

Dear student, this questionnaire is just a part of a research project. Your answers will be confidential and use for research purpose only.

Part A)

Please name three OTC drugs.

Part B)

Please mark what is true for you in front of each statement.

Statements	Fully agree	Agree	No idea	Disagree	Fully Disagree
Self-treatment is part of self-care					
I would like to start or continue your therapy?					
Do you recommend self-treatment to others?					
Should drug release be free?					
Need No Training on the Disadvantages of Self-Treatment?					
There is no need to try to simplify access to health care facilities.					

Part C)

Please respond to following questions

Q1: How many times do you usually self-medicate per year?

- 1 2 3 >3

Q2: What type of medicine do you use when self-medicate?

- Modern Islamic-traditional Other (Indian, etc.)

Q3: For what diseases do you usually use self-mediation?

- Cold and cough Headache Sore muscle Diarrhea and intestinal problems
 Nausea Herpes simplex and oral plagues Heartburn IBD
 Abdominal pain Fatigue Insomnia Stress Focus problems
 Cutaneous and skin problems Women diseases Fitness
 Allergies Other (please specify)

Q4: What drugs do you usually used for self-medication?

- Antibiotics Ant-parasites Pain killers Antipyretic Multivitamins
- Anti-cough Anti-histamine Anti-acid Anti-diarrhea Corticosteroids
- Hormonal drugs Neuronal drugs Cardiovascular drugs
- Pacifiers and sleeping pill Topical medicine other (please name)

Q5: For what reason do you prefer to self-medicate instead of going to visit a doctor?

- The disease not being serious Saving time Saving money Privacy
- Urgent need to use the drug Confidence in my own knowledge
- Not believing in the physician Low quality of health care services
- Other (please specify)

Q6: What information source do usually you use for self-medication?

- Prior prescriptions of my own Previous prescriptions of others
- My own academic knowledge Counseling with the pharmacist
- Friends and relatives Advertisements Internet
- Other medical and pharmaceutical students Non-medical students
- Other (please specify)

Have you ever experienced a negative side effect after self-medication?

- No
- Yes

If yes, please specify:

- Drugs side effects Disease recurrence Resistance to drug Drug interactions
- No therapeutic effects Other (please name)