Public Knowledge and Desire for Knowledge about Drug Safety Issues: A Survey of the General Public in New Zealand

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INTRODUCTION

A. Personal use of medicines

001 Is this a scheduled call back?

☐ Yes IF YES, GO TO 1-001a

☐ No IF NO, GO TO 1-001b

NEXT NO ANSWER STOP

1-001

Scheduled call-back:

A. Personal use of medicines

001a Hello, may I please speak to ?

(Hello), my name is <<Your name>> from the University of Otago. I’m phoning about the study we are doing on the safety of medicines in New Zealand. You said this would be a good time to speak with you. Is this still a suitable time for me to be phoning?

☐ Yes

☐ No

NEXT PREVIOUS NO ANSWER STOP

1-001a

A. Personal use of medicines

001b Did the potential participant send us their contact telephone number (if so, the contact number will have ‘sent’ written after it)?

☐ Yes IF YES, GO TO 1-003

☐ No IF NO, GO TO 1-002

NEXT PREVIOUS NO ANSWER STOP

1-001b
If they sent us their contact number:

A. Personal use of medicines
003 Hello, may I please speak to?

(Hello), my name is <<Your name>> from the University of Otago. I'm phoning about a study we are doing looking at how safety information about medicines can be better communicated in New Zealand. Thank you very much for getting back to us with your contact phone number.

Is this a suitable time for me to be phoning?

☐ Yes
☐ No

IF YES, GO TO 1-006

IF NO, GO TO 1-007

If not a scheduled call-back and they did not send us their contact number:

A. Personal use of medicines
002 Hello, may I please speak to?

(Hello), my name is <<Your name>> from the University of Otago. A short time ago, we sent you a letter inviting you to take part in a study we're doing on how safety information about medicines can be better communicated in New Zealand.

Did you receive the letter?

☐ Yes
☐ No
☐ Not sure

IF NO OR NOT SURE, GO TO 1-005

A. Personal use of medicines
004 Great. Is this a suitable time for me to be phoning?

☐ Yes
☐ No

IF YES, GO TO 1-006

IF NO, GO TO 1-007
A. Personal use of medicines

006 We're hoping firstly to get a general idea of people's awareness of safety issues with medicines and, secondly, to learn the best ways of communicating information about the safety of medicines so that people in New Zealand can get the information they need in the ways they want to get it. This way, people can make well informed decisions about whether or not to take a particular medicine.

We're conducting short interviews about this with a select number of people.

Are there any questions about the study you'd like to ask at this stage?

☐ No
☐ Yes

IF NO, GO TO 1-0013

A. Personal use of medicines

0014 Interviewer, please summarise the question(s) and answers given.

If you cannot answer the question(s) on the spot, please make a note of the question(s) and arrange a time to call back with further information [contact Karyn or Brett for help with answering the question(s) if needed].

Note:
- Potential participants for this study were randomly selected from the electoral roll.
- The study is being carried out to identify better ways of communicating information about the risks and benefits of medicines so that New Zealanders can make informed decisions about medicines.
- The study is funded by the Health Research Council of New Zealand and the Ministry of Health but is being independently carried out by the University of Otago.
- Participation is voluntary.
- All information will be treated with utmost confidentiality. Individuals will not be able to be identified in any way in any reports that are produced as a result of this research.
- This study has been reviewed and approved by the Department of Preventive and Social Medicine, University of Otago.

A. Personal use of medicines

0013 The survey takes around 15 minutes. If you were to agree to take part, all of the information you give us will be kept strictly confidential. Also, if you didn't want to answer a particular question that would be fine.

Would you be willing to answer some questions and share your views about how you'd like medicine safety information to be communicated?

☐ Yes
☐ No

IF YES, GO TO 1-0015

IF NO, GO DOWN TO 1-0011
PHARMACEUTICAL MEDICINE

A. Personal use of medicines
0015 Thank you. Is it convenient to do the interview now?

☐ Yes, do the interview now
☐ No, please arrange a time to call back

IF YES, GO TO SECTION A, 1-02
IF NO, GO TO 1-0012

IF DID NOT RECEIVE LETTER:

A. Personal use of medicines
005 Are you happy for us to resend the letter?

☐ Yes (please check we have the correct address)
☐ No

IF YES, GO TO 1-008
IF NO, GO TO 1-009

A. Personal use of medicines
008 Interviewer please record address to ensure we have correct postal details.

IF IT IS NOT A SUITABLE TIME TO BE PHONING:

A. Personal use of medicines
009 I'd just like to give you a little more information about the study. Is this a suitable time for me to be phoning?

