

Study Questionnaire – Analgesic Use, Misuse and Abuse Among Pharmacy Students

Study Title: High Prevalence of Analgesic Misuse and Abuse and Associated Factors Among Pharmacy Students in Public and Private Universities in Zambia.

Version: 1.0

Date: _____

Instructions to Participants

Dear Participant,

Thank you for agreeing to take part in this study. This questionnaire asks about your use of pain-relieving medicines (analgesics). Please answer all questions as honestly as possible. Your responses are anonymous and will be kept strictly confidential. There are no right or wrong answers. The questionnaire will take approximately 15–20 minutes to complete.

By completing this questionnaire, you confirm that you have read the information sheet and agreed to participate.

SECTION A: Socio-demographic Characteristics

Please tick (✓) or write your answer in the space provided.

A1. What is your age?

- ☐ Less than 20 years
- ☐ 20–25 years
- ☐ 26–30 years
- ☐ 31–35 years
- ☐ More than 35 years

A2. What is your sex?

- ☐ Male
- ☐ Female

A3. What is your marital status?

- ☐ Married



☐ Unmarried

A4. What is your year of study?

☐ Second year

☐ Third year

☐ Fourth year

☐ Fifth year

A5. Where do you currently reside?

☐ On campus

☐ Outside campus

A6. What is your living arrangement?

☐ I live alone

☐ I live with others

A7. What is your main source of monthly income?

☐ Bursary

☐ No bursary (self-sponsored/family support)

A8. Which university are you enrolled at?

☐ University of Zambia (UNZA)

☐ Lusaka Apex Medical University (LAMU)

SECTION B: Analgesic Use

B1. Have you used any analgesic (pain-relieving medicine) in the past 12 months?

☐ Yes

☐ No

If you answered "No" to B1, please skip to Section D.

B2. Which analgesic drug(s) have you used in the past 12 months? (Tick all that apply)

☐ Paracetamol

- ☐ Ibuprofen
- ☐ Diclofenac
- ☐ Aspirin
- ☐ Mefenamic acid
- ☐ Aceclofenac
- ☐ Meloxicam
- ☐ Piroxicam
- ☐ Indomethacin
- ☐ Naproxen
- ☐ Codeine
- ☐ Tramadol
- ☐ Morphine
- ☐ Oxycodone
- ☐ Methadone
- ☐ Heroin
- ☐ Other (please specify): _____

B3. What dosage form of analgesic do you commonly use?

- ☐ Tablets
- ☐ Syrup
- ☐ Injection
- ☐ Other (please specify): _____

B4. How frequently do you use analgesics?

- ☐ Continuously (daily or almost daily)
- ☐ Intermittently (several times a week)
- ☐ Occasionally (a few times a month)
- ☐ Rarely (a few times a year)

B5. Where do you usually obtain your analgesics?

- ☐ Pharmacy
- ☐ Clinic/hospital
- ☐ Friends
- ☐ Other (please specify): _____

B6. What is your main reason for using analgesics? (Tick all that apply)

- ☐ Treatment of pain
- ☐ Recommendation from a healthcare professional
- ☐ Knowledge acquired during training
- ☐ Recommendation by friends or relatives
- ☐ Recreation/euphoria
- ☐ Other (please specify): _____

B7. For which condition(s) do you usually use analgesics? (Tick all that apply)

- ☐ Headache
- ☐ Stomach pain
- ☐ Menstrual pain
- ☐ Toothache
- ☐ Muscle/joint pain
- ☐ Fever
- ☐ Other (please specify): _____

SECTION C: Analgesic Misuse and Abuse

C1. Have you ever used an analgesic outside its recommended medical indication (off-label use)?

- ☐ Yes
- ☐ No

C2. Have you ever used higher doses of an analgesic than recommended (dose escalation)?

☐ Yes

☐ No

C3. Have you ever used analgesics for recreation or euphoria (recreational use)?

☐ Yes

☐ No

C4. Have you ever experienced any adverse effect(s) from using analgesics?

☐ Yes

☐ No

If yes, please specify: _____

SECTION D: Knowledge of Safe Analgesic Use

D1. Do you know the correct dose of commonly used analgesics?

☐ Yes

☐ No

D2. Do you know that incorrect use of analgesics may harm the kidneys?

☐ Yes

☐ No

D3. Do you know that incorrect use of analgesics may cause stomach ulcers?

☐ Yes

☐ No

D4. Do you know that incorrect use of analgesics may cause gastrointestinal bleeding?

☐ Yes

☐ No

D5. Do you know that incorrect use of analgesics may affect blood pressure or the heart?

☐ Yes



☐ No

D6. Do you know that incorrect use of analgesics may accelerate cancer growth?

☐ Yes

☐ No

D7. Do you know that analgesics are not safe in all stages of pregnancy?

☐ Yes

☐ No

D8. Do you know that taking a high dose of analgesics increases side effects?

☐ Yes

☐ No

SECTION E: Perceptions and Attitudes

Please indicate your level of agreement with each statement.

E1. I consider analgesics generally safe.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

E2. I know the side effects of using analgesics.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

E3. All analgesics can be purchased without a prescription.

☐ Strongly disagree



☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

E4. Easy access to analgesics is appropriate.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

E5. It is appropriate to buy analgesics from supermarkets.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

E6. Analgesics are being abused at present.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

E7. Marketing of opioids and anti-inflammatories via social media is acceptable.

☐ Strongly disagree

☐ Disagree

☐ Neutral



- ☐ Agree
- ☐ Strongly agree

E8. The pharmacist has a direct role in providing side effect information to patients.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

E9. The doctor should have a role in informing patients about side effects.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

E10. Receiving drug leaflet information when using a medicine for the first time is necessary.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

E11. Having information about the side effects of your medicine may cause you to stop using the medicine.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral



☐ Agree

☐ Strongly agree

Thank you for your participation.



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