Patient indicator recording form

Location: _____

Investigator: _____   **Date:** _____

Seq. #	Patient identifier (Sex)	Consulting Time (mins)	Dispensing Time (secs)	# of Drugs Prescribed	# of Drugs actually Dispensed	# of drugs Adequately Labelled	Patient Knows Correct Dosages (0/1)*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
Total							
Average							
Percentage					_____ % of prescribed	_____ % of dispensed	_____ % of pts. know correct dosage

* 0= No   1= Yes