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

	Databases	
	Welcome, Susie	Site Details
	Submitting Data	A field with an asterisk (*) before it is a required field.
	1. Enter Medical Office Site Information	Save
	2. Submit Medical Office Questionnaire	* Medical Office Name
	3. Submit Data Use Agreement	* Address
	4. Submit Survey Data File(s)	Address 2
	Check Your Submission Status	* City
	Your Account	
	Change Password	* Zip Code
	Edit Contact Information	Site Contact Information
	Logout	☐ Use my information as the contact for this site
		* Contact First Name
	N	* Contact Last Name
	Stay Connected	Title
	888-324-9790	* Telephone number Ext.
	DatabasesOnSafetyCulture@westat.com	* Email Address
		Data Collection
	OMB Control Number: 0935-0198 Expiration Date: 9/30/2021	* Denominator (Number of surveys distributed)
		* Survey Mode —Select a survey mode V Response options for Survey Mode:
ase options for	r Majority Ownership (separated	* Data Collection Completed Month:Select- Year:Select
	der(s) and/or Physician(s); Hospital	Additional Medical Office Information
	niversity or Academic Medical	* Which best describes the majority ownership of this medical office/practice?
er; Community Health Center; Federal, state, or government; Other		
		→ Select- ✓
		* Total number of providers (MDs, DOs, PAs, NPs, etc.) working in this medical office location during a typical week?
sponse options for Specialties (separated by semi- ons): Allergy/Immunology; Anesthesiology; rdiology; Child & Adolescent Psychiatry;		Response options for
		* Which of the following best describes the type of practice at this office location? Practice Type:
matology; Dia	gnostic Radiology; Emergency	Single specialty
dising, F J.	rinology/ Metabolism; Family Medicine; Forensic Pathology;	Select- Willispecialty
actice/Family M	; General Practice	* If single specialty practice, what is the specialty of the provider(s) at this office location?

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.