

CHECKLIST: Submitting to Medical Office Survey of Patient Safety Culture Database

Database Submission Timeline:

Data submission occurs from October 1 – October 21.

You will need the following information about each medical office for which you submit data:

<input type="checkbox"/>	Medical Office Name
<input type="checkbox"/>	Medical Office Address
<input type="checkbox"/>	Medical Office Point of Contact
<input type="checkbox"/>	Medical Office Point of Contact Telephone
<input type="checkbox"/>	Medical Office Point of Contact Email
<input type="checkbox"/>	Copy of MOSOPS questionnaire(s) administered (English and/or Spanish versions)
<input type="checkbox"/>	MOSOPS Survey data file
<input type="checkbox"/>	Signed Data Use Agreement (DUA)
<input type="checkbox"/>	Type of medical office ownership
<input type="checkbox"/>	Number of staff asked to complete the survey (Response Rate Denominator)
<input type="checkbox"/>	Survey Mode (Paper, Web, Mixed Both Paper and Web, or Other)
<input type="checkbox"/>	Month and year in which data collection was completed
<input type="checkbox"/>	Other Medical Office Information, see medical office information form at: http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/medical-office/resources/medofficeform.html

PLEASE NOTE: Data submission ends on **October 21**. If you do not submit your data by this date, it will not be included in the database.