

Questionnaire for Neurologists who Prescribe AEDs and were Sent the TROBALT Letter Containing the Physician's Guide (2012)

Note: **Bold** responses are correct and/or accepted responses.

Screening Questions:

1. Do you agree to take part in this survey?
 - **Yes**
 - No (Exclude)

2. When was the last time you prescribed an anti-epileptic drug for a patient?
 - Less than a month ago
 - Between 1 and 2 months ago
 - Between 2 and 3 months ago
 - More than 3 months ago (Exclude)

3. Have you ever prescribed TROBALT?
 - Yes
 - No
 - I don't know

4. In which country is your primary medical practice?
 - Germany
 - Denmark
 - United Kingdom
 - Switzerland
 - Sweden
 - Spain
 - Slovakia
 - Norway
 - Other (exclude)

5. Are you an employee of GlaxoSmithKline or United BioSource Corporation?
 - Yes (Exclude)
 - **No**

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[CORRECT ANSWERS ARE INDICATED IN BOLD]

6. For which of the following conditions is TROBALT approved for use?
 - Migraine

- **Partial-onset seizures**
 - All types of seizures
 - All of the above
 - None of the above
 - I don't know
7. Is TROBALT indicated for use as monotherapy?
- Yes
 - **No**
 - I don't know
8. What is the maximum recommended daily maintenance dose of TROBALT for most patients? (Please select the best response.)
- 600 mg
 - 900 mg
 - **1200 mg**
 - 2000 mg
 - None of the above
 - I don't know
9. Which one of the following statements is true? (Please select the best response.)
- TROBALT should be taken once a day.
 - TROBALT should be taken twice a day.
 - **TROBALT should be taken three times a day.**
 - TROBALT should be taken four times a day.
 - None of the above
 - I don't know
10. When increasing the dose, what is the maximum total daily dose at which TROBALT can be increased once every 7 days? (Please select the best response.)
- 50 mg
 - **150 mg**
 - 300 mg
 - 600 mg
 - None of the above
11. Which one of the following statements is true? (Please select the best response.)
- There are no lower age limits for TROBALT usage.
 - The youngest age at which TROBALT can be used is 12.
 - **The youngest age at which TROBALT can be used is 18.**
 - I don't know

Please respond “true,” “false” or “I don’t know” to each of the following questions:

12. The quickest time by which the minimum maintenance dose of 600mg should be reached is the third week?
- **True**
 - False
 - I don’t know
13. For the general population, the recommended total initial dosage should be 150mg per day for one week.
- True
 - **False**
 - I don’t know
14. People taking TROBALT had a higher chance of experiencing which of the following risks in clinical studies? (Please select all that apply)
- **Urinary retention**
 - **Confusional state**
 - **Hallucinations**
 - **Psychotic disorders**
 - Myocardial infarction
 - Renal carcinoma
 - All of the above
 - None of the above
 - I don’t know
15. It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported how soon after starting TROBALT?
- Within the first week
 - **Within the first 8 weeks**
 - After 4 months
 - After 12 months
 - I don’t know
16. It is known from controlled studies that confusional state, hallucinations, and/or psychotic disorders generally tend to be reported how soon after starting TROBALT?
- 4 weeks
 - **8 weeks**
 - 12 weeks
 - 16 weeks
 - I don’t know

17. Which of the following urinary symptoms, if any, should you specifically advise patients taking TROBALT to watch out for? (Please select the best response.)

- Pain when urinating
- Difficulty starting urination
- Slow stream
- Inability to pass urine
- **All of the above**
- None of the above
- I don't know

18. According to the TROBALT Physician's Guide, appropriate dose titration may minimize the risk of which of the following adverse events? (Please select the best response.)

- QT prolongation
- **CNS side effects such as hallucinations**
- Urinary retention
- All of the above
- None of the above
- I don't know

[DO NOT DISPLAY QUESTIONS 19 and 20 FOR RESPONDENTS FROM SWITZERLAND]

19. Using the Treatment Initiation Pack, by which week can the patient reach a dose of 600mg/day?

- 2 weeks
- **3 weeks**
- 4 weeks
- 5 weeks
- None of the above

20. At what dose has TROBALT been shown to produce a possible QT prolonging effect?

- 600 mg
- 900 mg
- **1200mg**
- 1800 mg
- I don't know

21. For which patients is it recommended that an ECG is recorded before initiating TROBALT? (Please select all that apply.)

- Patients with hypertension
- **Patients with congestive heart failure**
- **Patients with ventricular hypertrophy**
- **Patients with hypokalemia**
- All of the above

- None of the above
- I don't know

22. What should you do in a patient with a QTc of less than 440ms before starting TROBALT? (Please select the best response)

- Recheck the ECG 1 week after the first dose
- Recheck the ECG at monthly intervals
- **Recheck the ECG after reaching the maintenance dose**
- I don't know

23. Which new cardiac effects in particular should you warn your patients about after prescribing TROBALT? (Please select all that apply)

- Syncope
- Palpitations
- Any other symptoms of arrhythmia
- **All of above**
- None of the above

24. How would you classify your primary medical specialty?

- Neurology
- Neurosurgery
- Epileptology
- Other (specify) _____ [FREE TEXT]
-

25. Have you read the TROBALT information letter that was sent at the launch of TROBALT?

- Yes
- No
- I don't know

26. From which of the following sources have you learned about the risks associated with use of TROBALT? (Please select all that apply)

- TROBALT launch letter
- GlaxoSmithKline medical information
- Other health care professionals
- GlaxoSmithKline promotional materials
- GlaxoSmithKline sales representatives
- Journal article
- GlaxoSmithKline-sponsored educational meeting
- None of the above

27. What is your gender?

- Male
- Female

28. For how many years have you been in medical practice?

- Less than 3 years
- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years
- Prefer not to answer

29. Do you agree to provide your name and address so that we can issue a payment for your time in completing this survey?

- Yes (Record name and address)
- No

Name _____

Address _____

[CLOSING] That ends the survey. Thank you again for your help. The correct answers to the questions about TROBALT follow.