


**Community Pharmacists' Knowledge, Attitude, and  
Practice in Providing Self-Care Recommendations for  
the Management of Premenstrual Syndrome**

## Section A: DEMOGRAPHIC INFORMATION

1. **Gender** : ☐ Male ☐ Female
2. **Age** : \_\_\_\_\_ years
3. **Race** : ☐ Malay ☐ Chinese ☐ Indian ☐ Others: \_\_\_\_\_
4. **Graduated from**  
(For Bachelor of Pharmacy) ☐ Local university/college ☐ Overseas university/college
5. **Highest academic qualifications** : ☐ Degree ☐ Master ☐ PhD ☐ Others: \_\_\_\_\_
6. **Years as a registered pharmacist** : \_\_\_\_\_ years
7. **Years as a community pharmacist** : \_\_\_\_\_ years
8. **Location of community pharmacy** :  ☐ Titiwangsa ☐ Wangsa Maju ☐ Batu  
☐ Setiawangsa ☐ Lembah Pantai ☐ Cheras  
☐ Seputeh ☐ Bukit Bintang ☐ Kepong  
☐ Bandar Tun Razak ☐ Segambut
9. **Position as community** : ☐ Full time pharmacist ☐ Part-time/locum pharmacist
10. **Did you take courses in pharmacy school regarding minor illnesses in women**  
i.e. Pre-menstrual syndrome ☐ Yes ☐ No

11.	Where did you learn the most about managing Pre-menstrual syndrome (PMS)	:	<input type="checkbox"/>	Pharmacy School	<input type="checkbox"/>	Continuing Education
			<input type="checkbox"/>	Practice Experience	<input type="checkbox"/>	Others Please specify: _____

## Section B: KNOWLEDGE OF PRE-MENSTRUAL SYNDROME AND ITS MANAGEMENT

Based on your **knowledge**, please **TICK** the appropriate answer from question 1 to 5.

- |     |  |                          |      |                          |       |                          |              |
|-----|--|--------------------------|------|--------------------------|-------|--------------------------|--------------|
| 1A. | PMS is preceded by the appearance of the secondary sex characteristics and body changes that occur sometime between the ages of 9 and 16.                | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 1B. | PMS can be defined as a recurrent disorder that occurs every month in the luteal phase of the menstrual cycle and remits with the onset of menstruation. | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 1C. | PMS is that point in time when permanent cessation of menstruation occurs following the loss of ovarian activity.  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 2A. | Affective symptoms of PMS are <b>depression, anger, irritability, anxiety, confusion and social withdrawal.</b>  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 2B. | Somatic symptoms of PMS are <b>breast pain, abdominal bloating, headache and swelling of extremities.</b>  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 3A. | PMS can increase quality of life.  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 3B. | PMS can decrease work productivity.  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 3C. | PMS can interfere with sleep quality.  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 4A. | Sertraline can relieve PMS symptoms.   | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 4B. | Ibuprofen can relieve PMS symptoms.  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 4C. | Spironolactone can relieve PMS symptoms.   | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |
| 5A. | Increased intake of caffeine can alleviate PMS symptom.  | <input type="checkbox"/> | True | <input type="checkbox"/> | False | <input type="checkbox"/> | I don't know |

5B. Increased fibre and carbohydrates intake can alleviate PMS symptoms. ☐ Yes ☐ No ☐ I don't know

5C. Exercise regularly can alleviate PMS symptoms. ☐ Yes ☐ No ☐ I don't know

## Section C: ATTITUDES OF COMMUNITY PHARMACISTS TOWARDS PMS MANAGEMENT

Use the scale below to indicate how much you **AGREE** or **DISAGREE** with each of the following statements. **Circle** your answer in the space provided.

<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">1</div>	Strongly Disagree	<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">2</div>	Disagree	<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">3</div>	Neutral
<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">4</div>	Agree	<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">5</div>	Strongly Agree		

1.	Pharmacists should know which medicine is used to relieve PMS.	1	2	3	4	5
2.	Pharmacist should know the non-medical way to ease PMS.	1	2	3	4	5
3.	Pharmacist should have sufficient time to provide self-care recommendation to patients with PMS.	1	2	3	4	5
4.	Pharmacist should actively involve in selection of self-care medication for the patients with PMS.	1	2	3	4	5
5.	Pharmacist should provide patients with information regarding the medicine use for PMS.	1	2	3	4	5
6.	Pharmacists should recommend a PMS-relieving product based on its scientific evidence.	1	2	3	4	5
7.	Pharmacists need to explain the doses and ways of taking medicines to ease the PMS.	1	2	3	4	5
8.	Pharmacists should inform patient of the side effect of the PMS relieving product.	1	2	3	4	5
9.	Pharmacists should always check that their patient understand the information they are provide about PMS-relieving product.	1	2	3	4	5
10.	Pharmacists need to be ready to respond to inquiries from customers about PMS-relieving product.	1	2	3	4	5
11.	Patients regularly accept my recommendations for PMS-relieving products.	1	2	3	4	5
12.	I am willing to provide recommendations for managing PMS when given the opportunity.	1	2	3	4	5

