

KAP Questionnaire on Adverse Drug Reactions (ADRs)

Section	Question	Options
Demographic Factors	Name:	
	Age:	
	Gender:	M / F
	Qualification:	
	Working Place:	
	Years of Experience:	
	Profession:	
Knowledge (Answer: Yes / No / Not sure)	Do you know what Adverse Drug Reactions (ADRs) are?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Should ADRs be reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Are you aware of the term pharmacovigilance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Does your institute have a Pharmacovigilance committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Are you aware of the Pharmacovigilance Programme of India?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you know the members of the Pharmacovigilance committee at your institute?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Does your institute have a recognized Adverse Drug Reaction Monitoring Centre (AMC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you know the contact details of your AMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you believe all drugs available in the market are safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you believe herbal products have no ADRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Attitude (Answer: Yes / No / Not sure)	Do you think reporting ADRs is your duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you think serious ADRs encourage you to report to the relevant authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you believe ADR reporting should be made mandatory for all healthcare professionals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

Section	Question	Options
	Do you agree that ADR reporting in India is not widely promoted by relevant authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you think that a visual display of ADR reporting posters will increase awareness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Are you interested in participating in the ADR reporting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you think financial compensation should be given for the time and energy spent on reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Practice (Answer: Yes / No / Not sure)	Have you observed any ADR cases in your practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Is an ADR reporting form available at your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Does your workplace provide information regarding the procedure for reporting ADRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you feel that you are adequately trained in ADR reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Does your workplace encourage you to report an ADR?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Have you reported any ADR to your Adverse Drug Reaction Monitoring Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	Do you feel underreporting of ADRs is due to the fear of facing legal problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure