

Effect of Monazite Sands in Patients with Osteoarthritis of the Knee

Ethical committee Protocol No: 3.160.891

Pharmaceutical_log

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PHARMACEUTICAL LOG

Study brief Title: Effects of Sand Treatment on Osteoarthritis

Official Title: Effect of Monazite Sands in Patients with Osteoarthritis of the Knee

Ethical committee Protocol No: 3.160.891 **Unique Protocol ID:** T015-M02-2019AF002

1. Do you use medications?

☐ Yes ☐ No ☐ DK / NR

2. Do you always use medications according to prescription and medical advice?

☐ Yes ☐ No ☐ DK / NR

3. What medications do you use to treat osteoarthritis of the knee?

☐ DK

4. Do you feel relief or improvement with the use of medications?

☐ Yes ☐ No ☐ DK / NR

5. Where is your medicine stored? In what room of the house? You can choose more than one answer option:

☐ Bathroom ☐ Kitchen ☐ Bedroom

☐ Room / Cup ☐ DK / NR

☐ Others: _____

6. Was any of the drugs listed below used?

Drug	Posology	Today	Yesterday	Two days ago	Thre days ago	Indication ¹
<input type="checkbox"/> Paracetamol						
<input type="checkbox"/> Dipirona						
<input type="checkbox"/> Ibuprofen						
<input type="checkbox"/> Codeína						
<input type="checkbox"/> Tramadol						
Others						

1. Legend Indication: (1) Physician / Dentist / Nurse (by prescription); (2) Self-indication (Self-medication); (3) Pharmacist / Clerk; (4) Family; (5) Relatives / Friends.

7. After using any of the medications listed in the previous question for pain management (painkillers, anti-inflammatories or opioids) how did you feel?

8. Of the medicines used for pain treatment in the past few days, you have:

☐ Decreased frequency of use. ☐ Increased frequency of use.

☐ Made use continuously. ☐ DK / NR.

9. In general, when you do not feel well do you use medicines on your own or indicated by a friend, relative, among others (self-medication)? ☐ Yes ☐ No ☐ DK / NR Which: _____

10. At present, which drugs do you use that have been prescribed by your doctor?

OBS: Observe the last prescriptions of the patient.

Drug (active principle and trade name if any)	Drug details Brand Generic Similar	Posology	Who prescribed?	Do you know what you are taking for this medicine? If yes, for what?	How do you use this medicine? (See if use is incorrect)	Since when do you use this medication? (days / months / years))	After you started taking this medicine, did you feel any different reaction in the body? (any adverse reactions?) If yes, which one?	Did you get this medication at the SUS pharmacy or at a private pharmacy? Specify the location and how (free / paid) the patient purchased the medicine
1 -								
2 -								
3 -								
4 -								
5 -								

11. What is your educational level? ☐ DK / NR _____

12. You could report your family income ☐ Yes, what amount? _____ ☐ No ☐ DK / NR

13. How many people live with you? _____ people

Signature of the Principal Investigator:

Date: