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**Questionnaire Survey**

**Introduction**

We intend to conduct a study to determine the factors that can influence adherence to therapy in veterinary medicine: companion animals. Thus, your cooperation is very important, and therefore, we ask you to complete this questionnaire. Please answer as honestly as possible. The information collected here is anonymous and confidential.

**Part I: Identification of Socio-Demographic Factors of the Guardian**

1. Age in years: \_\_\_\_\_\_\_
2. Gender:
	* Female
	* Male
	* Other
3. Civil Status:
	* Single
	* Divorced
	* Married
	* Widowed
	* Common-law partnership
4. What is your highest level of education?
	* No education
	* Professional course
	* 1st Cycle of Basic Education (Primary School)
	* Secondary Education/Baccalaureate (3 years)
	* 2nd Cycle of Basic Education (Preparatory Cycle)
	* Pre-Bologna Bachelor's degree (5 years)
	* 3rd Cycle of Basic Education (7th, 8th, and 9th grades)
	* Post-Bologna Bachelor's degree (3 years)
	* Secondary Education (10th, 11th, and 12th grades)
	* Master's degree
	* Post-graduation
	* Doctorate
	* Post-doctorate
5. What is your profession? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.1. Employment status:

* Employed
* Unemployed
* Worker/Student
* Retired
* Student

5.2. If employed:

* Self-employed
* Public employee
* Private employee

5.3. If working for someone else, what type of contract do you have?

* Fixed-term contract
* Indefinite-term contract
* Permanent contract
* Part-time contract
* Full-time contract
1. District of Residence:
	* Aveiro
	* Leiria
	* Braga
	* Lisbon
	* Bragança
	* Portalegre
	* Beja
	* Porto
	* Castelo Branco
	* Santarém
	* Coimbra
	* Setúbal
	* Évora
	* Viana do Castelo
	* Faro
	* Vila Real
	* Guarda
	* Viseu
	* Autonomous Region of the Azores
	* Autonomous Region of Madeira

District Municipality. Which? \_\_\_\_\_\_\_\_\_\_\_\_

1. Living situation:
	* Alone in your house
	* Alone in an institution
	* With spouse in your house
	* With spouse in an institution
	* With your children
	* With spouse and children
	* With other relatives: Which? \_\_\_\_\_\_\_\_\_\_\_
2. Family household composition, including yourself:
	* 1
	* 2
	* 3
	* 4
	* 5
	* 6
	* More than 6 people
3. Type of residence:
	* Rented
	* Owned

**Part II: Identification of Factors Related to the Companion Animal**

1. What is your companion animal?
	* Dog
	* Cat
	* Other

1.1. How many animals?

* Dog \_\_\_\_
* Cat \_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2. Breeds of animals?

* Indeterminate
* Other

If Other, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have any of your pets been ill in the last year?
	* Yes
	* No

2.1. When your animal is sick, do you consult a veterinarian?

* Yes
* No

If No, what is the reason?

* Lack of financial resources
* Lack of veterinarian in the area of residence
* Low accessibility
* Previous bad experience
* Do not consider it necessary to consult a veterinarian

2.2. If Yes, what disease(s) were diagnosed by the veterinarian to your pet?

1. 1º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 2º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 3º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 4º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. 5º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. 6º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III: Identification of Factors Related to the Animal's Disease and Treatment**

1. Are you currently administering or did you administer any type of medication prescribed by a veterinarian to your animal(s) in the past year?
	* Yes, I am currently administering
	* Yes, I administered in the past year, but I am no longer administering
	* No, I did not administer
2. If you are currently administering medications, how many medications are you administering per day?

□ 1

□ 2

□ 3

□ 4

□ 5

□ More than 5

3. Which medication(s) are you administering?

1st: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.1 What is/are the route(s) of administration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you administered any medication without a veterinary prescription in the past year?

□ Yes

□ No

4.1 Have you ever administered medications to your animal that were prescribed to you for a condition you believed your animal had?

□ Yes

□ No

4.2 Have you ever administered medications previously prescribed by the veterinarian to your animal in other situations, without seeking information?

