

# AHRQ Hospital Survey on Patient Safety Culture Database, Supporting Statement A

## Attachment C: Hospital Site Information Form

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

**Databases**

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

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Site Details

[Save](#)

\* Medicare Provider ID

\* AHA ID   This hospital does not have an AHA ID.

\* Hospital Name

\* Address

Address 2

\* City

\* State

\* Zip Code

\* Does this hospital share an AHA ID with another hospital?

Yes  No  Don't Know

\* Please indicate the total number of licensed beds in your hospital.

\* Please identify the type of organization that controls and operates your hospital.

\* Please indicate your teaching status.

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Site Contact Information

Use my information as the contact for this site

\* Contact First Name

\* Contact Last Name

Title

\* Telephone number (  )  -  Ext.

\* Email Address

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Data Collection

\* Denominator  (Number of surveys distributed)

\* Survey Mode

\* Who Administered to

Please specify

\* Data Collection Completed Month:  Year:

\* Including the data you are submitting, how many total times did you administer the survey since July 2013?

**Welcome, Willow**

- **Submitting Data**
  - 1. Enter Hospital Site Information
  - 2. Submit Hospital 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**

Databases On Safety Culture  
@westat.com

888-324-9790

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.

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### Dropdown options for bed size:

\* Please indicate the total number of licensed beds in your hospital.

\* Please identify the type of organization that controls and operates your hospital.

\* Please indicate your teaching status.

Site Contact Information

- Select--
- 6-24 beds
- 25-49 beds
- 50-99 beds
- 100-199 beds
- 200-299 beds
- 300-399 beds
- 400-499 beds
- 500 or more beds

### Ownership and control:

\* Please indicate the total number of licensed beds in your hospital.

\* Please identify the type of organization that controls and operates your hospital.

\* Please indicate your teaching status.

Site Contact Information

- Select--
- Government non federal
- Nongovernment not-for-profit
- Investor-owned (for-profit)
- Government, federal

### Teaching status:

\* Please indicate the total number of licensed beds in your hospital.

\* Please identify the type of organization that controls and operates your hospital.

\* Please indicate your teaching status.

Site Contact Information

- Select--
- Teaching
- Non Teaching

### To whom the survey was administered:

\* Who Administered to

\* Data Collection Completed Month:  Year:

- Select--
- All staff's sample of all staff
- Selected departments/units only (Please specify)
- Selected staff positions only (Please specify)
- Selected departments/units and selected staff positions (Please specify)

### Survey mode:

\* Denominator  (Number of surveys distributed)

\* Survey Mode

\* Who Administered to

- Select a survey mode--
- Paper
- Web
- Mixed Mode (Paper and Web)
- Other

### Number of times administered:

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\* Including the data you are submitting, how many total times did you administer the survey since July 2013?

- Select-
- 1 time
- 2 times
- 3 times or more