

**AHRQ Survey on Patient Safety Culture® (SOPS®)
Nursing Home Survey Version 2.0**

With Workplace Safety Supplemental Items

Survey Data File Specifications

Survey Data File Specifications

These specifications are for preparing your respondent-level data from the AHRQ Survey on Patient Safety Culture® (SOPS®) Nursing Home Survey Version 2.0 with the Workplace Safety Supplemental Items. The instructions below tell you how to prepare your Excel data file for submission to the Nursing Home Survey on Patient Safety Culture Database.

If you *do not* have data from the Workplace Safety Supplemental Items, please use the SOPS Nursing Home Survey Data File Specifications.

INSTRUCTIONS (Excel File Only):

Step 1: Include a header row with the variable name for each column.

Step 2: Submit individual survey response data using the response values indicated in this document (beginning on page 4).

Step 3: Check your data before submitting for the following things:

- **OUT-OF-RANGE VALUES**

You should clean your data before submitting to the database to ensure there are no out-of-range values and that the data submitted are free from error. Make sure all response values match the response value for the question.

- **REVERSE CODED ITEMS**

Do not submit reverse coded data on the survey's negatively worded items—simply submit each individual's **unmodified** responses to the survey items.

For example, survey item WPD1, “Staff are rude to other staff in this nursing home” is negatively worded. Regardless, the data should be submitted so that 1=Never and 5=Always, as originally indicated in the survey, as follows:

1 = Never

2 = Rarely

3 = Sometimes

4 = Most of the time

5 = Always

9 = Does Not Apply or Don't Know

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- **DO NOT SUBMIT RECODED DATA ON ANY SURVEY ITEM**

The only exception to this recording rule is noted below regarding modified staff positions and work units:

- *If your nursing home modified or added new **staff position** (BQ1) categories on your survey, you **MUST RECODE** your specific staff positions back to the survey's original staff position categories (1-11). If you added staff positions that do not match any of the survey's original job titles, code your specific staff positions as "Other" (BQ1 = 11) before submitting your data.*
- *If your nursing home modified or added new **work unit** (BQ5) categories on your survey, you **MUST RECODE** your specific work units back to the survey's original work unit categories (1-5). If you added work units that do not match any of the survey's original work units, code your specific work units as "Other unit or area" (BQ5 = 5), before submitting your data.*

- **DO NOT SUBMIT "OTHER, PLEASE SPECIFY" TEXT**

Do not include Other-Please Specify data (questions BQ1 and BQ5, and Your Comments). While you may find it useful to review this text, it should not be submitted to the Database.

- **SPANISH VERSION OF THE SOPS NURSING HOME SURVEY 2.0**

Please indicate which respondents (if any) completed a Spanish version of the safety culture survey, if you have this information available. You should do so by adding an 'S' to the Individual Unique Record ID (UNIQUEID) e.g., 001S.

- **OTHER LANGUAGE VERSION OF THE SOPS NURSING HOME SURVEY 2.0**

Please indicate which respondents (if any) completed the safety culture survey in a language that was neither English nor Spanish, if you have this information available. You should do so by adding an 'N' to the Individual Unique Record ID (UNIQUEID), e.g., 002N.

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Survey Question	Variable Name	Column Position	Response Labels
Site ID	SITEID	Column A	If you are submitting data for multiple nursing homes, then each site should have a unique Site ID. If you have data for only one nursing home, then its Site ID can be 1. The site ID can be any arbitrary number of your choice.
Individual Unique Record ID	UNIQUEID	Column B	Each individual record in the dataset should have a unique ID, e.g. 001, 002, 003. The unique ID can be any arbitrary number of your choice and should be different for each respondent. NOTE: If an individual completed a Spanish survey, add an 'S' at the end of the Record ID, e.g. 001S. If an individual completed a survey in a language other than English or Spanish, add an 'N' at the end of the Record ID, e.g., 002N.

