## 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	superadmin
	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	* State
	Change Password	* Zip Code
	Edit Contact Information	Site Contact Information
	Logout	Use my information as the contact for this site
		* Contact First Name
		* Contact Last Name
	Stay Connected	Title
	888-324-9790	* Telephone number Ext.
	DatabasesOnSafetyCulture@westat.com	* Email Address
		Data Collection
	OMB Control Number: 0935-0196 Expiration Date: 9/30/2021	* Denominator (Number of surveys distributed)
		* Survey Mode
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		* Data Collection Completed Month:Select- V Year:Select- V (separated by semicolon): Paper; Web; Mixed mode (paper & web); Other
		Additional Medical Office Information
		* Which best describes the majority ownership of this medical office/practice?
		-Select-
		* Total number of providers (MDs, DOs, PAs, NPs, etc.) working in this medical office location during a typical week?
	Specialties (separated by semi-	
	nology; Anesthesiology; lolescent Psychiatry:	Response options for Practice Type:
Cardiology; Child & Adolescent Psychiatry; Dermatology; Diagnostic Radiology; Emergency Medicine; Endocrinology/ Metabolism; Family Practice/Family Medicine; Forensic Pathology;		* Which of the following best describes the type of practice at this office location? Single specialty
		-Select- V Multispecialty
Gastroenterology; Ge		* If single specialty practice, what is the specialty of the provider(s) at this office location?
		Select 🗸