Pharmacy Name: 
Pharmacy Approval Number: 
Name of Pharmacist: 
Date of Visit: 
Time of Visit: Start End 
Name of Site Visitor: 

Have you been provided with sufficient information/updates about the project?: □ Yes □ No
Was the on-line training video viewed (if training night not attended)?: □ Yes □ No
Any problems with PROMISe surveys, computer program, or web-site?: □ Yes □ No
Any difficulties using the D.O.C.U.M.E.N.T. classification system?: □ Yes □ No
Are you using the materials from your PROMISe training folder?: □ Yes □ No
Do you need any more materials? If so, which materials do you need?: □ Yes □ No

If there were any problems, please list comments:

Any questions in relation to the PROMISe III project?: □ Yes □ No

Site visitors: please return by fax to (03) 6226 8534, or e-mail completed Excel spreadsheet to info@promise.org.au.
AND mail hard-copy to PROMISe Project, School of Pharmacy, University of Tasmania, Private Bag 26, Hobart TAS 7001
### Dispensary / pharmacist visibility and accessibility:

<table>
<thead>
<tr>
<th>From public front entry</th>
<th>Dispensary visible?</th>
<th>Pharmacist/s visible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>From public back entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From any other public entry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the pharmacist/s easily accessible by the public?:  □ Yes  □ No

Comments:

### Does the pharmacy possess a confidential counselling area?:

- □ Yes (closed office with door)
- □ Yes (temporary area with screen)
- □ No

How often is this counselling location used?:  □ Average number of times per week

Is the counselling area used during the site visit?:  □ Yes  □ No

### Number of dispensing system terminals:

Number of dispensing system terminals:  □

Able to attach a staff roster using the accompanying template?:  □ Yes  □ No

### Number of FTE dispensing staff (including pharmacists):

<table>
<thead>
<tr>
<th>Number of FTE dispensing staff (including pharmacists):</th>
<th>FTE</th>
</tr>
</thead>
</table>

### Number of FTE pharmacists available:

Number of FTE pharmacists available:  □

### Number of FTE pre-registration pharmacists:

Number of FTE pre-registration pharmacists:  □

Comments:

How often does limited access to a dispensing terminal affect your dispensary workflow?

- □ Frequently (>8 times per day)
- □ Occasionally/sometimes (3-8 times per day)
- □ Rarely/never (<3 times per day)

Are any health promotion posters or professional services advertised?:  □ Yes  □ No

If yes, please list below:
Workflow roles/responsibilities for dispensing (approximate standard procedure):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-dispensary staff</th>
<th>Dispensary assistants</th>
<th>Pre-reg and pharmacists</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collecting prescription &amp; patient details:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Processing prescription through computer:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Collecting stock for prescription:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Labelling prescription:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Checking prescription:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Handing out prescription:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Counselling patient:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Collecting payment for prescription:</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Provision of report (Top 10 interventions in your pharmacy)?:  
☑ Yes  ☐ No

General comments (including general "feel" and pace of the pharmacy, etc.):