SECTION A: Working in This Nursing Home

Survey Question	Variable Name	Column Position	Response Labels
1. Staff treat each other with respect	A1	Column C	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
2. Staff feel like they are part of a team	A2	Column D	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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Survey Question	Variable Name	Column Position	Response Labels
3. When a staff member gets really busy in this nursing home, others help out	A3	Column E	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
4. Staff follow this nursing home's policies and procedures to care for residents	A4	Column F	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
5. We have enough staff to handle the workload	A5	Column G	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
6. Staff have enough time to meet residents needs	A6	Column H	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
7. Staff get the training they need in this nursing home	A7	Column I	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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Survey Question	Variable Name	Column Position	Response Labels
8. This nursing home actively looks for ways to improve resident safety	A8	Column J	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
9. This nursing home makes changes to prevent the same incidents from happening again	A9	Column K	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
10. Staff feel safe reporting mistakes	A10	Column L	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
11. Staff are treated fairly when they make mistakes	A11	Column M	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
12. Staff are supported when they are involved in a resident safety incident	A12	Column N	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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SECTION B: Communication

Survey Question	Variable Name	Column Position	Response Labels
1. Staff are given all the information they need to care for residents	B1	Column O	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING
2. Staff are informed when there is a change in a resident's care plan	B2	Column P	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING
3. Resident needs are met during shift changes	B3	Column Q	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING
4. Staff feel comfortable asking questions when something doesn't seem right	B4	Column R	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING
5. Staff speak up if they see something that might harm a resident	B5	Column S	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING

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SECTION C: Supervisor Support for Resident Safety

Survey Question	Variable Name	Column Position	Response Labels
1. My supervisor pays attention to resident safety in this nursing home	C1	Column T	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
2. My supervisor listens to staff ideas and suggestions about resident safety	C2	Column U	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
3. My supervisor provides positive feedback when staff have done a good job	C3	Column V	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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SECTION D: Management Support for Resident Safety

Survey Question	Variable Name	Column Position	Response Labels
1. Management encourages staff to suggest ways to improve resident safety	D1	Column W	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
2. Management takes action to address staff concerns about resident safety	D2	Column X	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
3. Management often walks around the nursing home to check on resident care	D3	Column Y	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

SECTION E: Overall Ratings

Survey Question	Variable Name	Column Position	Response Labels
1. I would recommend this nursing home as a place that provides safe resident care.	E1	Column Z	1 = Yes 2 = Maybe 3 = No blank = MISSING
2. Overall, how would you rate this nursing home on resident safety?	E2	Column AA	1 = Poor 2 = Fair 3 = Good 4 = Very good 5 = Excellent blank = MISSING

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Workplace Safety Supplemental Items: Protection From Workplace Hazards

Survey Question	Variable Name	Column Position	Response Labels
1. There are good procedures to protect staff from contagious diseases, body fluids, or hazardous materials	WPA1	Column AB	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
2. Staff are provided with the appropriate personal protective equipment (PPE)	WPA2	Column AC	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
3. Staff use PPE appropriately	WPA3	Column AD	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
4. Staff clean their hands before and after helping residents with personal care	WPA4	Column AE	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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Workplace Safety Supplemental Items: Moving, Transferring, or Lifting Residents

Survey Question	Variable Name	Column Position	Response Labels
1. Equipment or assistive devices are available when needed to help move, transfer, or lift residents	WPB1	Column AF	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING
2. Equipment and assistive devices are in good working condition when needed to help move, transfer, or lift residents	WPB2	Column AG	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING
3. Staff use equipment or assistive devices when needed to help move, transfer, or lift residents	WPB3	Column AH	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING

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**Workplace Safety Supplemental Items: Addressing Inappropriate Resident Behavior
Toward Staff**

Survey Question	Variable Name	Column Position	Response Labels
1. Staff are trained to identify triggers or situations that could lead to inappropriate resident behavior toward staff	WPC1	Column AI	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
2. Staff are trained on how to de-escalate or calm down situations when residents are agitated or upset	WPC2	Column AJ	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
3. There are good procedures to keep staff safe from inappropriate resident behavior	WPC3	Column AK	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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Workplace Safety Supplemental Items: Interactions Among Staff

Survey Question	Variable Name	Column Position	Response Labels
1. Staff are rude to other staff in this nursing home	WPD1	Column AL	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING
2. Staff bully other staff in this nursing home	WPD2	Column AM	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does Not Apply or Don't Know blank = MISSING

Workplace Safety Supplemental Items: Supervisor Support for Workplace Safety

Survey Question	Variable Name	Column Position	Response Labels
1. My supervisor encourages staff to report their concerns about workplace safety	WPE1	Column AN	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
2. My supervisor listens to staff ideas and suggestions about workplace safety	WPE2	Column AO	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
3. My supervisor can be trusted to do the right thing to keep staff safe	WPE3	Column AP	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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Workplace Safety Supplemental Items: Management Support for Workplace Safety

