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Participant Survey 1

This survey aims to gather general information about your pharmacy background. This information will be analysed by researchers to determine if certain characteristics of a pharmacist 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.

Background

Your Background

* ba: Your Gender

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

- ☐ Female
☐ Male

* bb: Your Age

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

- ☐ 20 - 30
☐ 31 - 40
☐ 41 - 50
☐ 51 - 60
☐ Over 60

* bc: Year of Graduation

Enter four numbers for
the year, eg: '1988'
if a pre-registration
student enter '0'

Please write your answer here:

* bd: Are you accredited to conduct medication reviews?

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

- ☐ Yes
☐ No

* be: Do you have any other formal pharmacy qualifications?

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

- ☐ No
☐ Other

bf: Are you a member of any professional groups?

Please choose **all** that apply:

- ☐ PSA
☐ SHPA
☐ AACP
☐ ACCP&M
☐ APESMA
☐ PGA

Other:

*** bg: Practice Profile**

Please indicate the number of full-time years you have worked in the following practice settings,

Please choose all that apply and provide a comment:

- ☐ Community Pharmacy
- ☐ Hospital Pharmacy
- ☐ Medication Reviews

*** bh: Continuing Education**

How many hours of CE/CPD would you complete on average per year?

Please choose *only one* of the following:

- ☐ None
- ☐ Less than 10 hours
- ☐ 10 - 25 hours
- ☐ 25 -50 hours
- ☐ More than 50 hours

Work Area

Your main area of work

*** wa: Current area of Practice**

Please indicate ONE area of practice where you currently spend the majority of your time practicing as a pharmacist.

Please choose *only one* of the following:

- ☐ Community Pharmacy
- ☐ Hospital Pharmacy
- ☐ Medication Reviews
- ☐ Other

*** wb: What is your current role in community pharmacy?**

Please choose *only one* of the following:

- ☐ Owner
- ☐ Manager
- ☐ Employee
- ☐ Locum
- ☐ Other

*** wc: How long have you worked in your current position?**

Years

Please write your answer here:

*** wd: How many hours do you work in community pharmacy during an average week?**

Please choose *only one* of the following:

- ☐ Less than 10 hours
- ☐ 10 - 20 hours

- ☐ 20 -40 hours
 - ☐ Over 40 hours
-

*** we: If you work in other areas of pharmacy, what percentage of your current working week is spent in a community pharmacy?**

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

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

*** wf: Of your time in community pharmacy, what proportion is spent on dispensing tasks?**

eg: Taking in the prescription, dispensing/checking the prescription, handing out the prescription

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

- ☐ Less than 10%
 - ☐ 10 - 50%
 - ☐ 50 - 90%
 - ☐ More than 90%
-

*** wg: When you are at the community pharmacy, how many other pharmacists generally work at the same time?**

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

- ☐ None
 - ☐ 1
 - ☐ 2
 - ☐ 3 - 4
 - ☐ 5 or more
-

*** wh: On average, approximately how many prescriptions would you dispense per 9 hour day?**

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

- ☐ Less than 100
 - ☐ 100 - 150
 - ☐ 150 - 200
 - ☐ 200 - 250
 - ☐ Over 250
 - ☐ Not appropriate to my area of practice
-

Submit your survey.

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