□ Yes

□ No

4.3 Have you ever administered medications prescribed to other people's animals to your own animal?

□ Yes

□ No

4.4 Have you ever administered medications purchased online to your animal?

□ Yes

□ No

4.5 Have you ever refrained from purchasing or paying for any type of treatment for your animal due to financial constraints?

□ Yes

□ No

4.6 If yes, which type of treatment did you not proceed with?

□ Medications

□ Consultation

□ Complementary diagnostic tests

□ Surgery

4.7 How often do you stop administering prescribed treatments to your animal?

□ Never

□ Rarely

□ Often

5. What are the reasons that prevent you from correctly administering medications to your pet?

* Forgetfulness
* Falling asleep before the time to administer the medication
* Having too many medications to administer at once and forgetting one or more
* Routine changes
* Being away from home or away from the animals at the scheduled time
* Lack of financial resources
* Difficulty administering medication due to the animal's temperament
* Difficulty adapting the animal's treatment to your lifestyle
* Strong religious or cultural beliefs about health and treatments
* Medication expired
* Side effects/adverse reactions
* Treatment duration/too long
* Doubting the treatment's efficacy
* Not seeing improvements
* Thinking the animal no longer needs the treatment because it seems better

5.1. If there was forgetfulness in administering the medication, what do you usually do when this happens?

□ Double the dose in the next administration

□ Administer the medication as soon as remembered, then continue as usual

□ Ignore the missed dose and continue at the regular time

5.2 If you had difficulty administering the medications as prescribed by the veterinarian, what were the reasons?

□ Time intervals between doses

□ Administration route

□ Administering multiple medications simultaneously

□ Difficulty administering medications with food

6. Are all prescriptions given by the veterinarian to your animal subsequently filled?

□ Yes

□ No

6.1 If you answered NO, what are the reasons?

□ Doubting the veterinarian's diagnosis

□ Lack of financial resources

□ Forgetfulness

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Are all the complementary diagnostic tests prescribed by the veterinarian for your animal performed?

□ Yes

□ No

7.1 If you answered NO, what are the reasons?

□ Doubting the veterinarian's diagnosis

□ Lack of financial resources

□ Forgetfulness

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part IV: Analysis of the relationship between veterinarian/pharmacist and owner**

1.Do you have easy access to a veterinarian?

□ Yes

□ No

2.Do you regularly take your animal to the veterinarian?

□ Yes

□ No

□ Only when the animal is ill

2.1 If yes, how frequently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you follow your veterinarian's recommendations regarding therapeutic re-evaluation?

□ Yes

□ No

3.1 When you have doubts about administering the medication, do you ask your veterinarian?

□ Yes

□ No

4. Have you ever had difficulty following the veterinarian's instructions for treating your animal?

□ Yes

□ No

4.1 If yes, what difficulties did you face and what did you do?

□ Spoke with the veterinarian

□ Spoke with the pharmacist

□ Adjusted the treatment to your daily activities

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. When the veterinarian gives you the medical prescription:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| answers all the questions that concern you about the treatment |  |  |
| clearly explains the objectives of the exams and treatments prescribed for the animal |  |  |
| explains the costs associated with the different treatment options |  |  |
| presents various treatment options so that you can choose the one that best suits you and your animal |  |  |
| listens to your difficulties in administering the medication as prescribed |  |  |
| explains the reason why it is important to administer the medication exactly as planned (times, doses) |  |  |
| explains the detailed plan of how to administer the medications |  |  |
| explains how to handle any possible side effects/adverse reactions of the medications to be administered |  |  |
| demonstrates how to administer the treatment |  |  |

6. When purchasing medication for your animal at the pharmacy, does the pharmacist/pharmacy technician correctly explain how to administer the prescribed medications?

☐ Yes ☐ No

7. Have you ever needed to go to the pharmacy to clarify your doubts about the treatment of your animal?

☐ Yes ☐ No

7.1. Did you feel sufficient support from the pharmacist?

☐ Yes ☐ No

8. Do you complete the duration of the medication as indicated by the veterinarian?

☐ Yes ☐ No