

**AHRQ SOPS Nursing Home Survey  
Site-Level Data File Specifications**

**AHRQ Surveys on Patient Safety Culture<sup>®</sup> (SOPS<sup>®</sup>)  
Nursing Home Survey  
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## Site-Level Data File Specifications

Use these instructions if you are *submitting data from multiple nursing homes all at the same time*.

**\*\* NOTE:** These specifications may be used for both the Nursing Home Survey 1.0 and 2.0 versions. **HOWEVER**, if your organization used both survey versions, please create a separate Excel file for sites that used the 1.0 survey and for sites that used the 2.0 survey. **\*\***

### ***INSTRUCTIONS:***

**Step 1: Site-level data must be in Excel format (.xls, .xlsx).**

**Step 2: Include a header row with the variable name for each column.**

Please include all variable names from the table below and ensure that each one is entered in the correct column. Failure to do so will result in delays in processing your data.

**Step 3: Site ID(s) must match the Site ID(s) in your respondent-level data file.**

Please enter a unique Site ID for **each** nursing home. Make sure that each nursing home's Site ID matches its Site ID in your respondent-level data file. This step is crucial for linking site-level and respondent-level data.

**Step 4: File must contain one record for each nursing home.**

Enter each nursing home in a separate row, including all required variables from the table below.

### **DEFINITION OF A NURSING HOME:**

- *A **nursing home** has licensed nursing home beds and is not an assisted living, community care, or independent living facility.*
- ***Nursing homes** must be located in the United States or in a U.S. territory.*

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| Column   | Variable Name | Variable Label  | Type             | Details/Comments  |
|--|---------------|---|------------------|---|
| Column A*  | SiteID        | Site ID   | Numeric          | Unique Site ID matching respondent-level data file.   |
| Column B*  | SiteName      | Site Name   | Character        | Please use a unique name for each site.   |
| Column C*  | Address1      | Street Address 1  | Character        |   |
| Column D   | Address2      | Street Address 2  | Character        |   |
| Column E*  | City          | City  | Character        |   |
| Column F*  | State         | State   | Character        | 2-character state abbreviation  |
| Column G*  | ZipCode       | Zip Code  | Character        | 5-digit zip code (include leading zeroes)   |
| Column H   | ZipPlusFour   | Zip Code +4   | Numeric          | 4-digit zip code extension  |
| <i>You must enter the name, phone number, and email of the contact person for each nursing home. The contact person entered can be the same for all nursing homes if they will be distributing the results to all nursing homes.</i> |               |   |                  |   |
| Column I*  | Contact_First | Contact First Name  | Character        |   |
| Column J*  | Contact_Last  | Contact Last Name   | Character        |   |
| Column K*  | Contact_Phone | Contact Phone #   | Numeric          | 10-digit phone number with <b>no</b> spaces or dashes   |
| Column L   | Contact_Ext   | Contact Extension   | Numeric          | Phone number extension  |
| Column M*  | Contact_Email | Contact Email Address   | Character        |   |
| <i>Column "N" for Medicare Provider ID is required for all Medicare Nursing Homes.</i>   |               |   |                  |   |
| Column N   | MedProvID     | Medicare Provider ID  | Character        | 6-character Medicare Provider ID or CCN (include leading zeroes)  |
| Column O*  | BedSize       | Please indicate the total number of certified beds in the nursing home.               | Numeric<br>(1-4) | 1 = 1-49 beds<br>2 = 50-99 beds<br>3 = 100-199 beds<br>4 = 200 beds or more   |
| Column P*  | Ownership     | Please indicate the type of organization that controls and operates the nursing home. | Numeric<br>(1-3) | 1 = For Profit – Operated under private commercial ownership<br>2 = Non Profit – Operated under voluntary or other nonprofit auspices<br>3 = Government – Operated by a governmental entity |
| Column Q*  | WPSSupp       | Did you administer the AHRQ Workplace Safety Supplemental Items for Nursing Homes?    | Numeric<br>(1-2) | 1 = Yes<br>2 = No   |

\*Indicates required information for each nursing home.

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| <b>Column</b> | <b>Variable Name</b> | <b>Variable Label</b>  | <b>Type</b>              | <b>Details/Comments</b>   |
|---------------|----------------------|--|--------------------------|---|
| Column R*     | Denominator          | Total number of employees asked to complete the survey                   | Numeric                  | Must be 10 or more  |
| Column S*     | SurveyMode           | What was the mode used to administer the survey?                         | Numeric<br>(1-4)         | 1 = Paper<br>2 = Web<br>3 = Mixed Mode (Paper & Web)  |
| Column T*     | StaffSurveyed        | Please indicate who the survey was administered to.                      | Numeric<br>(1-4)         | 1 = All staff/sample of all staff<br>2 = Selected departments/units only (please specify)<br>3 = Selected staff positions only (please specify)<br>4 = Selected departments/units and selected staff positions (please specify) |
| Column U      | PleaseSpecify        | Please specify selected staff.   | Character<br>(1000 max.) | If StaffSurveyed = 2, 3, or 4, please specify who the survey was administered to.   |
| Column V*     | StartMonth           | Start month of data collection   | Numeric<br>(1-12)        | Month of data collection start  |
| Column W*     | StartYear            | Start year of data collection  | Numeric                  | Year of data collection start (YYYY)  |
| Column X*     | EndMonth             | End month of data collection   | Numeric<br>(1-12)        | Month of data collection completion   |
| Column Y*     | EndYear              | End year of data collection  | Numeric                  | Year of data collection completion (YYYY)   |
| Column Z*     | SurveyVersion        | Please indicate which SOPS Nursing Home Survey version was administered. |                          | 1 = Nursing Home Survey 1.0<br>2 = Nursing Home Survey 2.0  |

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