

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

Attachment C: Medical Office Site Information Form

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

Welcome, Brad

- 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
- Logout

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790

Site Details

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

[Save](#)

* Medical Office Name

* Address

Address 2

* City

* State

* Zip Code

Site Contact Information

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 → **Response options for Survey Mode:**

- Paper
- Web
- Mixed mode (paper & web)
- Other

* Data Collection Completed Month: Year:

Additional Medical Office Information

* Which best describes the majority ownership of this medical office/practice? → **Response options for Majority Ownership:**

- Provider(s) and/or Physician(s)
- Hospital or Health System
- University or Academic Medical Center
- Community Health Center
- Federal, state, or local government
- Other

* Total number of providers (MDs, DOs, PAs, NPs, etc.) working in this medical office location during a typical week?

* Which of the following best describes the type of practice at this office location? → **Response options for Practice Type:**

- Single specialty
- Multispecialty

* **If single specialty practice, what is the specialty of the provider(s) at this office location?** → **Response options for Specialties (separated by semi-colons):**

Allergy/Immunology; Anesthesiology; Cardiology; Child & Adolescent Psychiatry; Dermatology; Diagnostic Radiology; Emergency Medicine; Endocrinology/ Metabolism; Family Practice/Family Medicine; Forensic Pathology; Gastroenterology; General Practice

[Save](#)

Public reporting burden for this collection of information is estimated to average 5 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, 540 Gaither Road, Room # 5036, Rockville, MD 20850.