

Data Recording checklist form

No.	Indicators	Coding category							
101	Prescription code	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
Section 1: Patient's Details									
102	Name	Yes..... 1 No..... 2							
103	Age	Yes.....1 → Write the age _____ No..... 2							
104	Sex	Yes.....1 → Male..... 1 Female 2 No..... 2							
105	Card No	Yes..... 1 No..... 2							
Section 2: The date of the prescription									
201	Date	Yes..... 1 No..... 2							
Section 3: Prescriber's Identity									
301	Name	Yes..... 1 No..... 2							
302	Qualification	Yes..... 1 No..... 2							
303	Signature	Yes..... 1 No..... 2							
Section 4: Prescribed drug name									
401	Prescribed in a generic name	Yes..... 1 No..... 2							
Section 5: Drug information									
501	Dose	Yes..... 1 No..... 2							
502	Frequency	Yes..... 1 No..... 2							
503	Route	Yes..... 1 No..... 2							
504	Quantity and/or duration	Yes..... 1 No..... 2							
505	Abbreviation	Yes..... 1 No..... 2							
Section 6: Legibility Grading									
601	Legibility score	Grade One 1 Grade Two..... 2 Grade Three..... 3 Grade Four..... . 4							