



Pharmacovigilance Programme of India (PvPI)

National Coordination Centre

INDIAN PHARMACOPOEIA COMMISSION

Ministry of Health & Family Welfare, Government of India

SECTOR-23, RAJ NAGAR, GHAZIABAD- 201 002.

Tel No: 0120- 2783392, 2783400, 2783401 Fax: 0120-2783311

E-mail: pvpi.ipc@gov.in; ipclab@vsnl.net, Web: www.ipc.gov.in

No. MM/YY/No (Filled by NCC-PvPI)

Feedback Form for Stakeholders

PvPI appreciate your effort to complete this feedback form. Your honest feedback will help us to strengthen the programme and enable us to improve our standards of monitoring medicine safety.

(Please tick (✓) the appropriate box)

Doctor	Nurse	Pharmacist	Patient	Others (Please Specify)

- All medicines can cause side effects/Adverse Drug Reactions (ADRs). Do you think this is an important health concern?
 Yes No
- Have you experienced/noticed side effects/ Adverse Drug Reactions (ADRs) after use of medicines?
 Never Very Commonly Some times
- When experienced/noticed any Adverse Drug Reaction (ADR) what did you do?
 Nothing Informed Nurse/Doctor
 Informed Drug Company/Manufacturer Informed ADR Monitoring Centre
- Have you ever heard about Pharmacovigilance Programme of India (PvPI)?
 Yes No
- Are you aware that the mission of Pharmacovigilance Programme of India (PvPI) is to monitor Adverse Drug Reactions (ADRs) and promote safe use of medicines?
 Yes No
- Are you aware about PvPI helpline (**1800-180-3024**) (Toll free) to report any suspected Adverse Drug Reactions (ADRs) after the use of medicines?
 Yes No
- Have you ever attended any awareness programme regarding reporting of suspected side effects of medicines/ Adverse Drug Reactions (ADRs) after use?
 Yes No
- Are you aware about specifically designed format of PvPI for reporting Adverse Drug Reactions (ADRs)?
 By Healthcare Professional
 By Patients/Consumers/Relatives of Patient/Care givers (available in different languages at PvPI website - www.ipc.gov.in)
 Through ADR Mobile App

9. Are you aware of Adverse Drug Reactions (ADRs) Monitoring Centre in your region?
 Yes No
10. Would you like to participate in medicine safety initiatives of PvPI?
 Yes No
11. Have you seen any medicine safety promotional materials prepared by PvPI?
 Yes No
 If yes, Did you find it useful?
 Yes No
12. Have you ever interacted with any PvPI personnel?
 Yes No

if Yes, Please share your experience:

a) Does he/she provide any value addition in medicines safety?

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b) What role do you expect from him/her to improve the medicines safety?

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Your comments/suggestions to improve our services:

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Personal details:

Name:.....

Address:Name of premises/building/village.....

Road/street.....Area Locality.....

District.....State.....Pin.....

Email:Phone/Mobile No.:.....

Date:

Signature

Kindly send feedback to pvpi.ipc@gov.in; ipclab@vsnl.net

Thank you for your feedback.

Your assistance in completing this form is greatly appreciated.