

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

Users upload the survey questionnaire they administered to enable us to determine whether any changes were made to the survey. They then link the survey to their pharmacies and upload individual-level survey data for each pharmacy. The screen shots below demonstrate the survey and data submission process.

Figure 1: Submit Questionnaire and Link Questionnaire to Pharmacies

The screenshot shows a web interface for managing questionnaires. On the left is a navigation menu with sections: 'Databases' (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), and 'Logout'. Below the menu is a 'Stay Connected' box with contact information: DatabasesOnSafetyCulture@westat.com and 888-324-9790. The main content area has a breadcrumb trail: 'You are here: Databases > Submitting Data > Questionnaires' and a 'Logout' link. The title is 'Questionnaires' with instructions: 'To upload a questionnaire, click on "Upload a questionnaire".' and 'If you already have an approved questionnaire and you have added or replaced pharmacies using the same questionnaire, link your pharmacies to the questionnaire by clicking on the file name of the accepted questionnaire below.' There is a link 'Upload a questionnaire' with a document icon. Below is a table with columns: Status, Date Received (dropdown), File Name, Language, and Number of Sites using this Questionnaire. The table shows 'Records: 0'. A search bar is present with 'Status' entered and a 'Find' button.

Figure 2: Submit Questionnaire and Link Questionnaire to Pharmacies

Databases

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**

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You are here: [Databases](#) > [Submitting Data](#) > Upload Questionnaire [Logout](#)

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.

*** 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"/>	Test123			123 west dr		rockville	MD	20850

Surveys on Patient Safety Culture
OMB Control Number: 0935-0218, Expiration Date: 6/30/2017

Figure 3: Upload Data for Each Participating Pharmacy

Databases

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**

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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 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)

<< Previous | Next >> **Records: 1**

Submit	Status	Site Name	NPI #	Store #	Address	City	State	Denominator	End Month/Year	Current Data File	Currei
1. Submit data file	Pending	Test123			123 west dr	rockville	MD	15	9/2014		

<< Previous | Next >>

Search: Contains

< >

Surveys on Patient Safety Culture
OMB Control Number: 0935-0218, Expiration Date: 6/30/2017

Figure 4: Upload Data for Each Participating Pharmacy

Databases

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

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You are here: [Databases](#) > [Submitting Data](#) > File Upload/Quality Report [Logout](#)

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

- Pharmacy Name, and
- Pharmacy 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.

Test123
123 west dr
rockville MD, 20850

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