☐ Yes
☐ No

IF YES, GO UP TO 1-006
IF NO, CONTINUE TO 1-007
A. Personal use of medicines

007 Is there a convenient time to call you back and give you some further information about the study?

- [Refuse (don't call back)]
- [Yes (arrange a time to call back)]

IF NO, GO TO 1-0011

IF YES, GO TO 1-0012

TO RESCHEDULE:

A. Personal use of medicines

Interviewer please click 'stop' to end the interview. Enter the reason the interview was not completed (i.e., reschedule interview). In the 'Make an Appointment' function, please arrange either a specific date and time to call back or general times to try again.

IF THEY DO NOT WISH TO CONTINUE:

A. Personal use of medicines

Thank you very much for your time. Goodbye.

Interviewer please click 'stop' to end the interview. Enter the reason the interview was not completed (i.e., declined).

SECTION A: PERSONAL USE OF MEDICINES

The first part of the survey is about medicines you are taking, or have taken recently. I’ll ask about medicines that have been prescribed to you by a health professional, and about over-the-counter medicines you may have bought from a pharmacy or supermarket without a prescription. I’ll also ask about any herbal medicines and dietary supplements you may have taken.

In the last month, how many of each of the following types of medicines have you taken?

02. Medicines prescribed to you by a health professional (e.g. a doctor or dentist)
03. Over-the-counter medicines bought without a prescription
04. Herbal remedies (for example echinacea) that do not contain prescription or over-the-counter drugs.
05. Dietary supplements (for example fish oil or glucosamine) taken to improve your dietary intake of vitamins, minerals and other products.
A. Personal use of medicines

07 Sometimes, when 2 or more medicines (or a medicine and a herbal remedy) are taken together, there is a chance they will interact and cause unwanted effects.

Have you taken two or more medicines (or medicine and herbal remedy) together at any time in the past?

- Yes
- No
- Don’t know

**IF NO OR DON’T KNOW, GO TO 1-08**

A. Personal use of medicines

07a And did you find out whether there might be such an interaction?

- Yes
- No
- Don’t know

**IF NO OR DON’T KNOW, GO TO 1-08**

A. Personal use of medicines

07c And how did you find out?

Was it from a...

- Doctor
- Pharmacist
- Nurse
- Friends or family
- Leaflet in the medicine’s package
- The Internet
- Other (please specify)
- Don’t remember

**IF OTHER, GO TO 1-07d**

A. Personal use of medicines

07d Can you please specify how you found out?

[Input field]

**NEXT  PREVIOUS  NO ANSWER  STOP**
A. Personal use of medicines

08 In the last 12 months, have you bought any prescription medicines over the Internet?

- Yes
- No
- Don’t know

**IF NO OR DON’T KNOW, GO TO 1-09**

---

A. Personal use of medicines

08a Which medicine(s) was that (were those)?

---

A. Personal use of medicines

09 What is your opinion about the safety of prescription medicines bought online over the Internet? Compared to a local pharmacy, would you say there are...

- NO concerns about safety
- SOME concerns about safety
- A LOT of concerns about safety

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SECTION B: EXPERIENCE OF SIDE EFFECTS

B. Experience of adverse effects

Now I’d like to ask some questions about side effects of medicines. A side effect is an unwanted response to a medicine that is usually unpleasant or harmful.
Pharmaceutical Medicine

B. Experience of adverse effects

02 Do you know who doctors and pharmacists report suspected side effects of medicines to in New Zealand?

☐ No
☐ Yes (please specify)

NEXT  PREVIOUS  NO ANSWER  STOP

2 - 02

B. Experience of adverse effects

02a And who is it you think they report to?

ASDF
CARM
CENTRE FOR ADVERSE REACTIONS MONITORING
DOC

NEXT  PREVIOUS  NO ANSWER  STOP

2 - 02a

B. Experience of adverse effects

(Yes) It’s the national Centre for Adverse Reactions Monitoring, also known as CARM.

NEXT  PREVIOUS  STOP

2 - 02b

B. Experience of adverse effects

03 In the last 12 months, have you noticed any side effects or other problems from medicines you were taking?

☐ Yes
☐ No
☐ Don’t know

IF NO OR DON’T KNOW, GO TO SECTION C

NEXT  PREVIOUS  NO ANSWER  STOP

2 - 03
B. Experience of adverse effects

03a What medicine was that?

Interviewer, due to time constraints, please record side effect information for no more than TWO medicines.

AMOXIL
ASDF
ATORVASTATIN
HERBAL MEDICINE
N
SIMVASTATIN
SUPPOSITORIES

NEXT PREVIOUS NO ANSWER STOP

2 - 03a

B. Experience of adverse effects

03c Can you please describe the problems you had?

IF NO, GO TO 2-03g

NEXT PREVIOUS NO ANSWER STOP

2 - 03c

B. Experience of adverse effects

03d Did you know that there was a risk of this problem before you experienced it?

☐ Yes
☐ No

IF NO, GO TO 2-03g

NEXT PREVIOUS NO ANSWER STOP

2 - 03d
B. Experience of adverse effects

03e Where had you found this information?

- Doctor
- Pharmacist
- Nurse
- Midwife
- Dentist
- Friend or family member
- A leaflet in the medicine’s package
- Internet
- Other (please specify)
- Don’t remember

IF OTHER, GO TO 2-03f

B. Experience of adverse effects

03f Can you please specify where you got this information?

ASDF
NEIGHBOUR

B. Experience of adverse effects

03g Did you talk to a doctor about your problem?

- Yes
- No
- Don’t remember

B. Experience of adverse effects

03h Did you seek advice or information about your problem from anywhere else?

- Yes
- No
- Don’t remember

IF NO OR DON’T REMEMBER, GO TO 2-03I
B. Experience of adverse effects

03i Where was that?

- Pharmacist
- Nurse
- Midwife
- Dentist
- Friend/family member
- Internet
- A leaflet in the medicine's package
- Other, please specify

IF OTHER, GO TO 2-03j

NEXT PREVIOUS NO ANSWER STOP

2-03i

B. Experience of adverse effects

03j Can you please specify?

NEXT PREVIOUS NO ANSWER STOP

2-03j

B. Experience of adverse effects

03l Do you know whether your doctor or pharmacist reported your problem to the Centre for Adverse Reactions Monitoring?

- Yes, he/she reported the reaction.
- No, he/she did not report the reaction.
- Don't know.

NEXT PREVIOUS NO ANSWER STOP

2-03l

B. Experience of adverse effects

03m Have you noticed any side effects or problems from any other medicine you've used in the last 12 months?

- Yes
- No

IF YES, LOOP AGAIN FROM 2-03a

NEXT PREVIOUS NO ANSWER STOP

2-03m
SECTION C: OBTAINING INFORMATION ABOUT MEDICINES

C. Obtaining information about medicines

01 The next part of the survey is about getting information about medicines.

When your doctor is prescribing you a medicine, do you GENERALLY want more information than you are given about the medicine?

- Yes
- No
- Don’t know

IF NO OR DON’T KNOW, GO TO 3-02

- NEXT    - PREVIOUS    - NO ANSWER    - STOP -

3 - 01

C. Obtaining information about medicines

01a Which of the following do you want more information about?

- Possible side-effects
- How to use the medicine
- Benefits of taking the medicine
- Interactions (e.g., other medicines or food that should not be taken together)
- Other (please specify)

IF OTHER, GO TO 3-01b

- NEXT    - PREVIOUS    - NO ANSWER    - STOP -

3 - 01a

C. Obtaining information about medicines

01b Can you please describe what you would like to know more about?


- NEXT    - PREVIOUS    - NO ANSWER    - STOP -

3 - 01b

C. Obtaining information about medicines

02 Now I’d like to ask about WHO or WHERE you would go to if you wanted to find out more information about a medicine you were taking, or were thinking of taking. From the following list, who or where would you GENERALLY go to? Please answer Yes or No.

- Doctor
- Nurse
- Pharmacist
- Information on or inside the medicine package
- The Internet
- Pharmaceutical companies
- Friends or family
- Government organisations
- Other (please specify)

IF OTHER, GO TO 3-02a

- NEXT    - PREVIOUS    - NO ANSWER    - STOP -

3 - 02
C. Obtaining information about medicines

02a Can you please tell me where else you would go?

IF NO, GO TO 3-07
C. Obtaining information about medicines

06a Which of the following print media have you previously used to get information about a medicine?

- Magazines
- Newspapers
- Leaflets from pharmacies or doctors’ surgeries
- Information on or inside the medicine’s package
- Other print information

IF ANSWERED ‘MAGAZINES’ IN 3-06a, ASK 3-06b...

C. Obtaining information about medicines

06b You mentioned you have used magazines to get information about medicines. Can you please specify which magazine?

