1) Please enter your Practice ID Number:

2) Please indicate your role in the practice:

MD, DO
NP, PA
RN, LPN, MA, Lab Tech
Pharmacist
Front office staff
Medical records staff
Billing/administrative staff
Other (please specify)

3) How many patients do you personally see during a typical week?

<25
25-50
51-75
76-100
101-125
>125

4) In the past six months, have you ever reported any event using MEADERS?

Yes 🗌	No 🗌
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5) On a scale of 1 through 5, how well do you understand which events you should report?

			(Select the number that most closely matches your level of understanding)							
	Somewhat		Completely							
2	3	4	5							
0	0	O	0							
	2 ()	Somewhat 2 3 C C	Somewhat 2 3 4 C C C	Somewhat Completely 2 3 4 5 C C C C						

6) How much difficulty did you have in accessing the MEADERS electronic reporting form and submitting a report?

No difficulty
A little difficulty
Moderate Difficulty
A great deal of difficulty
I was unable to access the reporting system due to technical difficulties

7) Did you receive any training in the use of MEADERS?

	No 🗌	Yes 🗌
--	------	-------

8) How effective was that training in preparing you for using MEADERS?

Not effective		Somewhat effective	Very effective		
1	2	3	4	5	
Q	Q	Q	Q	Q	

Do you have any suggestions for what should be included in future training?

9) Please evaluate MEADERS by checking the circle that most closely matches your experience in filing reports.

	Strongly Disagree	Disagree	Neither disagree	Agree	Strongly Agree
	1	2	3	4	5
It is easy to use	Q	Q	Q	Q	Q
It takes too much time to submit a report	Q	Q	Q	Q	Q
It allows me to be candid when reporting errors	Q	Q	Q	Q	Q
It has increased my own awareness of how errors affect patient care	Q	Q	Q	Q	Q
It has helped me to improve patient care at my practice	Q	Q	Q	Q	Q
It has not worked in this practice	Q	Q	Q	Q	Q
It is viewed positively by this practice	Q	Q	Q	Q	Q
It encourages me to learn from my mistakes and the mistakes of others	Q	Q	Q	Q	Q
It has led to changes in how we practice medicine		Q	Q	Q	Q
It has increased the fear of repercussion in the practice		Q	Q	Q	Q
It made me feel like I was informing on my co-workers		Q	Q	Q	Q
It protected my anonymity when I was filing reports		Q	Q	Q	Q
Other (Specify)	Q	Q	Q	Q	Ç

10) Were there any specific errors or types of medication errors or adverse events that you did not feel comfortable reporting?

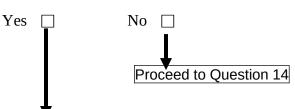
Yes 🗌	No 🗌
Ļ	Please describe what prevented you from reporting an error or adverse drug event to MEADERS.

11) Please tell us of any additional concerns that you may have with the reporting system. Did you have any concerns about...

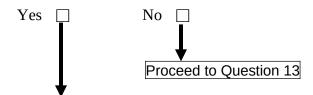
	Yes	No
The privacy of your reports		
The time it took to complete a report		
The layout or format of the reporting system		
The type of questions asked		
Others in your practice finding out you had made a report		
Knowing what should be reported		
Knowing how to correctly make a report		
How your practice might react to your making a report		
Other (please specify)		

Please express any other concerns that you may have had with regard to MEADERS.

12) Were there events that you reported in MEADERS that you elected not to forward to the FDA MedWatch database?



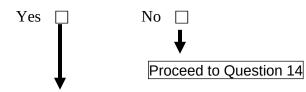
Did you elect not to forward to the FDA MedWatch a report of an adverse drug event that could not have been prevented(an observed event apparently related to the drug rather than human error)?



What were the reasons you elected not to forward your adverse drug event report to the FDA MedWatch system? (Please check all that apply)

Unclear on the procedure for reporting to MedWatch
Uncomfortable about the possibility that the FDA could contact me about the report I filed
Concerned about repercussions of reporting to MedWatch
Did not see any benefit to myself or my practice by reporting an error or adverse event to MedWatch
Worried about provider confidentiality (mine and/or others)
Worried about patient confidentiality
Other (please specify)

13) Did you elect not to forward to MedWatch a report of a medication error?



What were the reasons you elected not to forward your medication error report to the FDA MedWatch system? (Please check all that apply)

- □ Unclear on the procedure for reporting to MedWatch
- □ Uncomfortable about the possibility that the FDA could contact me about the report I filed
- □ Concerned about repercussions of reporting to MedWatch
- Did not see any benefit to myself or my practice by reporting an error or adverse event to MedWatch
- □ Worried about provider confidentiality (mine and/or others)
- □ Worried about patient confidentiality
- \Box Other (please specify)

14) What would it take for you to have used MEADERS more frequently?

	Very Unlikely	Unlikely	No difference	Likely	Very likely	NIA
	1	2	3	4	5	
If more errors occurred	Q	0	Q	Q	Q	Q
A better understanding of what should be reported	Q	Q	Q	Q	Q	Q
Less time required to file a report	Q	Q	Q	Q	O	Q
Better feedback from system	Q	Q	Q	Q	Q	Q
A change in the attitudes of my practice towards reporting	Q	Q	Q	Q	Q	Q
Greater awareness of the system's benefits	Q	Q	Q	Q	Q	Q
More time or opportunity to access the system	Q	0	0	Q	Q	0
More assurance of the system's confidentiality	Q	Q	Q	Q	Q	Q

Other (Specify)		O	0	Q	Q	Q	Q
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15) How useful were the practice-level summaries generated by MEADERS in instituting changes in your practice to improve patient safety?

Not Useful		Somewhat Useful	Very Useful	
1	2	3	4	5
0	Q	0	0	Q

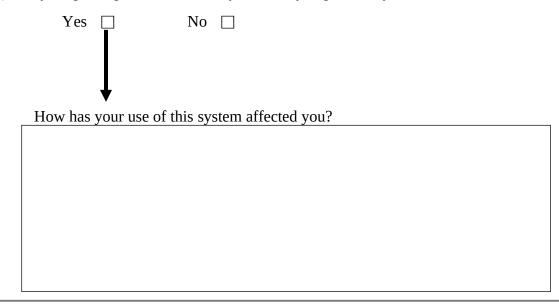
Are there ways we can increase the usefulness of the summaries?

16) What other concerns do you have about the system that we haven't asked you about?

17) What one thing would you change to improve the system?

18) What else would you like to tell us about your experience with the MEADERS?

19) Has your participation in this study affected you personally?



PLEASE TELL US A LITTLE ABOUT YOURSELF					
What is your gender?					
Male 🗌 Female 🗌					
In what year were you born?					
Are you of Hispanic/Latino origin?					
□ Yes □ No					
What is your race?					
Please check all that apply.					
American Indian or Alaskan Native					
Asian					
Black or African American					
Pacific Islander/Native Hawaiian					
☐ White					