Survey Question	Variable Name	Column Position	Response Labels
1. The actions of management show that the safety of staff is a top priority	WPF1	Column AQ	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
2. Management provides adequate resources to ensure the safety of staff	WPF2	Column AR	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING
3. Management takes action when staff report concerns about workplace safety	WPF3	Column AS	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

Workplace Safety Supplemental Items: Workplace Safety Reporting

Survey Question	Variable Name	Column Position	Response Labels
1. Staff can report their concerns about workplace safety without fear of negative consequences	WPG1	Column AT	1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree 9 = Does Not Apply or Don't Know blank = MISSING

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Workplace Safety Supplemental Items: Work Stress/Burnout

Survey Question	Variable Name	Column Position	Response Labels
1. Using your own definition of “burnout,” please select one of the answers below	WPH1	Column AU	1 = I have no symptoms of burnout. 2 = I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out. 3 = I am beginning to burn out and have one or more symptoms of burnout, e.g., emotional exhaustion. 4 = The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot. 5 = I feel completely burned out. I am at the point where I may need to seek help. blank = MISSING

Workplace Safety Supplemental Items: Overall Rating on Workplace Safety for Staff

Survey Question	Variable Name	Column Position	Response Labels
1. How would you rate your nursing home on workplace safety for staff?	WPI1	Column AV	1 = Poor 2 = Fair 3 = Good 4 = Very good 5 = Excellent blank = MISSING

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Workplace Safety Supplemental Items: Background Questions

Survey Question	Variable Name	Column Position	Response Labels
1. Overall, how satisfied are you with your job?	WPBQ1	Column AW	1 = Very Dissatisfied 2 = Dissatisfied 3 = Neither Satisfied nor Dissatisfied 4 = Satisfied 5 = Very Satisfied blank = MISSING
2. Are you considering leaving your nursing home within the next year, and if so, why?	WPBQ2	Column AX	1 = No 2 = Yes, to retire 3 = Yes, to take another job in another nursing home 4 = Yes, to take another job within healthcare 5 = Yes, to take another job outside of healthcare 6 = Yes, for another reason blank = MISSING

Background Questions

Survey Question	Variable Name	Column Position	Response Labels
1. What is your position in this nursing home?	BQ1	Column AY	1 = Administrator, Manager, or Director 2 = Administrative Support Staff 3 = Certified Nursing Assistant (CNA), Geriatric Nursing Assistant (GNA), Nursing Aide / Nursing Assistant 4 = Medication Technician, Pharmacist 5 = Physician 6 = Other Provider 7 = Registered Nurse (RN), Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN) 8 = Therapist 9 = Other Direct Care Staff 10 = Other Support Staff 11 = Other, please specify blank = MISSING

TEXT FOR OTHER, PLEASE SPECIFY [BQ1, item 11]* - **DO NOT SUBMIT TO DATABASE**

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Survey Question	Variable Name	Column Position	Response Labels
2. How long have you worked in this nursing home?	BQ2	Column AZ	1 = Less than 1 year 2 = 1 to 2 years 3 = 3 to 5 years 4 = 6 to 10 years 5 = 11 or more years blank = MISSING
3. How many hours per week do you usually work in this nursing home?	BQ3	Column BA	1 = Fewer than 30 hours per week 2 = 30 to 40 hours per week 3 = More than 40 hours per week blank = MISSING
4. When do you work most often?	BQ4	Column BB	1 = Days 2 = Evenings 3 = Nights blank = MISSING
5. In this nursing home, where do you spend most of your time working?	BQ5	Column BC	1 = Short-term care unit/Rehab 2 = Long-term care unit 3 = Memory care unit 4 = Multiple areas or no specific area 5 = Other unit or area, please specify blank = MISSING

TEXT FOR OTHER, PLEASE SPECIFY [BQ5, item 5]* - DO NOT SUBMIT TO DATABASE

Your Comments

Please feel free to write any comments about resident care and safety in this nursing home* - **DO NOT SUBMIT TO DATABASE**

*DO NOT SUBMIT OTHER SPECIFY TEXT OR TEXT ON COMMENTS TO THE DATABASE (ITEMS IN SHADED ROWS)