## Section D: PRACTICE AND PATTERN OF PHARMACOLOGICAL RECOMMENDATION

Please **TICK** in the space provided to indicate your answer for each of the following questions 1 and 2.

1. Have you ever received a customer with PMS? ☐ Yes ☐ No

(If your answer is '**YES**', go to Question 2. If your answer is '**NO**', go to Question 4)

2. If '**YES**', how often does this happen? ☐ Daily ☐ Weekly  
☐ Monthly ☐ Yearly

Please rate your level of agreement for the following statements by ticking in the appropriate box from **question 3 until 5**.

3. Which of the following PMS **symptoms** is/are **often mentioned by customers** coming to your pharmacy?

1	Never	2	Rarely	3	Sometime
4	Often	5	Always	6	Not Applicable

	1	2	3	4	5	6
Breast Pain						
Anger						
Abdominal Bloating						
Irritability						
Headache						
Anxiety						
Swelling of Extremities						
Confusion						
Depression						
Social withdrawal						

4. For each of the products listed below, how often have you **recommended** them to your customers with PMS?

1	Never	2	Rarely	3	Sometime
4	Often	5	Always	6	Not Available

	1	2	3	4	5	6
Calcium						
Magnesium						
Chasteberry						
Vitamin B6						
Vitamin E						
Saffron						
St. John's Wort						
Soy						
Evening Primrose Oil						
Ibuprofen						
Mefenamic Acid						
Naproxen						

5. For each product listed below, how often this product was **asked** by your customers?

	1	2	3	4	5	6
Calcium						
Magnesium						
Chasteberry						
Vitamin B6						
Vitamin E						
Saffron						
St. John's Wort						
Soy						
Evening Primrose Oil						
Ibuprofen						
Mefenamic Acid						
Naproxen						

6. If there is any suggested product by you to your PMS customer(s), other than the above listed products, you may share it below:

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### Section E: PRACTICE OF NON-PHARMACOLOGICAL AND SELF-MEDICATIONS MEASURE

Please **TICK** the appropriate answers for the questions 1 to 7. You may choose **MORE THAN ONE ANSWERS**.

1. Which of the following represent(s) your advice to your customer(s) for the management of PMS?

<input type="checkbox"/>	No advice	<input type="checkbox"/>	Avoid caffeine and alcohol
<input type="checkbox"/>	Avoid stressful situation	<input type="checkbox"/>	Use antipyretic if fever present
<input type="checkbox"/>	Doing more exercise	<input type="checkbox"/>	Talk to your friend or colleagues
<input type="checkbox"/>	Eating healthy balance diet	<input type="checkbox"/>	Consult the doctor if the symptoms persist
<input type="checkbox"/>	Rest and sleep more	<input type="checkbox"/>	Others: Please specify: _____

2. What was (were) the reason(s) that you encourage your customers with PMS to practice self-medication?

<input type="checkbox"/>	Illness too trivial for consultation	<input type="checkbox"/>	Ease of availability and convenience
<input type="checkbox"/>	Privacy	<input type="checkbox"/>	Cost saving
<input type="checkbox"/>	Avoid crowd at OPD	<input type="checkbox"/>	Lack of trust in prescribing doctor
<input type="checkbox"/>	To save time	<input type="checkbox"/>	Others: Please specify: _____

3. What the reason(s) do you against your customer(s) with PMS to practice self-medication?

<input type="checkbox"/>	Risk of drug abuse and dependence	<input type="checkbox"/>	Risk of using wrong medications
<input type="checkbox"/>	Risk of drug interactions	<input type="checkbox"/>	Risk of adverse effects
<input type="checkbox"/>	Risk of disease misdiagnosis	<input type="checkbox"/>	Others: _____
<input type="checkbox"/>	Consult a doctor	<input type="checkbox"/>	Please specify: _____

4. What do you think about self-medication for PMS management?

<input type="checkbox"/>	Good practice	<input type="checkbox"/>	Acceptable practice	<input type="checkbox"/>	Not acceptable practice
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