

DATA COLLECTION TOOL

Section 1: Socio-demographic information of patients

- 1) Age:
- 2) Sex: a. Male: b. Female:
- 3) Education:
- a. Never went school: c. Secondary: e. ≥Graduation:
- b. Primary: d. Higher-secondary:
- 4) Occupation:
- a. Unemployed: b. Government job:
- c. Private job: d. Business:
- 5) Marital status:
- a. Unmarried: c. Divorced: e. Separated:
- b. Married: d. Widowed:

Section 2: Illness characteristics

- 6) Type of diseases
- a. Asthma: c. Hypertension: e. Rheumatic Arthritis:
- b. Diabetes: d. Heart diseases: f. other: _____
- 7) Duration of diseases
- a. More than 3 months b. More than 6 months
- b. More than 9 months c. More than 1 year
- 8) Symptoms _____
- 9) Severity of diseases
- a. Mild b. Moderate c. Severe

Section 3: Life styles

- 10) Do you take oily/spicy food? a. Yes b. No
- 11) Do you take alcohol? a. Yes b. No
- 12) Do you smoke? a. Yes b. No
- 13) Do you do exercise? a. Yes b. No

Section 4: Medication Management

- 14) Have medication administration schedule? a. Yes b. No
- 15) Presence of medication hoarding that were discontinued? a. Yes b. No
- 16) Presence of expired medicine(s)? a. Yes b. No
- 17) Had multiple prescribers for a disease condition? a. Yes b. No
- 18) Was the route of administration appropriate? a. Yes b. No
- 19) Storage condition of medicines?
- a. Appropriate
- b. Inappropriate (Please tick why inappropriate)
- no specific location multiple areas
- wrong container inappropriate location
- 20) Is there any medication duplication? a. Yes b. No