

Self-Medication and Allergies Survey – Methodology

This Self-Medication and Allergies study was conducted by telephone within the United States by Harris Interactive on behalf of the National Council on Patient Information and Education (NCPIE) between January 18 and January 21, 2008 among 1,005 adults, of whom, 650 typically self-medicate for health conditions that can be treated, or whose symptoms may be relieved by, non-prescription or over-the-counter medications. Sample sizes for other subgroups are smaller and vary.

Results were weighted for age, sex, region, and race/ethnicity where necessary to align them with their actual proportions in the population.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with non-response, error associated with question wording and response options, and post-survey weighting and adjustments.

Therefore, Harris Interactive avoids the words “margin of error” as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal. Support for the survey was provided by sanofi-aventis.

Questions: Self Medication

R1 Are you the parent or legal guardian of a child who is . . . [READ LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Under 6
- 02 6 to 11 years old
- 03 12 to 17 years old
- 04 18 years old or older
- 98 I AM NOT A PARENT OR LEGAL GUARDIAN OF ANY CHILDREN
- 99 REFUSED

R2 In the PAST YEAR, have you experienced any of the following health conditions, which may be treated, or whose symptoms may be relieved by non-prescription, or over-the counter, medications? Have you experienced . . . [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Heartburn
- 02 Flu
- 03 Seasonal allergies, such as pollen, grass or ragweed
- 04 Year-round allergies, such as dust mites or pet dander
- 05 A cold
- 06 Severe headaches
- 07 Cough
- 08 Rash or hives
- 195 Something else [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T KNOW/REFUSED

[ASK FOR EACH MENTION, R2 (01-08, 195)]

R3 Which of the following health conditions, if any, do you typically self-medicate for? By self-medicate, I mean: treat with non-prescription, or over-the-counter, medications before, or instead of, consulting your doctor. [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Heartburn
- 02 Flu
- 03 Seasonal allergies, such as pollen, grass or ragweed
- 04 Year-round allergies, such as dust mites or pet dander
- 05 A cold
- 06 Severe headaches
- 07 Cough
- 08 Rash or hives
- 195 Something else [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T KNOW/REFUSED

IF SELF-MEDICATE, R3 [01-08, 195], CONTINUE.
ALL OTHERS SKIP TO INSTRUCTIONS BEFORE R6

R4 Why do you self-medicate before, or instead of, consulting your doctor? Would you say . . .
[READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 It allows you to take control of your own care
- 02 It saves time
- 03 It saves money
- 04 It saves you a trip to the doctor's office
- 05 Your illness isn't serious enough to require seeing the doctor
- 06 Non-prescription medications are just as safe as prescription medications
- 07 Non-prescription medications are just as effective as prescription medications
- 08 You are familiar with how to treat your illness due to past experience treating this condition
- 195 Another reason [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T KNOW/REFUSED

R5 Have you ever done any of the following? [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Used non-prescription medications for LONGER than directed on the package label
- 02 Taken MORE of a non-prescription medication than directed on the package label
- 03 Used a non-prescription medication for a condition OTHER than the one indicated on the package label
- 04 Taken a non-prescription medication MORE FREQUENTLY than directed on the package label
- 98 NONE OF THESE
- 99 DON'T KNOW/REFUSED

IF PARENT OF CHILD UNDER 18, R1 [01-03], CONTINUE.
ALL OTHERS SKIP TO INSTRUCTIONS BEFORE R9

The next few questions are about your children under the age of 18.

R6 In the PAST YEAR, have your children experienced any of the following health conditions which may be treated, or whose symptoms may be relieved by non-prescription, or over-the-counter, medications? [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Heartburn
- 02 Flu
- 03 Seasonal allergies, such as pollen, grass or ragweed
- 04 Year-round allergies, such as dust mites or pet dander
- 05 A cold
- 06 Severe headaches
- 07 Cough
- 08 Rash or hives
- 195 Something else [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T KNOW/REFUSED

[ASK FOR EACH MENTION, R6 (01-08, 195)]

R7 Which of the following health conditions, if any, do you typically self-medicate your children for? Again, by self-medicate, I mean: treat with non-prescription, or over-the-counter, medications before, or instead of, consulting your child's pediatrician. [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Heartburn
- 02 Flu
- 03 Seasonal allergies, such as pollen, grass or ragweed
- 04 Year-round allergies, such as dust mites or pet dander
- 05 A cold
- 06 Severe headaches
- 07 Cough
- 08 Rash or hives
- 195 Something else [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T KNOW/REFUSED

[ASK IF R7 (01-08, 195)]

R8 Why do you self-medicate your child before, or instead of, consulting your child's pediatrician? Would you say . . . [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 It allows you to take control of your child's care
- 02 It saves time
- 03 It saves money
- 04 It saves you a trip to the doctor's office
- 05 Your child's illness isn't serious enough to require seeing the doctor
- 06 Non-prescription medications are just as safe as prescription medications
- 07 Non-prescription medications are just as effective as prescription medications
- 08 You are familiar with how to treat your child's illness due to past experience treating yourself or your children for this condition
- 195 Another reason [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T KNOW/REFUSED

IF SELF-MEDICATE, R3 [01-08, 195] OR R7 [01-08, 195], CONTINUE.
ALL OTHERS SKIP TO INSTRUCTIONS BEFORE R10

R9 Which of the following, if any, are potential risks associated with self-medicating? Again, by self-medicate, I mean: treat with non-prescription, or over-the-counter, medications before, or instead of, consulting a doctor. [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Taking more medication than needed
- 02 Taking the wrong medication
- 03 Masking symptoms of a more serious health condition
- 04 Interactions with other medicine you may be taking
- 05 More side effects
- 06 Taking the medication more frequently than directed
- 195 Another reason [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T KNOW/REFUSED

IF EXPERIENCE SEASONAL ALLERGIES, R2 [03], CONTINUE.
ALL OTHERS SKIP TO INSTRUCTIONS BEFORE R11

R10 You mentioned that you experienced seasonal allergies during the past year. How do you typically treat your allergy symptoms? Do you use . . . [READ ENTIRE LIST BEFORE RECORDING ONE ANSWER. ROTATE 01-02]

- 01 Non-prescription medications only

- 02 Prescription medication only
- 03 Non-prescription AND prescription medications
- 195 Or, another method [SPECIFY]
- 198 DO NOT TREAT MY SEASONAL ALLERGIES/NONE OF THESE
- 199 DON'T KNOW/REFUSED

IF TREAT COLDS/SEASONAL ALLERGIES WITH NON-PRESCRIPTION MEDS,
 R3 [03, 05] OR R10 [01, 03], CONTINUE.
 ALL OTHERS SKIP TO R12

R11 You mentioned that you typically treat your cold and/or seasonal allergy symptoms with non-prescription medications. Which of the following symptoms, if any, typically persist after you take non-prescription medications, therefore requiring you to consult with a doctor or seek another treatment option? [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Nasal congestion
- 02 Runny nose
- 03 Sinus headache
- 04 Sneezing
- 05 Coughing
- 06 Chest congestion
- 07 Itchy, watery, or red eyes
- 08 Itchy throat
- 09 Rash or hives
- 195 Another symptom [SPECIFY]
- 198 NONE OF THESE
- 199 DON'T NOW/REFUSED

[ASK EVERYONE]

R12 I will now read to you a series of statements about colds and allergies. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree. [ROTATE STATEMENTS]

- 01 Strongly agree
- 02 Somewhat agree
- 03 Somewhat disagree
- 04 Strongly disagree
- 99 DON'T KNOW/REFUSED

- A. It is easy to confuse allergy symptoms with the symptoms of a common cold
- B. Non-prescription cold and allergy treatments are just as effective as prescription cold and allergy treatments
- C. Seasonal allergies are not a serious health condition

[ASK IF R3 (03) OR R10 (01, 03)]

R13 In the PAST YEAR, have you done any of the following while using a non-prescription medication to treat your seasonal allergy symptoms? Have you . . . [READ AND ROTATE LIST. RECORD AS MANY AS APPLY. WAIT FOR YES OR NO FOR EACH]

- 01 Driven a car alone
- 02 Driven with your children in the car [ASK IF R1 (01-03)]
- 03 Consumed alcohol
- 04 Operated machinery, such as a lawn mower, power drill, or snow or leaf blower
- 05 Fallen asleep at work
- 06 Lost focus at work
- 98 NONE OF THESE
- 99 DON'T KNOW