

Interview demographic data collection form

Department of
Pharmacy &
Pharmacology



Effects of User Testing Injectable Medicines Guidance – Phase 1

Completed by researcher:

Participant identification number:			
User testing round number:		Interview number:	

Please answer the following questions:

What best describes your gender? Please circle one option	Female	Male	Prefer not to say
	Prefer to self-describe:		
How many years old are you?			
Is English your first language? Please circle one option	Yes	No	
For which healthcare organisation(s) do you work?			
Are you currently a qualified nurse or midwife registered with the Nursing and Midwifery Council	Yes	No	
For how long have you worked as a qualified nurse or midwife?			
Are you currently authorised to prepare and administer intravenous medicines in a healthcare organisation?	Yes	No	
For how long have you been authorised to administer intravenous medicines?			
Over the last six months (or since you were authorised), on approximately what percentage of your shifts have you prepared or administered an intravenous medicine?	%		

Please give this sheet back to the researcher