Over the Counter Medications Survey (University of Vermont College of Medicine)

Please use this scale to answer the following questions:

1	**2**	**3**	**4**	**5**
Completely Disagree		Neutral		Completely Agree

For each question, circle one of the following numbers below:

1) I feel knowledgeable about over the counter medications.

1 2 3 4 5

2) I feel comfortable purchasing/ deciding between various over the counter medications.

1 2 3 4 5

3) I use over the counter medication often for health related issues.

1 2 3 4 5

4) I have experienced a serious side-effect from over the counter medications before.

1 2 3 4 5

5) Over the counter medication has prevented me from needing to see a doctor at some point.

1 2 3 4 5

……

Complete after PowerPoint-talk

6) I feel knowledgeable about over the counter medications

1 2 3 4 5

7) I feel comfortable purchasing/ deciding between various over the counter medications.

1 2 3 4 5

Please include any comments about the presentation, areas for improvement, or specific questions you have below. Thank you! ☺: