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?
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
* 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.