

## AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

### Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 1: Submit Questionnaire and Link Questionnaire to Medical Office(s)

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Welcome, M

- **Submitting Data**
  1. Enter Medical Office Site Information
  - 2. Submit Medical Office Questionnaire**
  3. Submit Data Use Agreement
  4. Submit Respondent Level Data File(s)
- **Check Your Submission Status**
- **Your Account**
  - Change Password
  - Edit Contact Information
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### Questionnaires

Instructions:

- To upload a questionnaire, click on "**Upload a questionnaire**".
- If you already have an approved questionnaire and you have added or replaced medical offices using the same questionnaire, link your medical offices to the questionnaire by clicking on the file name of the accepted questionnaire below.

[Upload a questionnaire](#)

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Status	Date Received	File Name	Language	Number of Sites using this Questionnaire
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Figure 1: Submit Questionnaire and Link Questionnaire to Medical Office(s), continued

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A field with an asterisk (\*) before it is a required field.

**Submit Questionnaire: Select file**

Note: Acceptable file formats are .doc, .docx, .wpd, .pdf, or .rtf.

No file selected.

\* **Language**

☐ English  
☐ Spanish  
☐ Other

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

Select	Site Name	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	Sample Medical Office	123 Main Street		Rockville	MD	20850

## AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

### Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 2: Upload Data for Each Participating Medical Office

The screenshot displays the AHRQ Medical Office Survey on Patient Safety Culture Data Submission Web Site. The page header includes the U.S. Department of Health & Human Services logo and the AHRQ logo. The main navigation bar features links for 'E-mail Updates', 'Contact Us', 'Site Map', and 'Print Page'. The left sidebar contains a 'Databases' section with a 'Submit Respondent Level Data File(s)' link. The main content area is titled 'Submit Respondent Level Data File(s)' and includes instructions for submitting data files. Below the instructions is a table showing the status of submitted data files.

**Submit Respondent Level Data File(s)**

Instructions:

- Once your questionnaire is approved you can begin submitting your data file(s). Select "Submit Data File" next to the medical office you are submitting data for to upload your file(s).
- View data specifications ([PDF](#), 383 KB, [PDF HELP](#))
- View sample data file ([XLSX](#), 18 KB)

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Submit	Status	Site Name	Address	City	State	Denominator	End Month/Year	Current Data File	Current Data File Stat
1. <a href="#">Submit data file</a>	Pending	<a href="#">Sample Medical Office</a>	123 Main Street	Rockville	MD	20	1/2012		

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Figure 2: Upload Data for Each Participating Medical Office, continued

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Instructions:  
Verify that the data you are submitting matches the following site information:

- Medical Office Name, and
- Medical Office Address.

Select 'Browse' to locate the data file.  
Select 'Next'.

**Submit Data: Select file** (Step 1 of 2)

Data file must match Site Name, Address, City, State, and Zip code.

**Sample Medical Office**  
**123 Main Street**  
**Rockville MD, 20850**

Note: Only Excel files are acceptable (valid file extensions are .xls and.xlsx).

No file selected.