IF ANSWERED ‘OTHER PRINT INFORMATION’ IN 3-06a, ASK 3-06c...

C. Obtaining information about medicines

06c Can you please specify which other print information you’ve used to get information about medicines?

C. Obtaining information about medicines

07 Thinking now about the way you would usually communicate with somebody when getting information about medicines - which of the following would you usually do:

- Phone someone
- Email someone
- Go and speak with someone in person
- Text message someone

C. Obtaining information about medicines

09 Are there any other methods you use to get information about medicines?

- Yes
- No

IF NO, GO TO 3-10
C. Obtaining information about medicines

Can you please tell me what those methods are?

09a. Method 1
09b. Method 2
09c. Method 3

NEXT PREVIOUS NO ANSWER STOP

C. Obtaining information about medicines

10 So, I've just asked you about the ways you CURRENTLY get information about medicines. Are you happy with these ways, or can you think of different ways you would like to get information in FUTURE?

Interviewer, please try to ascertain both WHO they would like to be providing the information and the WAY in which they would like to get it

Yes No

IF NO, GO TO SECTION D

NEXT PREVIOUS NO ANSWER STOP

C. Obtaining information about medicines

10a. Method 1
10b. Method 2
10c. Method 3

NEXT PREVIOUS NO ANSWER STOP

SECTION D: WEIGHING UP THE RISKS AND BENEFITS OF MEDICINES

D. Weighing up the risks and benefits of medicines

01 This part of the survey is about weighing up the risks and benefits of medicines.

Do you know the name of the agency responsible for regulating medicines in New Zealand?

Interviewer please enter the name stated. If the respondent does not know, please enter “no”.

NEXT PREVIOUS NO ANSWER STOP
D. Weighing up the risks and benefits of medicines

02 It is Medsafe, which is part of the Ministry of Health. Have you ever visited the Medsafe website?

- No
- Yes, once
- Yes, a few times
- Yes, regularly
- Not sure

D. Weighing up the risks and benefits of medicines

05 If your doctor tells you that there are both benefits and risks for a particular medicine, which of the following do you MOST agree with?

- I rely on my doctor to tell me whether or not I should take the medicine
- It is my decision whether to take the medicine

D. Weighing up the risks and benefits of medicines

06 Imagine your doctor has prescribed you a new medicine that has only recently become available. Which of the following do you MOST agree with?

- New medicines may have serious side-effects that are not yet known about.
- New medicines are approved for use only if they are completely safe.

D. Weighing up the risks and benefits of medicines

08 Imagine Medsafe has important new safety information about a medicine that needs to be shared with the public. Through which of the following methods would you be MOST likely to learn about this new safety information?

- Internet news site (please specify which)
- Print media (e.g., newspapers or leaflets)
- Television
- Radio
- Other (please specify)
Pharmaceutical Medicine

**IF ANSWERED ‘INTERNET NEWS SITE’ IN 4-08, ASK 4-08a...**

D. Weighing up the risks and benefits of medicines

08a Can you please specify the Internet news site you are most likely to learn about this information from?

**IF ANSWERED ‘OTHER’ IN 4-08, ASK 4-08b...**

D. Weighing up the risks and benefits of medicines

08b Can you please specify which other ways you would be MOST likely to learn about this new safety information?

**IF ANSWERED ‘PRINT MEDIA’ IN 4-08, ASK 4-08c...**

D. Weighing up the risks and benefits of medicines

08c You mentioned printed media as a place where you would most likely learn about the safety information. Does this include:

- Newspapers
- Leaflets from pharmacies or doctors surgeries
- Magazines (please specify)
- Other (please specify)

**IF ANSWERED ‘MAGAZINES’ IN 4-08c, ASK 4-08e...**

D. Weighing up the risks and benefits of medicines

08e Can you please specify which magazines you would be likely to read about this information in?

**IF ANSWERED ‘OTHER’ IN 4-08c, ASK 4-08f...**

D. Weighing up the risks and benefits of medicines

08f Can you please specify in which other form(s) of print media you would be likely to learn about the new safety information?
D. Weighing up the risks and benefits of medicines

09 How likely are you to register your email address with Medsafe so you could receive e-mail alerts about medicine safety issues?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't have an e-mail address

D. Weighing up the risks and benefits of medicines

09a Please note any comment here

D. Weighing up the risks and benefits of medicines

10 How likely are you to link with Medsafe on an Internet social media site (e.g., facebook or twitter) so you could receive information about medicine safety issues?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't have Internet access

D. Weighing up the risks and benefits of medicines

10a Please note any comment here
SECTION E: SAFETY ISSUES WITH SOME SPECIFIC MEDICINES

E. Safety issues with some specific medicines

01c The next part of the survey is about possible side effects of some particular medicines that you may have taken.

