Community Medical Foundation for Patient Safety
NATIONAL PATIENT SAFETY COMMUNITY ANNUAL SURVEY

Please join us in a national effort to compile a list of existing patient safety activities, programs and organizations in the U.S. Only contact information you provide may be included in the National Patient Safety Directory and be provided to the public as an important resource of information. Use a black or blue pen and print clearly. Return completed survey by email, fax, or mail to the address below. For more information, contact Matthew Mireles, 832.778.7777.

Name of Program or Organization						
Location	City		State or Province		Country	
Contact Person				Title		
Address 1						
Address 2					Zip Code US only	
	City		State or Province		Country	
Phone Number		Fax		Email		
Website URL Address			Do you wish to create a link to your website? □ Yes □ No			

Affiliate or Chapter	List the parent or national organization you are affiliated with:
Date Program Started (mm/dd/yy)	**May we list your program or organization in the National Directory for Patient Safety?** □ Yes □ No
Primary mission of your program or organization	□ Research □ Education □ Advocacy □ Clinical practice □ Community Outreach □ Healthcare Admin □ Policies/Legislations □ Other:_____ (Check all that apply)
Description of your organization Check all that apply	□ Individual/self-operated □ Group < 10 persons □ Group, 10 or more persons □ For-profit organization □ Nonprofit organization □ Academic institution (university, etc.) □ City, state, federal agency □ Other _____
Primary audience target of program	□ General public □ Government □ Patients/families □ Healthcare providers □ Healthcare administrators □ Insurance company □ Other_____
Primary source(s) of funding	□ Sponsor(s) □ Grant(s) □ Self-funded □ Other_____
Have you had an adverse patient safety experience?	□ med error with me □ fatal error with family/friends □ nonfatal error with family/friends □ near miss with me or family/friends □ lawsuit with doctor, other caregiver or hospital □ Other_____ □ None (Check all that apply)
Top 3 patient safety problems (your opinion)	1_____ 2_____ 3_____
Top 3 ways to improve patient safety	1_____ 2_____ 3_____

In your own words define "patient-centered" medicine/healthcare

Other Comments (give more info about your advocacy or patient safety interest area)

THANK YOU! Please return completed survey to Community Medical Foundation for Patient Safety
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