

## Your views on using the Yellow Card Scheme

You recently sent a report to the MHRA (Medicines and Health Care products Regulatory Agency) about a problem you (or someone you know) had with a medicine.

This questionnaire asks about your views on, and experience of, making a report to the Yellow Card Scheme. In the questionnaire, we use the term "side effect" for the problem you reported.

Please complete the questionnaire and return it to us in the envelope provided. There is no need to put a stamp on the envelope.

Please note that all the information that you give will be treated in confidence and in accordance with the Data Protection Act.

On behalf of the research team, we thank you for your time.

**Tony Avery**  
Professor of Primary Care



**Christine Bond**  
Professor of General Practice  
& Primary Care



**Janet Krska**  
Professor of Pharmacy Practice



**Section 1: How you found out about the Yellow Card scheme and how often you have made reports**

**1) How did you learn about the Yellow Card scheme for reporting side effects from medicines?**

*(please tick all that apply below)*

- From a GP surgery
- From a hospital
- From a pharmacy
- From a family member or friend
- From a magazine or newspaper
- From an internet search
- From the MHRA website
- Other *(please give details below)*

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**2) How many times have you sent in a Yellow Card report? *(please tick one)***

- Once
- Twice
- Three times
- More than three times

**Section 2: About the last time you sent in a Yellow Card report**

**3) The last time you sent in a report, was it for you or for someone else?**  
*(please tick one)*

Myself *(please go to question 4)*

Someone else  
*(please complete below)*

**If it was for someone else, what was their:**

a. Relationship to you?

\_\_\_\_\_

b. Age at the time you made the report?  
\_\_\_\_\_ years

c. Sex?       Male     Female

**4) What was the name of the medicine in your Yellow Card report?**

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**5) How did you report the side effect?** *(please tick one)*

By post

By computer/on line

By telephone

**6) How soon was the report made after the side effect was first noticed?**  
*(please tick one)*

Less than one week

At least one week but less than one month

At least one month but less than three months

At least three months but less than one year

One year or longer

**7) What made you think that the medicine caused the side effect?**

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**8) How sure were you that the side effect was due to the medicine?**

- Very sure
- Fairly sure
- Not very sure
- Not at all sure

**9) How easy was it to complete the report form?**

- Very easy
- Fairly easy
- Not very easy
- Very difficult

**10) If you had any difficulty making the report please tell us about it here**

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**11) If you think the reporting process could be improved please tell us about it here**

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### Section 3: Why you sent in a Yellow Card report

**12) Whose idea was it to report the side effect?**

*(please tick all that apply)*

- My own
- A GP
- A hospital doctor
- A pharmacist
- A nurse
- A family member or friend
- Other *(please state)* \_\_\_\_\_

**13) Did anyone discourage you from making a report?**

No

*(please go to question 14)*

Yes *(please complete below)*

If yes, who was this? *(please tick all that apply)*

- A GP
- A hospital doctor
- A pharmacist
- A nurse
- Other *(please state)* \_\_\_\_\_

**14) Did any health professional refuse to make a report on your behalf?**

*(please tick one)*

No

*(please go to question 15)*

Yes *(please complete below)*

If yes, who was this? *(please tick all that apply)*

- A GP
- A hospital doctor
- A pharmacist
- A nurse
- Other *(please state)* \_\_\_\_\_

Please turn over

## Section 4: Your experiences of reporting

15) Did anyone help you to make the report? (please tick one)

No

(please go to question 16)

Yes (please complete below)

If yes, who was this?  
(please tick all that apply)

A GP

A hospital doctor

A pharmacist

A nurse

A family member or friend

Other (please state) \_\_\_\_\_

16) Did you expect to get any feedback from MHRA about your report?

(please tick one)

No (please go to  
question 17)

Unsure (please go  
to question 17)

Yes  
(please complete below)

If yes, what feedback did you expect to get?

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17) Would you have liked any feedback from MHRA about your report?

(please tick one)

No (please go to  
question 18)

Unsure (please go  
to question 18)

Yes (please complete  
below)

If yes, what feedback would you like to have been given?

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18) **Would you make a report again if you (or someone you knew) had a side effect from a medicine?** *(please tick one)*

Yes

No

Unsure

If you wish, please use the space below to explain your answer:

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19) **Would you encourage other people to report any side effects from medicines using the Yellow Card scheme?** *(please tick one)*

Yes

No

Unsure

If you wish, please use the space below to explain your answer:

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20) **Why do you think it is important for people to report side effects from medicines using the Yellow Card scheme?**

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Please turn over for the final page

## Section 5: About you

- 21) Are you: (please tick one)       Male                       Female
- 22) How old are you?                      \_\_\_\_\_ years
- 23) Which of the following **best** describes your education? (please tick one)
- I left school aged 16 years or younger and did no further education
- I left school or college aged 17 or 18 years and did no further education
- I did a further education qualification beyond the age of 18 years, but not a degree
- I did an undergraduate degree
- I did a postgraduate degree
- 24) What is your ethnicity? (please tick one)
- |   |   |
|---|---|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Black or Black British |
| <input type="checkbox"/> Asian or Asian British | <input type="checkbox"/> Chinese                |
| <input type="checkbox"/> Mixed                  | <input type="checkbox"/> Other                  |

## Section 6: Would you be willing to talk to one of our researchers?

We are doing telephone interviews with some of the people that have replied to this questionnaire. If you would be willing to be interviewed, please give your details below (we will not use this information for any other reason than contacting you).

Please note that we will telephone only a small number of people and if we do not contact you then thank you anyway for offering.

Your name .....

Your preferred telephone number(s) .....

**Thank you very much for taking the time to fill in this questionnaire**

**PLEASE RETURN IT IN THE FREEPOST ENVELOPE PROVIDED TO:**

Freepost RRTJ-UYRE-KREG, YCS project, Room 1406, Tower Building, University of Nottingham,  
University Park, Nottingham, NG7 2RD