In the last 12 months, have you taken any medicines for pain that contain aspirin or ibuprofen? Nurofen is a commonly used brand of ibuprofen.

- Yes
- No
- Don't know

IF NO OR DON'T KNOW, GO TO 5-02
E. Safety issues with some specific medicines

01a Do you know of any side effects that can occur with aspirin or ibuprofen?

**Interviewer please enter 'no' if the participant does not know.**

E. Safety issues with some specific medicines

02 Information for interviewer only:
The next two questions are for women only. Please confirm if a woman and use electoral roll information to determine if younger or older than 49 years.

You are talking with who, according to the electoral roll information, is 0 and is .

**Is the interviewee a:**

- Man
- Woman over 49 years
- Woman 49 years or younger

**IF MAN, GO TO SECTION F**

E. Safety issues with some specific medicines

04 In the last month, have you used hormone replacement therapy (also known as HRT)? These are hormones taken around or after the menopause.

- Yes
- No
- Don't know

**IF NO OR DON'T KNOW, GO TO 5-04b**

E. Safety issues with some specific medicines

04a Can you tell me the name of the hormones you are using?

**-- Click here --**

**IF WOMAN OVER 49 YEARS**
Pharmaceutical Medicine

IF ANSWERED ‘OTHER’ IN 5-04a, PLEASE SPECIFY IN 5-04ab

E. Safety issues with some specific medicines
04ab Can you specify the name of the medicine?

NEXT  PREVIOUS  NO ANSWER  STOP

5 - 04ab

E. Safety issues with some specific medicines
04b Do you know of any side effects of hormone replacement therapy?


No

Yes, please describe

IF NO, GO TO 5-04d

NEXT  PREVIOUS  NO ANSWER  STOP

5 - 04b

E. Safety issues with some specific medicines
04c Can you please describe any side effects you know of?

NEXT  PREVIOUS  NO ANSWER  STOP

5 - 04c

IF ANSWERED ‘YES’ IN 5-04, ASK 5-04d...

E. Safety issues with some specific medicines
04d Can you tell me the reason you are using this medicine? Is it for...


Menopausal symptoms

Other (please describe)

IF OTHER, GO TO 5-04e...

NEXT  PREVIOUS  NO ANSWER  STOP

5 - 04d
E. Safety issues with some specific medicines

04e For what reason are you using this medicine?

IF NO, GO TO SECTION F

E. Safety issues with some specific medicines

04f Apart from the reason you're taking the medicine, do you know of any other beneficial effects of hormone replacement therapy?

Yes, please describe

IF NO, GO TO SECTION F

E. Safety issues with some specific medicines

04g Can you please describe the beneficial effects you know about?

IF WOMAN 49 YEARS OR YOUNGER

E. Safety issues with some specific medicines

03 In the last month, have you taken an oral contraceptive (also known as the Pill)?

Yes

IF NO OR DON’T KNOW, GO TO 5-03b

IF NO OR DON’T KNOW, GO TO 5-03b
E. Safety issues with some specific medicines

03a What is the name of the pill you have taken?

--- Click here ---

NEXT   PREVIOUS   NO ANSWER   STOP

5-03a

IF ANSWERED ‘OTHER’ IN 5-03a, PLEASE SPECIFY IN 5-03aa

E. Safety issues with some specific medicines

03aa Can you please specify?

NEXT   PREVIOUS   NO ANSWER   STOP

5-03aa

E. Safety issues with some specific medicines

03b Most oral contraceptives contain 2 types of hormones (oestrogen and progestogen) and are referred to as the COMBINED pill. If the pill contains progestogen only, it is known as the PROGESTOGEN-ONLY pill.

Do you know of any side effects of the COMBINED pill?

☐ No
☐ Yes, please specify
☐ Yes, but don’t know if it is for combined or progestogen-only pill

IF NO, GO TO 5-03d

NEXT   PREVIOUS   NO ANSWER   STOP

5-03b

E. Safety issues with some specific medicines

03c Can you please describe the side effect(s)?

NEXT   PREVIOUS   NO ANSWER   STOP

5-03c
E. Safety issues with some specific medicines

03d Aside from preventing pregnancy, do you know of any beneficial effects of the COMBINED Pill?

- No
- Yes, please specify
- Yes, but don’t know if it is a combined or progestogen-only pill

IF NO, GO TO SECTION F

SECTION F: COUGH AND COLD MEDICINES

F. Cough and cold medicines

01 This part of the survey is about using cough and cold medicines in children.

Are you involved in the care of a young child or children under 6 years old?

- Yes
- No

IF NO, GO TO 6-03

02 In the past 12 months, have you given any cough and cold medicines (for example, decongestants or cough suppressants) to a child under 6 years? These may have been given in the form of syrups, lozenges, tablets or nasal sprays.

- Yes
- No
- Don’t know

IF NO OR DON’T KNOW, GO TO 6-03
Pharmaceutical Medicine

F. Cough and cold medicines
02c Can you please tell me the name of the medicine?
Interviewer please enter 'don't know' if the respondent can't remember

DON'T KNOW
DON'T KNOW
IVY LEAF SYRUP
SYRUP

NEXT PREVIOUS NO ANSWER STOP

F. Cough and cold medicines
02e Have you given any other cough and cold medicines to children under 6 years?

☐ Yes
☐ No

IF YES, LOOP BACK TO 6-02c

NEXT PREVIOUS NO ANSWER STOP

F. Cough and cold medicines
03 In 2009, the use of cough and cold medicines in children under 6 years was reviewed in New Zealand. New advice on the use of certain cough and cold medicines in children under 6 was given then, and updated advice was given last year. Have you heard about this new advice?

☐ Yes
☐ No
☐ Not sure

IF NO OR NOT SURE, GO TO 6-03c

NEXT PREVIOUS NO ANSWER STOP

F. Cough and cold medicines
03a Where did you hear about these new recommendations?

☐ Doctor
☐ Pharmacist
☐ Nurse/Midwife
☐ Newspaper
☐ TV
☐ Internet
☐ Friends/Family
☐ Other, please specify

IF OTHER, GO TO 6-03b

NEXT PREVIOUS NO ANSWER STOP
Pharmaceutical Medicine

F. Cough and cold medicines

03b Can you please specify where you heard about the updated recommendations.

- [NEXT]
- [PREVIOUS]
- [NO ANSWER]
- [STOP]

6 - 03b

F. Cough and cold medicines

04 Did your knowledge of these recommendations change the way in which you use these medicines in children under 6?

- [Yes]
- [No]

IF NO, GO TO SECTION G

- [NEXT]
- [PREVIOUS]
- [NO ANSWER]
- [STOP]

6 - 04

F. Cough and cold medicines

05 And, answering Yes or No,... Have you stopped using these medicines altogether?

- [Yes]
- [No]

IF YES, GO TO SECTION G

- [NEXT]
- [PREVIOUS]
- [NO ANSWER]
- [STOP]

6 - 05

F. Cough and cold medicines

05a Do you use these medicines less often than you previously did?

- [Yes]
- [No]

- [NEXT]
- [PREVIOUS]
- [NO ANSWER]
- [STOP]

6 - 05a

F. Cough and cold medicines

05b Do you use smaller amounts of these medicines when you do use them?

- [Yes]
- [No]

- [NEXT]
- [PREVIOUS]
- [NO ANSWER]
- [STOP]

6 - 05b
SECTION G: DEMOGRAPHIC DETAILS

G. Demographic details
01 The final part of the survey relates to basic information about you. Firstly, what is the highest level of education you have completed?

- Primary school
- Secondary school (3 yrs or less)
- Secondary school (4-5 yrs)
- Non-university tertiary (e.g., Polytechnic)
- University tertiary

IF NO, GO TO SECTION G
G. Demographic details

02 And finally - I'm now going to read out a list of ethnic groups. Can you please tell me which group or groups you belong to by answering Yes or No after each group I read out?

- New Zealand European
- Maori
- Cook Island Maori
- Samoan
- Tongan
- Niuean
- Chinese
- Indian
- Other, please specify

NEXT  PREVIOUS  NO ANSWER  STOP

7 - 02

G. Demographic details

02a Can you please specify which ethnic group or groups you belong to?

NEXT  PREVIOUS  NO ANSWER  STOP

7 - 02a

G. Demographic details

And that's the end of the survey. Thank you very much for all of your help.

NEXT  PREVIOUS  STOP

7 - 04

G. Demographic details

05 Interviewer comments. You can put anything here you want to tell us. If you have made a mistake let us know, or if you have a comment about a particular interview or interviewee, please make it here.

NEXT  PREVIOUS  NO ANSWER

7 - 05