

Attachment J: Example Screen Shots of Pharmacy Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 1: Submit questionnaire and link questionnaire to pharmacy(s)

Questionnaires

 [Upload a questionnaire](#)

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	Status	Date Received <input type="checkbox"/>	File Name	Language	Number of Sites using this Questionnaire
1.	Accepted	2/10/2014 3:12:29 PM	SOPS User Update Nov 2011.pdf	Spanish	

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Search:

* **Language**

- English
- Spanish
- Other

* **Select the sites that used this questionnaire** [Check All](#) [Uncheck All](#)

Select	Site Name	NPI	Store	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	Site 1	1234567890	1001	999 Fake St.		Rockville	MD	20850-1234
<input type="checkbox"/>	Site 2	1234567890	1002	1000 Fake St.		Rockville	MD	20850-1234

Figure 2: Upload data for each participating pharmacy

One at a Time


Submit Respondent Level Data File(s)

[RETURN TO ADMIN](#)

Instructions:

- Once your questionnaire is approved you can begin submitting your data file(s). Select "**Submit Data File**" next to the pharmacy you are submitting data for to upload your file(s).
- View data specifications ([PDF](#), 153 KB, [PDF HELP](#))
- View sample data file ([XLSX](#), 13 KB)

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Submit 	Status	Site Name	NPI #	Store #	Address	City	State	Denominator	End Month/Year	Current Data File	Cur
1. Submit data file	Pending	Franky			123 kind dr	washington dc	DC	20	8/2014	14 Single site Responses out-of-range.xlsx	Pas:

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All At Once

You are here: [Databases](#) > [Submitting Data](#) > Data File History


Submit Respondent Level Data File(s)

To submit survey data for multiple pharmacies all at once, please click "Upload Data File" below.

- Survey Data Specifications ([PDF](#), 153 KB, [PDF HELP](#))
- Sample Survey Data File ([XLSX](#), 12 KB)

 [Upload data file](#)

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Status	Date Received 	File Name	Site Name	City	State
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