Appendix 3. Questionnaire for capturing patient-reported safety incidents

Have you experienced something that you thought was a safety concern or issue in the last 12 months at this practice?

Yes ☐  (please continue)  No ☐  (please go to page X)

Please tell us what happened in as much detail as you can?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Why do you feel this was a ‘safety concern’ for you?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What do you think could be done to stop this from happening again to you or other patients, in the future?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Do you think it would have been possible to have stopped your experience from happening?

Definitely yes  Probably yes  Probably not  Definitely not  Don’t know

On a scale of 1 to 10 how serious do you think your ‘safety concern' was?

1  2  3  4  5  6  7  8  9  10
Not serious at all  Extremely serious

Any other comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Thank you for taking the time to complete this questionnaire.