

### 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?

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Why do you feel this was a 'safety concern' for you?

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

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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:

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Thank you for taking the time to complete this questionnaire.