

Assessment of awareness and knowledge regarding the risks of non-steroidal anti-inflammatory medications among Libyan university students

Khadija M. Hamed  , Rayan R. Al-Razzaki  , and Ghaydaa A. Al-Sharif  

Faculty of Pharmacy, University of Gharyan, Gharyan, Libya

* Author to whom correspondence should be addressed

Received: 11-04-2026, Accepted: 13-08-2026, Published online: 15-08-2026



Copyright© 2026. This open-access article is distributed under the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

HOW TO CITE THIS

Hamed KM, et al. Assessment of awareness and knowledge regarding the risks of non-steroidal anti-inflammatory medications among Libyan university students. *Mediterr J Med Med Sci.* 2026; 2(3): 74-80.
[Article number: 48]. <https://doi.org/10.5281/zenodo.21966175>

Keywords: Gharyan, health awareness, pharmacist, NSAIDs, safe drug use, university students

Abstract: Several types of steroids are a class of medications used worldwide to treat pain. Despite significant differences in their use across various age groups, particularly among young people, including university students, steroids offer a significant health benefit when used without a prescription and with guidance from a pharmacist. 425 new Libyan students from various colleges in Gharyan University (Medicine, Pharmacy, Science, Arts, etc.). The data were collected using a structured self-designed questionnaire consisting of 32 items. Descriptive (frequencies and percentages) and inferential statistics (Cronbach's alpha coefficient) were applied to assess internal consistency, and the Chi-squared test and ANOVA. The analysis revealed that 90.4% of students do not use non-steroidal anti-inflammatory drugs for pain, 94.1% do not use them for headaches, and 94.6% do not use them without a prescription. 6.1% reported experiencing stomach pain after use, and 1.6% indicated that they needed a larger dose to achieve the same effect. The Cronbach's alpha coefficient was 0.81, indicating good internal consistency. This study found significant differences in eight question items (29.6%) between genders and in three items between age groups. Thus, students at Gharyan University have a high level of awareness regarding the safe use of non-steroidal anti-inflammatory drugs and avoiding their use without a prescription.

Introduction

Like any other disease, chronic pain needs treatment that is suited to its pathophysiological features and intensity, among other factors. The WHO recommends the use of non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of mild, moderate and severe pain [1]. This type of steroid is considered one of the most widely used steroid drugs in the world, as it is used to treat pain, inflammation, fever, and many other conditions, such as pain in patients, post-operative pain, and chronic conditions like osteoarthritis, inflammation, and rheumatoid arthritis [2-4]. Due to its widespread availability, it has become popular, enabling individuals to use it without a prescription and without direct medical supervision [1, 5-8]. The pharmacological effect of NSAIDs is based on inhibiting the enzymes responsible for converting arachidonic acid into COX-1 and COX-2 cyclooxygenase enzymes, prostaglandins, prostacyclins, and thromboxanes. The COX-1 enzyme is naturally present in the body and is responsible for producing prostaglandins, which are necessary for normal functions such as maintaining the integrity of the stomach lining and are necessary for the hemostasis process in platelets and the production of thromboxane (preventing bleeding and blood clotting) [3, 9]. COX-2 is an enzyme whose production is stimulated in certain conditions. It primarily

produces prostaglandins, which cause pain, inflammation, and fever. The non-selective effects of NSAIDs work by inhibiting both types of prostaglandins. The desired therapeutic effect occurs through COX-2 inhibition, thus relieving pain, inflammation, and fever. The undesirable effects occur through COX-1 inhibition, which can cause damage to the gastric mucosa, such as ulcers, and disturbances in platelet function [3, 9]. The duality of NSAIDs as powerful therapeutic agents with a high potential for harm underscores the critical importance of their rational use. Despite the widespread availability of NSAIDs and their frequent use among young people, especially university students, a unique demographic group with frequent complaints of pain such as headaches, menstrual cramps, and musculoskeletal strain, identifying patterns of misuse is important for implementing preventive strategies and promoting rational use [10, 11], as side effects depend on the dose, duration of use, and individual patient factors.

Recently, increasing attention has been directed towards understanding the patterns of NSAID use and awareness among university students. Studies from various countries have found varying rates of self-medication, ranging from modest to high, along with significant knowledge gaps regarding proper use and side effects [12-17]. To assess the level of awareness and knowledge among a sample of students from various faculties at Gharyan University regarding the safe use of NSAIDs, to analyze common behavioral patterns in the acquisition and use of NSAIDs among university students, and to evaluate the students' understanding of and interaction with the role of the consulting pharmacist.

Materials and methods

Study design: This study employed a descriptive cross-sectional research design and used a questionnaire as the primary data collection instrument. The study was conducted at Gharyan University, Gharyan, Libya, during the 2025-2026 academic year. The study included 425 undergraduate students from various faculties at Gharyan University. The sample size comprised students from diverse demographic backgrounds to ensure representativeness.

Inclusion criteria: Participants included were at Gharyan University and provided informed consent to participate. Data were collected using a structured questionnaire consisting of 32 items designed to assess students' knowledge, attitudes, and perspectives on the use of NSAIDs and drug safety [18-21]. The questionnaire included questions about demographic characteristics (gender, age, college), patterns of NSAID use (indications, frequency, prescription status), awareness of side effects, medication safety practices, and perception of the pharmacist's role.

The questionnaire was distributed to students during regular class time. The purpose of the study was explained, and informed consent was obtained from all participants.

Ethical considerations: The protocol was approved by the Institutional Ethics Committee of Gharyan University in 12/2025. Written informed consent was also obtained from the participants. Participant confidentiality and privacy were strictly maintained by anonymizing all collected data (025-MJ-MJMMS-3-2026).

Statistical analysis: Data were analyzed using IBM SPSS Statistics X. The following statistical analyses were performed: Descriptive statistics: Frequencies, percentages, means, and ranges were calculated for the demographic variables and questionnaire responses. Chi-square test: Used to examine the relationship between gender and responses to the questionnaire items. Analysis of variance (ANOVA): Used to examine whether age groups differed significantly in their responses.

Reliability analysis: Cronbach's alpha coefficient was calculated to assess the internal consistency and reliability of the questionnaire. A p-value < 0.05 was considered significant.

Results

Demographic characteristics of participants: 425 Libyan students from various faculties at Gharyan University, Gharyan, participated in this study. **Table 1** summarizes the demographic characteristics of the participants.

Table 1: Demographic characteristics of participants

Variable	Category	Frequency	Percentage
Gender	Female	260	61.2
	Male	165	38.8
Age, years	18 - 20	238	56.0
	21 - 25	142	33.4
	26 - 30	45	10.6
Faculty	Medicine	156	36.7
	Others	269	63.3

Mean age: 20.38 ± 2.05 years, age range: 18 - 30 years

Patterns of NSAIDs use: **Table 2** shows the frequency distributions and percentage responses of the selected questionnaire items related to NSAID use in Libyan participants.

Table 2: Frequency distribution of questionnaire responses (selected items)

Question	Response	Frequency	Percentage
Do you use NSAIDs for pain?	No	384	90.4
	Yes	41	9.6
Do you use NSAIDs for headache?	No	400	94.1
	Yes	25	5.9
Do you use NSAIDs without prescription?	No	402	94.6
	Yes	23	5.4
Have you experienced stomach pain after NSAID use?	No	399	93.9
	Yes	26	6.1
Do you need an increased dose for the same effect?	No	418	98.4
	Yes	7	1.6

General response distribution of NSAID-related responses: **Figure 1** represents the general annotation. The results demonstrate a high level of awareness among University of Gharyan students regarding the safe use of NSAIDs, with strong adherence to avoiding use without a prescription and minimal indicators of drug dependence.

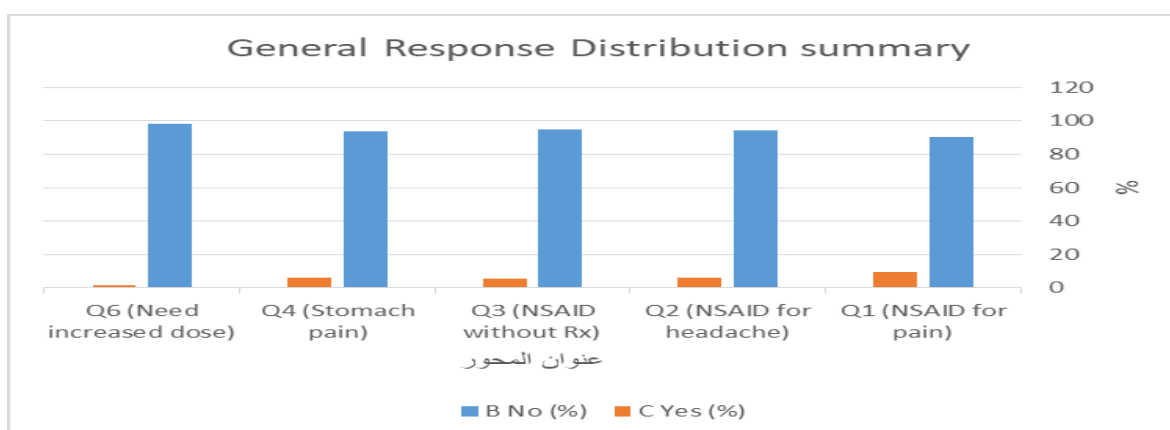


Figure 1: General response distribution of the data

Reliability analysis: Cronbach's alpha coefficient was calculated to assess the internal consistency and reliability of the questionnaire (**Table 3**).

Table 3: Cronbach's alpha reliability coefficients

Questionnaire section	Number of items	Cronbach's alpha	Reliability level
Q1 - Q19	19	0.72	Acceptable
Q20 - Q32	13	0.78	Good
Total	32	0.81	Very Good

Chi-Square test for the relationship between gender and responses: The chi-square test was used to examine whether gender had a significant effect on responses to the questionnaire items. Of the 27 items analyzed, eight items (29.6%) showed statistically significant differences between male and female respondents. Q23 and Q25 ($P < 0.001$) showed the strongest correlations, suggesting that gender plays a significant role in shaping students' responses to some questionnaire items related to students' knowledge and attitudes toward NSAIDs.

Table 4: Chi-square test results: the significant items

Question	Chi-square value	P-value	Significance level
2	14.37	0.002	Significant
20	10.73	0.013	Significant
22	10.04	0.018	Significant
23	22.60	< 0.001	Highly Significant
24	12.92	0.005	Significant
25	20.91	< 0.001	Highly Significant
27	11.32	0.010	Significant
32	8.97	0.030	Significant

ANOVA test of the relationship between age and responses: Analysis of Variance (ANOVA) was used to examine whether age groups differed significantly in their responses. Three items (Q23, Q25, and Q27) showed statistically significant differences across age groups (**Table 5**). These are the same team members who highlighted the abbreviations as an additional function of gender, indicating that these elements are particularly important for demographic and experimental factors.

Table 5: ANOVA results, significant items

Question	F-value	P-value	Statistical level
23	5.67	0.004	Significant
25	4.89	0.008	Significant
27	3.92	0.020	Significant

Discussion

The finding that over 90.0% of participants reported not using NSAIDs for pain relief (Question 1: 90.4%), headaches (Question 2: 94.1%), or over-the-counter medications (Question 3: 94.6%) indicates a high level of awareness regarding the appropriate use of medications [18, 22]. This includes findings that 6.1% of participants experienced infections after using NSAIDs, despite the well-documented literature on the toxicity and gastrointestinal effects of these drugs. Studies have indicated that 10.0% - 15.0% of NSAID users experience symptoms of gastrointestinal illness [10, 23, 24]. The lower light intensity observed in this study may reflect the use of other intermittent forms of NSAIDs, as well as a higher level of awareness regarding

their appropriate use and the causes of death. The finding that 1.6% of participants reported needing to increase their dose to achieve the same effect is reassuring and suggests that problematic use patterns are very low among the study population. This low rate indicates that tolerance and dependence are not major problems in this population, consistent with the generally responsible drug use patterns observed throughout the survey [25]. Chi-square analysis revealed significant differences between male and female participants in 8 out of 27 items (29.6%), with the strongest correlations observed for items 23 and 25. These findings are consistent with previous research indicating that female medical students showed greater interest in clinical aspects and patient care, while male students showed greater interest in administrative and industrial sectors [26, 27]. The results of the analysis of variance showed that age significantly influenced responses to three items (items 23, 25, and 27). As observed in previous studies, academic advancement leads to improved knowledge and more positive attitudes toward professional practice [22, 27-36]. These three items also showed significant differences between genders, indicating that they are particularly sensitive to demographic and occupational factors. A total Cronbach's alpha value of 0.81 indicates very good internal consistency for the questionnaire. This coefficient compares favorably with similar instruments used in pharmacy education research, where Taber et al. [28] reported an alpha value of 0.79, and Al-Qahtani and Al-Harbi reported an alpha value of 0.82 [17]. According to Taber, an alpha value greater than 0.80 is considered to reflect good internal consistency.

A low percentage of the participants require more training on the same effect, indicating that problematic use is very limited in this age group. Significant differences were found between genders and across age groups, suggesting that demographics play a role in knowledge and attitudes toward NSAIDs. The questionnaire demonstrated excellent internal consistency, establishing its suitability for raising awareness about various NSAIDs in this population. However, this study has several important implications: The high level of awareness indicates that students at Gharyan University, across all disciplines, are highly aware of the risks associated with NSAID use. The identified gender and age group differences suggest the need for targeted educational interventions. The low rates of self-medication (taking medication without medical consultation) and adverse effects are encouraging and warrant further investigation. This study provides baseline data that can be used to monitor changes in awareness levels and NSAID use patterns over time. The drug dependency index was low compared to Libyan, Arab, and international studies. Based on this study, it is recommended to continue awareness programs and conduct research that includes the general population in Libya.

Conclusion: The majority of the university student respondents reported not using NSAIDs for pain relief, headaches, or over-the-counter use, indicating a high level of awareness regarding the safe and appropriate use of medications. Regarding the low rate of adverse side effects, a very low proportion of the participants experienced stomach pain after using NSAIDs, a rate lower than that reported in many other studies.

References

1. Hopkins S, Yang V, Liew DFL. Choosing a nonsteroidal anti-inflammatory drug for pain. Australian Prescriber. 2025; 48: 139-44 doi: 10.18773/austprescr.2025.032
2. Ribeiro H, Rodrigues I, Napoleão L, Lira L, Marques D, Veríssimo M, et al. Non-steroidal anti-inflammatory drugs (NSAIDs), pain and aging: Adjusting prescription to patient features. Biomedicine and Pharmacotherapy. 2022; 150: 112958. doi: 10.1016/j.biopha.2022.112958
3. Ghlichloo I, Gerriets V. Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2023. Bookshelf ID: NBK547742. PMID: 31613522.
4. Hashad SS, Alghannam SA. Systemic onset juvenile idiopathic arthritis: A single-center experience at Tripoli Children's Hospital, Libya. Mediterranean Journal of Medicine and Medical Sciences. 2026; 2(1): 1-8. doi: 10.5281/zenodo.18135161
5. Krasniqi G, Qeriqi I, Qeriqi G, Borovci R, Zenelaj D, Rrahmani F, et al. Excessive self-medication with prescription NSAIDs: A cross-sectional study in Kosovo. Pharmacy (Basel). 2024; 12(3): 93. doi: 10.3390/pharmacy12030093

6. Sherif FM. An evaluation of the prescribing patterns of drugs in Libya. *Jamahiriyah Medical Journal*. 2008; 8(3): 203-206. doi: Nil.
7. Elfituri AA, Almoudy A, Jbouda W, Abuflaiga W, Sherif FM. Libya's pharmaceutical situation: A professional opinion. *International Journal of Academic Health and Medical Research*. 2018; 2(10): 5-9. doi: Nil.
8. Atia AE, Alsherif E, Alreibi E, Baloumi H, Almerjerbi S. Self-medication patterns among Libyan University Medical Students. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2025; 5(3): 11-18. doi: 10.5281/zenodo.15813894
9. Hijos-Mallada G, Sostres C, Gomollón F. NSAIDs, gastrointestinal toxicity and inflammatory bowel disease. *Gastroenterología y Hepatología (English Edition)*. 2022; 45(3): 215-222. doi: 10.1016/j.gastrohep.2021.06.003
10. Bindu S, Mazumder S, Bandyopadhyay U. Non-steroidal anti-inflammatory drugs (NSAIDs) and organ damage: A current perspective. *Biochemical Pharmacology*. 2020; 180: 114147. doi: 10.1016/j.bcp.2020.114147
11. Sherif FM. Role of the pharmacist in adverse drug reaction monitoring. *Pharmacy and Pharmacology International Journal*. 2017; 5(5): 00133. doi: 10.15406/ppij.2017.05.00133
12. Masoud AA, Sherif FM. Assessment of prescribing patterns and indicators in the Libyan private clinical settings. *Mediterranean Journal of Medicine and Medical Sciences*. 2026; 2(1): 66-74. doi: 10.5281/zenodo.19359509
13. Alssageer MA, Sherif FM, Mohammed ES, Abd Alsalm SA. Patterns of drug-prescribed and drug-related problems among hospitalized elderly patients. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2022; 2(2): 64-76. doi: 10.5281/zenodo.6780506
14. Meerah WAA. Evaluation of self-medication with antibiotics in Libyan community. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2023; 3(1): 77-81. doi: 10.5281/zenodo.7771724
15. Faqihi AHA, Sayed SF. Self-medication practice with analgesics (NSAIDs and acetaminophen), and antibiotics among nursing undergraduates in University College Farasan Campus, Jazan University, KSA. *Annales pharmaceutiques françaises*. 2021; 79(3): 275-285. doi: 10.1016/j.pharma.2020.10.012
16. Alduraibi K, Altowayan WM. A cross-sectional survey: Knowledge, attitudes, and practices of self-medication in medical and pharmacy students. *BMC Health Service Research*. 2022; 22(1): 352. doi: 10.1186/s12913-022-07704-0
17. Al-Qahtani AM, Shaikh IA, Shaikh MAK, Mannasaheb BA, Al-Qahtani FS. Prevalence, perception, practice, and attitudes towards self-medication among undergraduate medical students of Najran University, Saudi Arabia: A cross-sectional study. *Risk Management and Healthcare Policy*. 2022; 15:257-276. doi: 10.2147/RMHP.S346998
18. Balkhi B, Alghamdi A, Alhossan A, Alhamami A, Asiri YA. Pharmacy students' attitude and perception toward working in community pharmacy in Saudi Arabia. *Saudi Pharmaceutical Journal*. 2020; 28(4): 397-402. doi: 10.1016/j.jsps.2020.01.021
19. Aksoy M, Özkanlı ÖF, İlerler EE, Özgan B, Gözelizmir Ş, Ergen B, et al. Knowledge, attitudes, and behaviors of pharmacy students towards clinical pharmacy in Türkiye: insights from a multicenter cross-sectional study. *BMC Medical Education*. 2026; 26(1): 416. doi: 10.1186/s12909-026-08651-8
20. Cadogan CA, Hughes CM. On the frontline against COVID-19: Community pharmacists' contribution during a public health crisis. *Research in Social and Administrative Pharmacy*. 2021; 17(1): 2032-2035. doi: 10.1016/j.sapharm.2020.03.015
21. Yousif MA, Eldalo AS, Albarraq AA, Sirag N, Ibrahim M. Pharmacy students' perception about education and future career. *Archives of Pharmacy Practice* 2014; 5(2): 72-78. doi: 10.4103/2045-080X.132656
22. Mokresh ME, Muvaffak E, Kahya M, Torun P; Collaborators. knowledge, attitudes, and barriers toward research among medical students: A cross-sectional study in Turkey. *Medical Science Educator*. 2024; 34(2): 387-395. doi: 10.1007/s40670-024-01987-0
23. Yuan JQ, Yang M, Threapleton DE, Qi XS, Ye DQ, Mao C, et al. Systematic review with meta-analysis: The gastrointestinal benefits of COX-2 selective inhibitors with concomitant use of low-dose aspirin. *Alimentary Pharmacology and Therapeutics*. 2016; 44(8): 785-795. doi: 10.1111/apt.13776
24. El-yamani MA, Sherif FM. Assessment of drug prescribing pattern and prescription errors in elderly patients. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2021; 1(2): 46-50. doi: 10.5281/zenodo.5171325
25. Douaihy AB, Kelly TM, Sullivan C. Medications for substance use disorders. *Social Work in Public Health*. 2013; 28(3-4): 264-278. doi: 10.1080/19371918.2013
26. Nassar P, Rached R, Nassar P, Awada S, Nasrallah I, Safa L, et al. Gender stereotypes about women in pharmacy leadership: evidence from a cross-sectional study in Lebanon. *BMC Medical Education*. 2026; 26(1): 1132. doi: 10.1186/s12909-026-09482-3

