



MEDICATION SURVEY 2008

The completed survey needs to be returned to us by 15 August.

It may help you to complete this survey if you read ALL the questions prior to starting the survey.

This survey is confidential. Please do NOT mention the name of any practitioner or online pharmacy or this will be removed.

THYROID UK MEDICATION SURVEY 2008

Q1: What thyroid medication are you currently taking?

Please tick boxes as appropriate. The grey text is coding for our analysis – please ignore.

a. Levothyroxine – YES a NO b

i. If yes, what is your daily dosage?

- 25mcg a
- 50mcg b
- 75mcg c
- 100mcg d
- 125mcg e
- 150mcg f
- 175mcg g
- 200mcg h
- 225mcg i
- 250mcg j
- 300mcg k
- Other l

(Please state).....

- ii. Do you usually take the same dosage every day? YES a NO b
- iii. Do you take it in a single daily dose? YES a NO b
- iv. Would you like a smaller strength tablet e.g. 12.5 mcg? YES a NO b

b. T3 (Liothyronine e.g. Tertroxin, Cytomel etc) – YES a NO b

i. If yes, what is your daily dosage?

- 5mcg a
- 10mcg b
- 15mcg c
- 20mcg d
- 25mcg e
- 30mcg f
- Other g

(Please state).....

- ii. Do you usually take the same dosage every day? YES a NO b
- iii. Do you take it in a single daily dose? YES a NO b
- iv. Would you like a smaller strength tablet? YES a NO b
- v. If yes, which dosage?
 - 5 mcg a
 - 10mcg b

c. Natural thyroid hormone (e.g. Armour) – YES a NO b

i. If yes, what is your daily dosage?

- 15mg (¼ grain) a
- 30mg (½ grain) b
- 60mg (1 grain) c
- 90mg (1½ grains) d
- 120mg (2 grains) e
- 150mg (2 ½ grains) f
- 180mg (3 grains) g
- 210mg (3 ½ grains) h
- Other i

(Please state).....

- ii. Do you usually take the same dosage every day? YES a NO b
- iii. Do you take it in a single daily dose? YES a NO b
- iv. Would you like a smaller strength tablet e.g. 7.5mg (1/8 grain)? YES a NO b

Q2: Who prescribes your medication?

- NHS GP a
- Private GP b
- NHS Endocrinologist c
- Private Endocrinologist d
- I Self Medicate e
- Other f
- (Please state).....

Q3: If you are on Levothyroxine, would you like to see any changes to the foil blister pack? – YES a NO b

Q4: If yes what changes?

- a. Colour distinction between packs YES a NO b
- b. Larger text size for drug name YES a NO b
- c. Braille YES a NO b
- d. Larger text size for strength YES a NO b
- e. Larger text size for dosage YES a NO b
- f. Other YES a NO b
(Please state).....

Q5: What changes would you like to see to your tablets?

- a. Larger tablet size YES a NO b I ALREADY GET THIS c
- b. Tablet scoring to make cutting easier YES a NO b I ALREADY GET THIS c
- c. Clear distinction for dosage e.g. different colours for different strengths YES a NO b I ALREADY GET THIS c
- d. Other YES a NO b
(Please state).....
- e. I don't take tablets a
(Please give details e.g. liquid levothyroxine).....

Q6: What other changes would you like to your current medication?

- a. Consistent supply with the same manufacturer YES a NO b I ALREADY GET THIS c
- b. In liquid form e.g. oral solution YES a NO b I ALREADY GET THIS c
- c. Soluble form YES a NO b I ALREADY GET THIS c
- d. Lactose free YES a NO b I ALREADY GET THIS c
- e. Other YES a NO b
(Please state)

Q7: If you are on T3, would you like to see any changes? – YES a NO b

Q8: If yes what changes?

- a. Foil blister pack YES a NO b
- b. Colour distinction between packs YES a NO b
- c. Larger text size for drug name YES a NO b
- d. Braille YES a NO b
- e. Larger text size for strength YES a NO b
- f. Larger text size for dosage YES a NO b
- g. Other YES a NO b
(Please state).....

Q9: What changes would you like to see to your tablets?

- a. Larger tablet size YES a NO b I ALREADY GET THIS c
- b. Tablet scoring to make cutting easier YES a NO b I ALREADY GET THIS c
- c. Clear distinction for dosage e.g. different colours for different strengths YES a NO b I ALREADY GET THIS c
- d. Other YES a NO b
(Please state).....

Q10: What other changes would you like to your current medication?

- a. Consistent supply with the same manufacturer YES a NO b I ALREADY GET THIS c
- b. In liquid form e.g. oral solution YES a NO b I ALREADY GET THIS c
- c. Soluble form YES a NO b I ALREADY GET THIS c
- d. Lactose free YES a NO b I ALREADY GET THIS c
- e. Other YES a NO b
(Please state)

Q11: If you are on Natural Thyroid Hormone, eg Armour would you like to see any changes? – YES a NO b

Q12: If yes what changes?

- a. Foil blister pack YES a NO b
- b. Colour distinction between packs YES a NO b
- c. Larger text size for drug name YES a NO b
- d. Braille YES a NO b
- e. Larger text size for strength YES a NO b
- f. Larger text size for dosage YES a NO b
- g. Other YES a NO b
(Please state).....

Q13: What changes would you like to see to your tablets?

- a. Larger tablet size YES a NO b I ALREADY GET THIS c
b. Tablet scoring to make cutting easier YES a NO b I ALREADY GET THIS c
c. Clear distinction for dosage e.g. different colours for different strengths YES a NO b I ALREADY GET THIS c
d. Other YES a NO b
(Please state).....

Q14: What other changes would you like to your current medication?

- a. Consistent supply with the same manufacturer YES a NO b I ALREADY GET THIS c
b. In liquid form e.g. oral solution YES a NO b I ALREADY GET THIS c
c. Soluble form YES a NO b I ALREADY GET THIS c
d. Lactose free YES a NO b I ALREADY GET THIS c
e. Other YES a NO b
(Please state)

Q15: What changes would you like to see on Patient Information Leaflets?

- a. Do you always get a Patient Information Leaflet with your thyroid medication? Please tick all relevant boxes:

Levothyroxine

- USUALLY a
SOMETIMES b
ALWAYS c
NEVER d

T3

- USUALLY a
SOMETIMES b
ALWAYS c
NEVER d

Natural thyroid hormone

- USUALLY a
SOMETIMES b
ALWAYS c
NEVER d

- b. Do you read the PIL? YES a NO b
c. Do you find it useful? YES a NO b
d. Would you like larger text? YES a NO b
e. Do you want more information? YES a NO b
f. If yes, what information?
• Food/Medications/Supplements that affect the medication YES a NO b
• Other (Please state).....
g. Are there any other changes you would like to see? YES a NO b
(Please state).....

Q16: How often do you have to ask for a prescription?

- 28 days a
2 months b
3 months c
Other d
(Please state).....

Q17: Are you happy with your current prescription ordering? YES a NO b

Q18: If no, what would you prefer?

- 28 days a
2 months b
3 months c
4 months d
5 months e
6 months f
9 months g
1 year h

Q19: Where do you get your prescription dispensed?

- Pharmacy attached to your surgery a
High Street pharmacy b
Other c
(Please state).....

Any additional comments with regards to the above questions: