

DATA COLLECTION SHEET

INTERVENTION DATE: _____ **PHARMACIST:** _____

NATIONAL MEDICATION CODE: _____ **NAME (optional*):** _____
If the antibiotic is not specified, record the code "000018"

Patient or caregiver? NO YES → ¿Do you have a prescription? Yes No
 Gender Male Female Foreign Age: ____
 (approximate, no question)

The patient has a prescription Yes (1) No (2)

(1) WITH PRESCRIPTION

Start treatment? Yes No Prophylactic treatment

Degree of knowledge

Identifies the pathology	Yes <input type="checkbox"/> No <input type="checkbox"/>	Knows the prescribed dosage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Knows warnings, adverse effects	Yes <input type="checkbox"/> No <input type="checkbox"/>	Knows storage instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contraindication or indication Has the disease ... Yes No Take the medicine ... Yes No

Problems related to medicines (PRM)? Yes No

Kinf of PRM	Efficacy <input type="checkbox"/>	Security <input type="checkbox"/>
PRM situation	Manifested <input type="checkbox"/>	Non manifested <input type="checkbox"/>

Description of relevant aspects of the case (on the back of the page) → **End**

In the event that the request is with a prescription and the intervention ends in dispensing, it is convenient to underline messages such as: "Remember that this medicine is an antibiotic, finish the treatment, if you have any left over, bring it to the pharmacy to destroy it without contaminating it. Do not use again unless your doctor prescribes it".

(2) WITHOUT PRESCRIPTION

Why does the patient demand the medicine?

Oral prescription (a)
To continue treatment (b)
Self-medication (c)

Indications

Ears Sinusitis Mouth Throat Flu, cold
 UTI Skin infection Eyes Respiratory inf
 Prophylaxis Others

Prescribing physicians?

Dentist <input type="checkbox"/>	Doctor <input type="checkbox"/>	Pediatrician <input type="checkbox"/>	Veterinary <input type="checkbox"/>
Chiropracist <input type="checkbox"/>	Others <input type="checkbox"/>		

Remember that without a prescription it cannot be dispensed → **End**

(c) Self-medication

Intervention Reject both alternatives and went to another pharmacy office
 Accept referral to a doctor
 Accept an alternative treatment
 Dispensed drug code _____

End (Description of relevant aspects of the case (on the back of the page))