

# 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

superadmin |

### Databases

Welcome, Susie

#### Submitting Data

1. Enter Medical Office Site Information
2. Submit Medical Office Questionnaire
3. Submit Data Use Agreement
4. Submit Survey Data File(s)

#### Check Your Submission Status

#### Your Account

[Change Password](#)

[Edit Contact Information](#)

[Logout](#)

### Stay Connected

888-324-8790

[DatabasesOnSafetyCulture@westat.com](mailto:DatabasesOnSafetyCulture@westat.com)

OMB Control Number: 0935-0198  
Expiration Date: 9/30/2021

### 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

\* Data Collection Completed Month:  Year:

#### Additional Medical Office Information

\* Which best describes the majority ownership of this medical office/practice?

\* 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?

\* If single specialty practice, what is the specialty of the provider(s) at this office location?

\* Have any staff or providers in this office taken efficiency and reliability training such as Lean, Six Sigma, ISO 9000/9001 or another similar training?

Response options for Majority Ownership (separated by semicolon): Provider(s) and/or Physician(s); Hospital or Health System; University or Academic Medical Center; Community Health Center; Federal, state, or local government; Other

Response options for Specialties (separated by semicolons): Allergy/Immunology; Anesthesiology; Cardiology; Child & Adolescent Psychiatry; Dermatology; Diagnostic Radiology; Emergency Medicine; Endocrinology/ Metabolism; Family Practice/Family Medicine; Forensic Pathology; Gastroenterology; General Practice

Response options for Survey Mode: (separated by semicolon): Paper; Web; Mixed mode (paper & web); Other

Response options for Practice Type: Single specialty  
Multispecialty

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.