

Agency for Healthcare Research and Quality (AHRQ)
SOPS® Database
De-Identified Data Research Abstract Form

Instructions

Please use this form to describe the research for which you request AHRQ Surveys on Patient Safety Culture™ (SOPS®) de-identified data. Save this completed form with your last name in the file name (e.g., “Smith SOPS De-identified Research Abstract.doc”) and submit to SOPSResearchData@westat.com (Subject line: SOPS De-identified Data Request).

Notes: Because participating organizations (i.e., hospitals, medical offices, nursing homes, community pharmacies, and ambulatory surgery centers) voluntarily submit data to the SOPS Database, the data do not constitute a nationally representative sample. Replication of statistics published in the *Surveys on Patient Safety Culture Database Reports* may not be possible due to post-hoc cleaning and because some sites did not authorize the inclusion of their data in these de-identified files. Documentation of cleaning is provided with the data files.

Date Requested

Project Title [100 characters max.]

Purpose

Hypotheses

Methodology [Specify SOPS measures to be used and proposed analyses]

Expected Project Timeline**Expected Outcomes of the Research/How Results will be Presented****Funding Sources [Include grant or contract number.]****Survey and Database Year(s) Needed for Analyses Outlined Above**

Database Report Year	Hospital	Medical Office	Ambulatory Surgery Center	Nursing Home	Community Pharmacy
2012	<input type="checkbox"/>				
2013					
2014	<input type="checkbox"/>	<input type="checkbox"/>			
2015					<input type="checkbox"/>
2016	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2017					
2018	<input type="checkbox"/>	<input type="checkbox"/>			
2019				<input type="checkbox"/>	<input type="checkbox"/>
2020		<input type="checkbox"/>	<input type="checkbox"/>		

Contact Information

If Primary Contact is a student, please also provide your supervisor in Other Contact/Supervisor Information below.

Primary Contact Information

Name:
 Title:
 Organization:
 Address 1:
 Address 2:
 Phone:
 City, State, Zip:
 Country:
 Email:

Other Contact/Supervisor Information

Name:
 Title:
 Organization:
 Address 1:
 Address 2:
 Phone:
 City, State, Zip:
 Country:
 Email:

If there are more individuals who will be working with the data on this project, please provide their contact information as well.