constipation**  | Yes | No |

**2b. FACTORS FOR SELF-MEDICATION**

|  |  |  |
| --- | --- | --- |
| **STATEMENTS**  | **RESPONSE** | **RESPONE** |
| **Mild nature of illness**  | Yes | No |
| **Cost effectiveness**  | Yes | No |
| **Time saving**  | Yes | No |
| **Urgency**  | Yes | No |
| **Other (Please specify)** |  |  |

**SECTION 3. PHARMACIST CONTRIBUTION TOWARDS SELF-MEDICATION**

|  |  |  |
| --- | --- | --- |
| **STATEMENTS**  | **RESPONSE** | **RESPONE** |
| **Do you consult pharmacist before taking a drug** | Yes | No |
| **Ask pharmacist about drug recommended dose** | Yes | No |
| **Consult pharmacist for taking the drug for a longer period of time** | Yes | No |
| **Report incidence of drug side effects to pharmacist** | Yes | No |
| **Inform the pharmacist about drugs being taken** | Yes | No |
| **Request pharmacist opinion when taking one or more drugs simultaneously**  | Yes | No |