

Supplementary Material S1. Structured Questionnaire

Household Pharmaceutical Accumulation Survey

Instructions

This questionnaire was administered to the household member primarily responsible for medication management. Data were complemented with a direct in-home pharmaceutical inventory conducted by trained researchers.

Section 1. General Household Information

1. Household ID: _____
 2. Date of visit (DD/MM/YYYY): ____ / ____ / ____
 3. Neighborhood: _____
 4. Number of household members: _____
 5. Age of respondent (years): _____
 6. Sex of respondent:
☐ Male ☐ Female ☐ Other
 7. Education level:
☐ Primary ☐ Secondary ☐ High school ☐ University ☐ Postgraduate
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Section 2. Medication Inventory (Observed by Researcher)

(Completed by the researcher through direct observation)

For each medication identified in the household:

- Brand name: _____
- Generic name: _____
- Pharmaceutical form:
☐ Tablet ☐ Capsule ☐ Syrup ☐ Injection ☐ Other: _____
- Strength/dose: _____
- Number of units remaining: _____
- Expiration date (DD/MM/YYYY): ____ / ____ / ____

- Storage location:
☐ Kitchen ☐ Bathroom ☐ Bedroom ☐ Living room ☐ Other: _____
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Section 3. Medication Use Status

For each medication:

1. Is this medication currently in use?
☐ Yes ☐ No
 2. If NO, indicate the reason:
☐ Treatment completed
☐ Treatment discontinued
☐ Forgotten
☐ Saved for future use
☐ Other: _____
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Section 4. Medication Acquisition

How were the medications obtained?

- ☐ Medical prescription
 - ☐ Over-the-counter purchase
 - ☐ Pharmacy recommendation
 - ☐ Given by family or friends
 - ☐ Leftover from previous treatments
 - ☐ Other: _____
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Section 5. Reasons for Accumulation

Why are medications kept in the household?

- ☐ Continuous treatment (chronic disease)
 - ☐ Repeated purchases
 - ☐ Leftover treatments
 - ☐ Change in medication
 - ☐ Self-medication practices
 - ☐ Lack of knowledge about proper disposal
 - ☐ Other: _____
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Section 6. Storage Practices

1. Where are medications usually stored?
☐ Kitchen ☐ Bathroom ☐ Bedroom ☐ Multiple locations ☐ Other: _____
 2. Are medications stored in their original packaging?
☐ Yes ☐ No
 3. Are medications stored within reach of children?
☐ Yes ☐ No
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Section 7. Disposal Practices

What do you usually do with unused or expired medications?

- ☐ Dispose of them in household trash
 - ☐ Flush them down the toilet or sink
 - ☐ Keep them stored
 - ☐ Give them to others
 - ☐ Return them to a pharmacy
 - ☐ Do not know
 - ☐ Other: _____
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Section 8. Awareness and Knowledge

1. Are you aware of risks associated with using expired medications?
☐ Yes ☐ No
 2. Do you know how to properly dispose of medications?
☐ Yes ☐ No
 3. Have you received information about medication disposal?
☐ Yes ☐ No
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Section 9. Self-Medication Practices

1. Do you use medications without a medical prescription?
☐ Yes ☐ No
2. If yes, which types of medications do you commonly use?
 - ☐ Analgesics
 - ☐ Antibiotics
 - ☐ Anti-inflammatory drugs
 - ☐ Other: _____

This questionnaire was developed based on previously published instruments and adapted to the local context. Data obtained were complemented with direct observation to ensure accuracy and completeness.