Data Collection Form if you completed a Respiratory Tract Infection (RTI) consultation with the patient or their representative		
Question		***Answer***
1	When did you complete the consultation with the patient or their representative?	/ /
2	Who completed the consultation?	☐ Pharmacist ☐ Trainee Pharmacist ☐ Pharmacy Technician/ dispenser, including trainee technician/ dispenser ☐ Counter staff
3	Patient Age	☐ Child under 5 ☐ Child 5 or over ☐ Adult ☐ Not known
4a	Type of respiratory tract infection	☐ Middle-ear infection ☐ Sore throat ☐ Sinusitis ☐ Common cold ☐ Cough or bronchitis ☐ COVID-19 ☐ Other infection (go to question 4b)
4b	What other type of respiratory tract infection?	
5	Patient referred to Pharmacist?	☐ Yes ☐ No – referral was not needed ☐ N/A – the pharmacist was the person who spoke to the patient about their symptoms
6a	Over the counter treatment recommended?	☐ Yes – supplied (go to question 6b) ☐ Yes – declined (go to question 6b) ☐ No ☐ N/A
6b	Which over the counter treatment was recommended?	☐ Pain relief ☐ Nasal spray ☐ Oral decongestant ☐ Throat lozenges ☐ Anaesthetic throat spray ☐ Cough medicine - expectorant ☐ Cough medicine - suppressant ☐ Other (go to question 6c)
6c	Which other over the counter was treatment recommended?	
7	Self-care advice given?	☐ Yes – verbal advice only provided ☐ Yes – verbal advice and patient leaflet provided ☐ No
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Data Collection Form if you completed a Respiratory Tract Infection (RTI) consultation with the patient			
Question		***Answer***	
8a	Did the patient have any of the following symptoms?	☐ Skin is very cold, has a strange colour or they have developed an unusual rash ☐ Confusion, very drowsy, or have slurred speech ☐ Difficulty breathing, breathing quickly, turning blue around the lips or skin below the mouth, skin between ribs getting sucked or pulled in with every breath ☐ Severe headache and vomiting ☐ Chest pains ☐ Difficulty swallowing or are drooling ☐ Coughing up blood ☐ Passed little to no urine ☐ Symptoms are getting worse	(If ANY of these answers are ticked, go to question 8b)
8b	How urgently was the patient referred?	☐ Immediately (go to question 8c) ☐ If symptoms did not improve within 48 hours ☐ If symptoms got worse ☐ N/A (not referred to other services)	
8c	Pharmacist advised patient to see GP/other service?	☐ Yes – GP ☐ Yes – Out of Hours/NHS 111 Service ☐ Yes – Accident and Emergency ☐ Yes – Other	(If ANY of these answers are ticked, go to question 8d)
8d	Reason(s) for referral to GP/other service	☐ Skin is very cold, has a strange colour or they have developed an unusual rash	
		☐ Confusion, very drowsy, or have slurred speech	
		☐ Difficulty breathing, breathing quickly, turning blue around the lips or skin below the mouth, skin between ribs getting sucked or pulled in with every breath	
		☐ Severe headache and vomiting	
		☐ Chest pains	
		☐ Difficulty swallowing or are drooling	
		☐ Coughing up blood	
		☐ Passed little to no urine	
		☐ Symptoms are getting worse	
		☐ Other (go to question 8e)	
8e	Other reason(s) for referral to GP/other service		
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