

[PDF export](#)

## Owner Manager Survey

This survey aims to gather general information about the pharmacy. This information will be analysed by researchers to determine if certain characteristics of a pharmacy influences the rate of recording clinical interventions.

The information provided in this survey will only be available to researchers and no identifiable results will be published.

### General Pharmacy Information

**\* PG2: What is the approximate size of the pharmacy?**

Based on square  
metres floor area

Please choose *\*only one\** of the following:

- ☐ Less than 100m<sup>2</sup>
- ☐ 101 - 150m<sup>2</sup>
- ☐ 151 - 250m<sup>2</sup>
- ☐ 251 - 500m<sup>2</sup>
- ☐ Over 500m<sup>2</sup>

**\* PG4: What was the pharmacy's estimated turnover in the 2007/08 financial year?**

Please choose *\*only one\** of the following:

- ☐ Less than 1.0M
- ☐ 1.0 - 1.5M
- ☐ 1.5 - 2.0M
- ☐ 2.0 - 2.5M
- ☐ 2.5 - 3.0M
- ☐ 3.0 - 4.0M
- ☐ 4.0 - 5.0M
- ☐ Over 5.0M

**\* PG20: What is the pharmacy's approximate weekly prescription turnover?**

Please choose *\*only one\** of the following:

- ☐ Up to 400
- ☐ 401 - 600
- ☐ 601 - 800
- ☐ 801 - 1000
- ☐ 1001 - 1200
- ☐ 1201 - 1400
- ☐ 1401 - 2000
- ☐ Over 2000

**\* PG5: What approximate percentage of the pharmacy's business is attributable to the dispensary?**

Up to 99%

Please write your answer here:

**\* PG6: How many pharmacists are responsible for making business decisions in this pharmacy?**

Please choose *\*only one\** of the following:

- ☐ One  
☐ Two or more
- 

**\* PG17: Is this pharmacy primarily run by the owner or a manager?**

Please choose *\*only one\** of the following:

- ☐ Owner  
☐ Manager
- 

**\* PG7: Is the pharmacy part of a banner or brand group?**

Please choose *\*only one\** of the following:

- ☐ No, independent pharmacy  
☐ Other
- 

**\* PG8: Does the pharmacy supply an aged care facility?**

Please choose *\*only one\** of the following:

- ☐ Yes  
☐ No
- 

**\* PG9: How many days per week is the pharmacy open?**

1 to 7

Please write your answer here:

**\* PG10: How many hours per week is the pharmacy open?**

Whole numbers only

Please write your answer here:

**\* PG11: How many Full Time Equivalent staff work in the pharmacy each week?**

whole numbers only

Please write your answer(s) here:

Pharmacists:

Graduate Pharmacists:

Dispensary Assistants:

Pharmacy Assistants:

**\* PG12: What proportion of prescriptions are assembled by dispensary technicians?**

Please choose *\*only one\** of the following:

- ☐ 0 - 20%  
☐ 20 - 40%  
☐ 40 - 60%  
☐ 60 - 80%  
☐ 80 - 100%
- 

**\* PG13: Has the pharmacy employed a pre-registration pharmacist within the last two years?**

Please choose *\*only one\** of the following:

- ☐ Yes  
☐ No

---

**PG14: Are any additional pharmacy texts available for your pharmacists, other than the mandatory texts required by the Pharmacy Board?**

Please choose \*only one\* of the following:

☐ No

☐ Other

---

**PG15: Which Pharmacy Guild-funded professional services are currently provided by this pharmacy?**

Please choose \*all\* that apply:

☐ Diabetes Medication Assistance Service (DMAS)

☐ Dose Administration Aids program (DAA)

☐ Patient Medication Profile program (PMP)

☐ Pharmacy Asthma Management Service (PAMS)

Other:

---

**\* PG17: Which other services are currently provided by this pharmacy?**

Please choose \*all\* that apply:

☐ Blood pressure monitoring

☐ Home medication reviews

☐ Dose administration aid packing

☐ Opioid dependency program

☐ Diabetes screening

☐ Wound care

☐ Weight management program

☐ Meds Index

Other:

---

**\* PG18: Has this pharmacy been involved with any recent or current trials?**

Please choose \*only one\* of the following:

☐ Yes

☐ No

---

[Only answer this question if you answered 'Yes' to question 'PG18 ']

**\* PG19:**

**Please specify the trials the pharmacy has been involved with:**

Please write your answer here:

---

**\* PG16: Does your pharmacy use Mirixa?**

Please choose \*only one\* of the following:

☐ Yes

☐ No

---

**Submit your survey.**

Thank you for completing this survey. Please fax your completed survey to: (03) 6226 8534.