27. Prego-Jimenez S, Aliri J, Goñi-Balentziaga O, Pereda-Pereda E, Labaka A. Health-related gender knowledge: Scale development and validation in Spanish nursing students. *Nursing Reports*. 2025; 15(6): 187. doi: 10.3390/nursrep15060187
28. Ghanim M, Al-Othman N, Rabayaa M, Alqaraleh M. Gender differences in health-promoting behaviors and psychological well-being of Palestinian medical students based on the HPLP II. *Palestinian Medical and Pharmaceutical Journal*. 2022; 7(2): 197-206. doi: 10.59049/2790-0231.1092
29. Sherif FM. Continuing pharmacy education and training in Libya. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2023; 3(4): 1-2. doi: 10.5281/zenodo.8412162
30. Sherif FM. The future of pharmacy in Libya. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2023; 3(1): 1-2. doi: 10.5281/zenodo.7771304
31. Sherif FM. Education and practice of pharmacy in Libya. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2022; 2(3): 1-2. doi: 10.5281/zenodo.7115078
32. Ben Omran EA, Tingzon MLP, Hussein MA. Undergraduate students' perceptions and motivations for nursing: implications for education, practice, and workforce sustainability. *Mediterranean Journal of Medicine and Medical Sciences*. 2026; 2(2): 77-88. doi: 10.5281/zenodo.20434885
33. Easwaran V, Anthoor SP, Orayj K, Mantargi MJS, Dinakaran M, Nagarajan A, et al. Knowledge, attitude, and self-medication practices among healthcare students from the metropolitan City of South India. *Scientific Reports*. 2025; 16(1): 3580. doi: 10.1038/s41598-025-33585-4
34. Elfituri AA, Sherif FM. Novel clinical pharmacy practice: Extended role and improved competencies. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2022; 2(1): 1-3. doi:10.5281/zenodo.6397651
35. Islam R, Hossain S, Ahmed KR, Khanom K, Shabbir SI. Effectiveness of an educational intervention on hypertension awareness among college students in Bangladesh: A pre-and post-interventional study. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 2026; 6(2): 43-51. doi: 10.5281/zenodo.20825185
36. Taber KS. The use of Cronbach's alpha when developing and reporting research instruments in science education. *Research in Science Education*. 2018; 48(6): 1273-1296. doi: 10.1007/s11165-016-9602-2

Acknowledgments: The authors would like to thank all the participants for their help and involvement in this research.

Author contribution: All authors contributed equally. KMH performed data analysis and drafted the manuscript. All authors approved the final version of the manuscript and agreed to be accountable for its contents.

Conflict of interest: The authors declare the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Ethical issues: The authors completely observed ethical issues, including plagiarism, informed consent, data fabrication or falsification, and double publication or submission.

Data availability statement: The raw data that support the findings of this article are available from the corresponding author upon reasonable request.

Author declarations: The authors confirm that they have followed all relevant ethical guidelines and obtained any necessary IRB and/or ethics committee approvals.

Generative AI disclosure: No Generative AI was used in the preparation of this manuscript.

Appendix: Questionnaire items

- | | |
|--|---|
| Q1: Do you use NSAIDs for pain? (Yes/No) | Q2: Do you use NSAIDs for headache? (Yes/No) |
| Q3: Do you use NSAIDs without a prescription? (Yes/No) | Q4: Have you experienced stomach pain after NSAID use? (Yes/No) |
| Q5: Do you use NSAIDs for fever? (Yes/No) | Q6: Do you need an increased dose for the same effect? (Yes/No) |
| Q7: Do you consult a doctor before use? (Yes/No) | Q8: Are you aware of NSAID side effects? (Yes/No) |
| Q9: Do you read the package insert? (Yes/No) | Q10: Do you know the correct dosage? (Yes/No) |
| Q11: Have you had stomach ulcers? (Yes/No) | Q12: Do you use NSAIDs for menstrual pain? (Yes/No) |
| Q13: Do you combine NSAIDs with other drugs? (Yes/No) | Q14: Have you had heartburn after use? (Yes/No) |
| Q15: Do you believe NSAIDs are completely safe? (Yes/No) | Q16: Do you use NSAIDs for inflammation? (Yes/No) |
| Q17: Do you experience side effects? (Yes/No) | Q18: Do you use NSAIDs monthly? (Yes/No) |
| Q19: Do you use NSAIDs weekly? (Yes/No) | Q20: Do you use NSAIDs for back pain? (Yes/No) |
| Q21: Do you use NSAIDs for dental pain? (Yes/No) | Q22: Do you know NSAIDs can cause stomach problems? (Yes/No) |
| Q23: Do you check the expiration date before use? (Yes/No) | Q24: Do you store medications properly? (Yes/No) |
| Q25: Do you use NSAIDs for muscle pain? (Yes/No) | Q26: Do you recommend NSAIDs to others? (Yes/No) |
| Q27: Do you use NSAIDs for joint pain? (Yes/No) | Q28: Do you use NSAIDs for post-operative pain? (Yes/No) |
| Q29: Do you use NSAIDs for arthritis? (Yes/No) | Q30: Do you use NSAIDs for sports injuries? (Yes/No) |
| Q31: Do you use NSAIDs for menstrual cramps? (Yes/No) | Q32: Do you use NSAIDs for chronic pain? (Yes/No) |