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Patterns of laxative use in the Yeoville area

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APPENDIX A

PATIENT INFORMATION FORM

Dear Patient

My name is Steven Lutz. I am a pharmacist currently studying at the University of the Witwatersrand. I would like to invite you to participate in research I am doing, by completing the attached questionnaire.

The purpose of this questionnaire is to study the reasons why people use certain medicines like laxatives. Please feel free to ask any questions about laxatives, as well as any side effects and long-term effects of the medication you are taking.

You are requested to respond to the questions by marking the box that best describes your answer. Please do not hesitate to ask if you do not understand any question or if you require further information.

You are under absolutely no obligation to participate in this study- your participation is totally voluntary.
Your name is not required on the questionnaire, and your answers as well as your identity shall remain confidential.

Thank you for your co-operation. Your assistance is highly valued.

Kind regards

Steven Lutz
Tel: 011- 648-9188/9 (work)

APPENDIX B