

Supplemental materials for:

Ricci-Cabello I, Avery AJ, Reeves D, Kadam UT, Valderas JM. Measuring Patient Safety in Primary Care: The Development and Validation of the "Patient Reported Experiences and Outcomes of Safety in Primary Care" (PREOS-PC). *Ann Fam Med*. 2016;14(3):253-261.

Supplemental Appendix 1. Characteristics of the participating practices

| | Participating practices | | All English practices | |
|----------------------------------|-------------------------|---------------|-----------------------|--------------|
| | Mean (SD) | Range | Mean (SD) | Range |
| Registered patients (n) | 8,744 (6,288) | 1,827; 37,474 | 7,041 (4,307) | 17; 46,126 |
| Female patients (%) | 50.57 (5.95) | 30.4; 59.7 | 49.07 (6.42) | 0; 73.00 |
| Non-white ethnicity patients (%) | 18.77 (25.31) | 0; 94.3 | 15.85 (21.72) | 0; 100 |
| Patients aged >65 (%) | 16.48 (6.01) | 0.6; 29.9 | 15.32 (6.32) | 0; 97.00 |
| Deprivation* | 25.47 (12.83) | 6; 58.1 | 24.00 (12.26) | 2.86; 68.47 |
| QOF achievement score¶ | 975.61 (30.83) | 823.6; 1000 | 962.79 (53.43) | 244.79; 1000 |

*. Measured using the Index of Multiple Deprivation (higher scores indicating higher levels of deprivation); ¶. Quality and outcomes framework overall score achieved in the financial year 2013/2014

Supplemental Appendix 2. Comparison of patient characteristics and scale scores between respondents to the first invitation vs the respondents to the reminders.

Table A. Multivariate logistic regression comparing the characteristics of the respondents to the first invitation vs the respondents to the reminders.*

| | Respondents to first mailing (n (%)) | Respondents to reminder (n (%)) | OR [95% CI]‡ |
|-------------------------------------|--------------------------------------|---------------------------------|--------------------|
| Sex | | | |
| Male | 82 (39%) | 44 (33%) | 1 |
| Female | 130 (61%) | 90 (67%) | 1.28 (0.75; 2.21) |
| Age¶ | | | |
| <35 | 20 (10%) | 20 (15%) | 1 |
| 35-54 | 58 (28%) | 31 (24%) | 0.43 (0.18; 1.02) |
| 55-74 | 113 (55%) | 58 (45%) | 0.48 (0.21; 1.11) |
| >74 | 14 (7%) | 21 (16%) | 1.33 (0.40; 4.47) |
| Ethnicity | | | |
| White | 194 (94%) | 116 (88%) | 1 |
| Other ethnic group | 13 (6%) | 16 (12%) | 2.05 (0.79; 5.27) |
| Educational level | | | |
| Degree, degree equivalent and above | 87 (42%) | 48 (37%) | 1 |
| Other qualifications | 92 (45%) | 52 (40%) | 0.96 (0.54; 1.69) |
| No qualifications | 27 (13%) | 29 (22%) | 1.99 (0.91; 4.35) |
| Health status | | | |
| Very good/ Good | 170 (80%) | 97 (73%) | 1 |
| Fair /Bad /Very bad | 43 (20%) | 36 (27%) | 1.62 (0.73; 3.62) |
| Number of long term conditions | | | |
| 0 | 73 (36%) | 43 (33%) | 1 |
| 1 | 50 (25%) | 30 (23%) | 1.25 (0.60; 2.60) |
| 2-3 | 57 (28%) | 43 (33%) | 1.59 (0.71; 3.57) |
| 4 or more | 22 (11%) | 13 (10%) | 2.65 (0.74; 9.49) |
| Number of medications taken¶ | | | |
| 0 | 71 (36%) | 47 (38%) | 1 |
| 1-2 | 61 (31%) | 32 (26%) | 0.66 (0.33; 1.32) |
| 3-4 | 26 (13%) | 26 (21%) | 0.91 (0.36; 2.30) |
| >4 | 38 (19%) | 18 (15%) | 0.24 (0.07; 0.75) |

* Multilevel model, adjusted for all independent variables and for practice clustering effect; ‡ Odds Ratio, indicating the likelihood of respondent groups to reply to the reminder; ¶ Statistically significant differences according to post-estimation omnibus test.

Table B. Linear regression comparing scale scores between respondents to the first invitation vs the respondents to the reminders.*

| | Scores from respondents to first mailing (mean (sd)) | Scores from respondents to first mailing (mean (sd)) | β [95% CI] | Bootstrap SE |
|---|---|---|------------------------------------|---------------------|
| Practice Activation | 86.24 (16.60) | 84.28 (16.63) | -1.32 (-5.17; 2.53) | 1.97 |
| Patient Activation | 23.16 (29.74) | 28.71 (32.19) | 4.79 (-3.39; 12.98) | 4.17 |
| Experiences of safety problems | 4.21 (8.06) | 5.21 (9.04) | 0.79 (-1.48; 3.05) | 1.15 |
| Health domain specific harm | 4.04 (13.65) | 5.47 (15.91) | 1.07 (-2.54; 4.67) | 1.89 |
| Health and personal care, and financial needs | 2.67 (11.75) | 2.75 (11.73) | -0.10 (-2.94; 2.74) | 1.45 |
| Trustworthiness | 88.96 (14.30) | 87.93 (15.96) | -1.27 (-5.41; 2.87) | 2.11 |
| Overall rating of patient safety | 86.62 (16.85) | 84.40 (17.07) | -1.32 (-5.17; 2.53) | 1.97 |

* Multilevel model adjusting for practice clustering effect, and using bootstrap methods to account for skew score distributions.

sd, standard deviation; β , regression coefficient; CI, confidence interval; SE, standard error.

Supplemental appendix 3. Confirmatory Factor Analysis for the evaluation of construct validity

| | Coefficient | 95%CI |
|--|-------------|------------|
| Practice activation | | |
| Available when needed | 0.64 | 0.59; 0.69 |
| Enough time to say and ask questions | 0.76 | 0.73; 0.80 |
| Encouraged to talk | 0.75 | 0.71; 0.78 |
| Explained tests/treatments | 0.82 | 0.80; 0.85 |
| Told about side effects | 0.67 | 0.63; 0.71 |
| Took concerns seriously | 0.83 | 0.80; 0.85 |
| Arranged right type of care | 0.86 | 0.84; 0.88 |
| Had access to information | 0.80 | 0.78; 0.83 |
| Was aware of others' recommendations | 0.86 | 0.84; 0.88 |
| Worked well with others | 0.83 | 0.80; 0.85 |
| Patient safety as a priority | 0.70 | 0.65; 0.73 |
| Experiences of safety problems | | |
| Experience of problem related to diagnosis | 0.55 | 0.50; 0.61 |
| Experience of problem related to medication | 0.32 | 0.25; 0.39 |
| Experience of problem related to other treatments | 0.25 | 0.18; 0.32 |
| Experience of problem related to vaccines | 0.28 | 0.21; 0.35 |
| Experience of problem related to blood tests | 0.32 | 0.25; 0.38 |
| Experience of problem related to other procedures | 0.46 | 0.40; 0.52 |
| Experience of problem related to communication patient-provider | 0.71 | 0.67; 0.75 |
| Experience of problem related to communication between providers | 0.78 | 0.74; 0.81 |
| Experience of problem related to communication between providers not GPs | 0.62 | 0.57; 0.67 |
| Experience of problem related to appointments | 0.40 | 0.34; 0.47 |
| Experience of problem related to health record | 0.56 | 0.51; 0.62 |
| Harm – Hhealth domain specific | | |
| Pain | 0.84 | 0.82; 0.86 |
| Physical health | 0.90 | 0.88; 0.91 |
| Mental health | 0.75 | 0.72; 0.78 |
| Anxiety or stress | 0.78 | 0.76; 0.81 |
| Usual social activities | 0.88 | 0.86; 0.90 |
| Harm- Health and personal care, and financial needs | | |
| Healthcare needs | 0.94 | 0.92; 0.96 |
| Personal care needs | 0.84 | 0.81; 0.86 |
| Financial needs | 0.76 | 0.73; 0.79 |
| Harm - Time to recover from harm (health domain specific) | | |
| Pain | 0.71 | 0.61; 0.80 |
| Physical health | 0.91 | 0.85; 0.98 |
| Mental health | 0.43 | 0.28; 0.57 |
| Usual social activities | 0.83 | 0.76; 0.91 |

CI: confidence interval.

¶ Goodness-of-fit:

Practice activation: $p > \chi^2 = 0.000$, SRMR=0.029, CFI=0.96; Experiences of safety problems: $p > \chi^2 = 0.000$, SRMR=0.055, CFI=0.83; Impact of harm on specific aspects of health: $p > \chi^2 = 0.000$, SRMR= 0.040, CFI=0.94; Impact of harm on specific aspects of needs: $p > \chi^2 = 0.000$, SRMR=0.000, CFI=1.00; Time to recover from specific types of harm: $p > \chi^2 = 0.000$, SRMR=0.018, CFI=1.00

PATIENT REPORTED EXPERIENCES AND OUTCOMES OF SAFETY IN PRIMARY CARE (PREOS-PC)

Please carefully read the accompanying instructions before starting the survey

Your current GP surgery has sent you this questionnaire because they want to learn more about how to improve the quality of their services: please report freely to this questionnaire.

Please confirm the following details:

A. I am completing this survey:

- ☐ Based on my own experience as a patient
- ☐ On behalf of someone else. Please tell us your relationship to them (mother/ carer, etc.): _____

B. Have you seen or spoken to a GP, nurse or any other member of staff in your current GP surgery in the last 12 months?

- ☐ Yes. ➡ Please start the survey on **question 1** under “Creating a safe environment for you”.
- ☐ No. ➡ If you have not seen or spoken to a GP, nurse or any other member of staff in your GP surgery in the last 12 months, please start the survey in the section “Tell us more about how safe you feel at your practice”, on **question 26** on page 9.

CREATING A SAFE ENVIRONMENT FOR YOU

1. Thinking about the healthcare you have received in your GP surgery in the last 12 months, in general how often did you feel that your GP(s)...

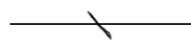
| | Always | Often | Sometimes | Rarely | Never | Not applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Was (were) available when you needed to see or talk to them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gave you enough time to say what you wanted to say and to ask questions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encouraged you to talk about any concerns about your healthcare? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explained your tests and treatments in a way you could understand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Told you about what side effects of your treatments to watch for? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took your concerns seriously? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Helped you to arrange/organise the right type of care (referrals, follow-up, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had access to relevant information when needed (medical history, test results, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seemed to be aware of the recommendations for care from other professionals treating you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seemed to work well together with the other professionals in the practice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

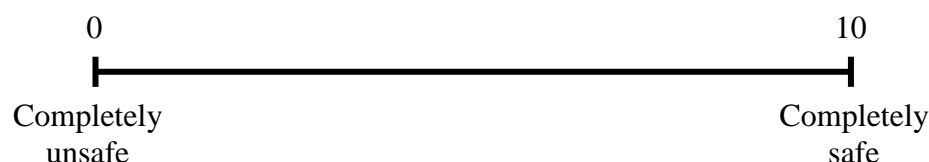
YOUR EXPERIENCES OF SAFETY PROBLEMS

Next we would like to ask you if you have experienced any safety problems. By “**safety problems**” we mean those problems that may happen **when a patient receives healthcare that might cause harm to their health, or to their wellbeing**. We do not mean issues just related to “health and safety”, but rather problems such as not receiving an examination or treatment when needed, receiving a wrong diagnosis or the wrong medication. Question 5 on the next page contains a long list of other safety problems that may happen in GP surgeries that might help you to better understand what we mean by safety problems.

2. Thinking about the healthcare you have received in your GP surgery in the last 12 months, to what extent would you agree that...

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | I don't know |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Delivering safe care was a top priority for your GPs, nurses and other staff in your GP surgery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall the GPs, nurses and other staff in your GP surgery seemed to be trustworthy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. On a scale of 0-10, how safe do you think the healthcare you received in your GP surgery was in the last 12 months? Please do this by putting a mark on the line below like this: 



4. Thinking about the healthcare you have received in your GP surgery in the last 12 months, how often did you ...

| | Always | Often | Sometimes | Rarely | Never | Not applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Raise a concern to your GPs, nurses or other staff in your GP surgery when you thought something was wrong with your healthcare? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Make a suggestion to your GPs, nurses or other staff in your GP surgery when you thought something could be done to improve the service provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Thinking about the healthcare you have received in your GP surgery in the last 12 months, do you believe you had any problem related to ...

| | No | Only once | More than once | I don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Diagnosis of your problems? (e.g. wrong diagnosis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The medication prescribed or given to you at your GP surgery? (e.g. receiving a medication that was meant for a different patient) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other treatments prescribed or administered at your GP surgery? (such as minor surgery, or acupuncture) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaccines prescribed or administered at your GP surgery? (e.g. receiving a vaccine that you already knew you were allergic to) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood tests and other laboratory tests ordered or performed at your GP surgery? (e.g. the test results being misplaced) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnostic and monitoring procedures other than blood and laboratory tests (such as an ear examination, or biopsy, etc.) ordered or performed at your GP surgery? (e.g. not receiving a procedure when needed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication between you and the healthcare professionals in your GP surgery? (e.g. not receiving the information you needed about your health problems or healthcare) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication and co-ordination between the healthcare professionals in your GP surgery? (e.g. important information about your healthcare not being passed between the healthcare professionals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication and co-ordination between professionals in your GP surgery and other professionals outside of the GP surgery? (e.g. a letter being missing from a hospital consultant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your appointments? (e.g. not getting an appointment when you needed one) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your health records? (e.g. your health records not being available when needed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other type of problem not listed above? Please describe here: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

➡ Thank you for completing this section. Now please read carefully the following instructions:

If all your responses to question 5 were either “No” or “I don’t know”, please go to “Your experiences of harm”, on page 7. Otherwise, please simply continue on to the next question.

6. In case you experienced more than one safety problem in the last 12 months, which of the following better describes the **most recent** safety problem you experienced? Please select **all** the boxes that apply to you.

- ☐ Diagnosis of your problems?
- ☐ Medication prescribed or given to you at your GP surgery?
- ☐ Other treatments prescribed or administered at your GP surgery?
- ☐ Vaccines prescribed or administered at your GP surgery?
- ☐ Blood tests and other laboratory tests ordered or performed at your GP surgery?
- ☐ Diagnostic and monitoring procedures other than blood and laboratory tests ordered or performed at your GP surgery?
- ☐ Communication between you and the healthcare professionals in your GP surgery?
- ☐ Communication and co-ordination between the healthcare professionals in your GP surgery?
- ☐ Communication and co-ordination between professionals in your GP surgery and other professionals outside of the GP surgery?
- ☐ Your appointments?
- ☐ Your health records?
- ☐ Other type of problem not listed above?

7. Please feel free to describe here in more detail the most recent problem that happened to you:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

8. Where did this problem happen? Please select **all** the boxes that apply to you.

- ☐ In the consulting or treatment room of the GP surgery
- ☐ At the reception desk of the GP surgery
- ☐ In the waiting room of the GP surgery
- ☐ In a GP out of hours service
- ☐ Over the phone
- ☐ At home
- ☐ In a care home
- ☐ Other, please specify: _____

☐ Not applicable (the problem did not happen in any specific location/s)

9. Which of the following professionals were involved in this problem? Please select **all** the boxes that apply to you.

- ☐ GP
- ☐ Nurse
- ☐ Midwife
- ☐ Health visitor
- ☐ Receptionist
- ☐ Other. Please describe: _____

10. How much responsibility do you think the professionals in your GP surgery had for this problem?

- ☐ A great deal
- ☐ Quite a lot
- ☐ Some
- ☐ Not very much
- ☐ None at all
- ☐ I don't know

11. How much responsibility do you think other professionals outside your GP surgery (e.g. pharmacist or hospital consultant) had for this problem?

- ☐ A great deal
- ☐ Quite a lot
- ☐ Some
- ☐ Not very much
- ☐ None at all
- ☐ I don't know

12. How much responsibility do you think you yourself had for this problem?

- ☐ A great deal
- ☐ Quite a lot
- ☐ Some
- ☐ Not very much
- ☐ None at all
- ☐ I don't know

13. To what extent would you agree that this problem could have been prevented?

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I don't know

14. What did you do about the problem, if anything? Please select **all** the boxes that apply to you.

- ☐ I did not do anything about the problem
- ☐ I reported it
- ☐ I asked for an explanation about the problem
- ☐ I asked to be involved in solving the problem
- ☐ I asked for something to be done to prevent it occurring again
- ☐ Other: Please explain _____

15. Who did you report the problem to? Please select **all** the boxes that apply to you.

- ☐ Nobody
- ☐ My own GP
- ☐ Another GP in my GP surgery
- ☐ Another healthcare professional, for example a nurse, in my GP surgery
- ☐ The manager of my GP surgery
- ☐ A member of administrative staff in my GP surgery
- ☐ Hospital staff
- ☐ A lawyer
- ☐ Other. Please describe: _____

16. Did the professionals in your GP surgery...
(please select **all** the boxes that apply to you)

- ☐ Acknowledge the problem?
- ☐ Take the problem seriously?
- ☐ Give you clear and sufficient information about the causes of the problem?
- ☐ Give you clear and sufficient information about the consequences of the problem?
- ☐ Offer you a verbal apology?
- ☐ Offer you a written apology?
- ☐ Involve you in resolving the problem?
- ☐ Inform you that the problem was recorded in your medical notes?
- ☐ Inform you that the GP surgery took measures to prevent the problem happening again?
- ☐ Other: Please explain _____

- ☐ None of the above

17. Overall, how would you rate your GP surgery's handling of the safety problem?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

YOUR EXPERIENCES OF HARM

Next we would like to ask you whether you have been harmed as a result of the healthcare provided in your GP surgery. By “harm”, we mean those situations in which healthcare actually causes a problem to patients’ health or wellbeing.

Problems in healthcare can cause harm to patients. Sometimes this is because the healthcare is not as good as it might have been; but sometimes harm occurs even with high-quality healthcare. Please see the examples below.

- Example of harm caused by **inadequate** healthcare: A patient who is feeling unwell and who has symptoms of cancer that need further investigation according to current guidelines sees her GP. Her GP does not recognize the importance of the symptoms and takes no action. Months later the cancer is finally diagnosed, but at a stage that is more advanced than when the patient first visited the GP.
- Example of harm caused by **adequate** healthcare: A patient is given the right medication but develops an unexpected adverse reaction that makes him feel unwell.

Please complete this part of the survey even if you previously reported not having experienced any safety problem in the last 12 months.

18. Do you think you have experienced any of the following types of harm as a result of the healthcare provided in your GP surgery in the last 12 months?

| | Not at all | Hardly any | Yes, somewhat | Yes, a lot | Yes, extreme | I don’t know (yet) |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harm to your physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harm to your mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased limitations in doing your usual social activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased health care needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased personal care needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased financial needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. How long did it take you to recover from your ...

| | Not applicable (I did not experience it) | Less than a week | More than a week but less than a month | More than a month, but I eventually recovered | I have a permanent problem |
|---|--|--------------------------|--|--|----------------------------------|
| Pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harm to your physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harm to your mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased limitations in doing your usual social activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased health care needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased personal care needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased financial needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

🔄 **Please read carefully the following instructions:**

If **all** your responses to question 19 were “**Not applicable (I did not experience it)**”, please go to “Tell us more about how safe you feel at your GP practice”, on the next page. Otherwise, please simply continue on to the next question.

20. Was the harm caused by the **most recent** problem you experienced and that you have previously reported in this survey (question 6, page 4)?

- ☐ Yes, it was caused by the most recent problem I experienced.
☐ No, it was not.

21. Please feel free to describe here your experience of being harmed (i.e., how your health/wellbeing was affected as a result of a problem with your healthcare): _____

22. Were your family /friends affected by the problem? If so, please feel free to describe here how they were affected: _____

TELL US MORE ABOUT HOW SAFE YOU FEEL AT YOUR PRACTICE

23. Do you think you have experienced any type of problem or harm as a result of the healthcare provided by your GP surgery **before** the last 12 months? If so, please describe your experience below (including the approximate date of when the problem happened). Otherwise, please leave it blank and go to the next question.

24. If you have experienced any type of problem or harm as a result of the healthcare provided by your GP surgery either in the last 12 months or before this time, have you learnt anything as a result of that? If so, what have you learnt?

25. What things, if any, does your practice do well to ensure that care is delivered safely?

26. What changes, if any, would you suggest to your GP surgery to ensure that care is delivered safely?

Please return this survey in the reply paid envelope provided (no stamp is needed).

Thank you for time and help

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