PROMISe III Consumer Survey

Recently, your pharmacist had a discussion with you about one of your medications, either Nexium® or Somac®.

1. Do you recall having a discussion about Nexium® or Somac® with your pharmacist?
   Yes / No

2. Do you recall receiving an information sheet at the time about Nexium® or Somac®?
   Yes / No

3. Did you follow up on this discussion about Nexium® or Somac® with your GP?
   Yes / No

If you answered “No”, please go to Question 4.

If you answered “Yes”, did your GP change your therapy?

Yes / No / Still Considering

If yes, what changes to your Nexium® or Somac® therapy did your GP make? Please circle the appropriate option.

a. Stopped the Nexium® or Somac®?

b. Decreased the dose/strength of Nexium® or Somac®?

c. Increased the dose/strength of Nexium® or Somac®?

d. Swapped the Nexium® or Somac® to a different medication?
   What was the name and dose of this new medication?
   _________________________________________________________________

e. Other change:__________________________________________________

If you did discuss the Nexium® or Somac® with your GP, please skip Question 4.

4. Do you intend to follow up on this discussion with your GP at some stage?
   Yes / No

   If you have answered “No”, briefly state why not:
   ___________________________________________________________________
5. How would you rate your general health? Please tick the most relevant statement in each group.

  a. **Mobility**  
     - [ ] I have no problems walking about  
     - [ ] I have some problems walking about  
     - [ ] I am confined to bed

  b. **Self-care**  
     - [ ] I have no problems with washing or dressing myself  
     - [ ] I have some problems with washing and dressing myself  
     - [ ] I am unable to wash or dress myself

  c. **Everyday activities** (such as work, study, housework, family or leisure activities)  
     - [ ] I have no problems performing usual activities  
     - [ ] I have some problems performing usual activities  
     - [ ] I am unable to wash or dress myself

  d. **Pain/discomfort**  
     - [ ] I have no pain or discomfort  
     - [ ] I have moderate pain or discomfort  
     - [ ] I have extreme pain or discomfort

  e. **Anxiety/depression**  
     - [ ] I am not anxious or depressed  
     - [ ] I am moderately anxious or depressed  
     - [ ] I am extremely anxious or depressed

6. What is your current age? Sex: Male / Female

Thank you very much for taking the time to complete this survey.

If you would like to receive a $10 Coles/Myer gift voucher, please write your name and postal address below. Please be advised that any personal information will not be used for any purpose other than to post out your gift voucher.

Name:  
Address: