

Form Approved
 OMB No. 0935-XXXX
 Exp. Date XX/XX/20XX

Attachment C: Pharmacy Site Information Form

For this form, users provide information about each of their pharmacies, such as point-of-contact, methods of survey administration, overall response rate, and other pharmacy characteristics (e.g., type of pharmacy, number of locations, average number of prescriptions dispensed per week, and number of pharmacists and pharmacy technicians). The user completing this form is directed to the prompts for the respective type of pharmacy. The following screen shots demonstrate the site information entry process.

Databases

You are here: [Databases](#) > [Submitting Data](#) > Site Details

[Logout](#)

Welcome, Shakia

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

Stay Connected

DatabasesOnSafetyCulture
 @westat.com
 888-324-9790

Site Details

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

[Save](#)

* Pharmacy Name

Store Number

* Address

Address 2

* City

* State

* Zip Code

NPI Number (Type 2 Organization)

* Please identify the type of store that best describes this pharmacy.

For Other Pharmacy Type, please specify.

* What is the total number of locations/stores affiliated with this pharmacy? (Include this pharmacy when counting)

* What is the average number of prescriptions filled PER WEEK in this pharmacy?

Use my information as the contact for this site

* Contact First Name

* Contact Last Name

Title

* Telephone number Ext.

* Email Address

Data Collection

* Denominator (Number of surveys distributed)

* Survey Mode

* Data Collection Completed Month: Year:

Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, Rockville, MD 20857.

AHRQ Pharmacy Survey on Patient Safety Culture Database, Supporting Statement A

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Dropdown options for type of store:

* Please identify the type of store that best describes this pharmacy.

--Select--
Independent pharmacy
Supermarket pharmacy
Mass merchant pharmacy / discount retailer pharmacy
Chain drugstore (local, regional, national)
Integrated health system pharmacy (non-hospital unit based)
Other

* What is the total number of locations/stores affiliated with this pharmacy? (Include this pharmacy when counting)

Number of locations/stores:

* What is the total number of locations/stores affiliated with this pharmacy? (Include this pharmacy when counting)

--Select--
1 store (This pharmacy is the only location)
2 to 3
4 to 9
10 to 99
100 to 249
250 to 999
1,000 or more

* How many prescriptions are dispensed PER WEEK in this pharmacy?

Survey mode:

Data Collection

* Denominator (Number of surveys distributed)

* Survey Mode --Select a survey mode--

* Data Collection Completed --Select--

Paper
Web
Mixed Mode (Paper and Web)
Other