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This is a questionnaire related to a published paper in **Quality & Safety in Health Care**.

White Rose Research Online URL for this paper:
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Published paper

Wilson, B., Bekker, H.L. and Fylan, F. (2008) *Reporting of Clinical Adverse Events Scale: a measure of doctor and nurse attitudes to adverse event reporting*, *Quality & Safety in Health Care*, Volume 17 (5).

		Strongly Agree	Agree	Disagree	Strongly Disagree
7	The careers of staff who report adverse events suffer	1	2	3	4
8	The procedures in this hospital are clear on how to report adverse events	1	2	3	4
9	I am not doing my job properly unless I report adverse events	1	2	3	4
10	Minor adverse events should not be reported	1	2	3	4
11	My colleagues expect me to report adverse events	1	2	3	4
12	Reporting adverse events creates problems for me	1	2	3	4
13	The procedures in this hospital are clear on what sort of adverse events should be reported	1	2	3	4
14	Only uncommon adverse events should be reported	1	2	3	4
15	Writing in a patient's notes that an adverse event has happened is just as good as filling in a separate reporting form	1	2	3	4
16	Receiving encouragement from senior clinical staff encourages me to report adverse events	1	2	3	4
17	Having an Adverse Event Monitoring Unit based in the hospital encourages staff to report errors	1	2	3	4
18	Reporting adverse events lets everyone know I have made a mistake	1	2	3	4
19	I am not permitted to report adverse events	1	2	3	4
20	You should only report those adverse events where something can be learned from them	1	2	3	4
21	Reporting adverse events is a method through which to pinpoint blame	1	2	3	4
22	Adverse events can't be prevented so there is no point in reporting them	1	2	3	4
23	Reporting adverse events lets colleagues gossip about my involvement in the event	1	2	3	4
24	Reporting adverse events makes people accountable for their actions	1	2	3	4
25	Colleagues seem unconcerned when adverse events occur	1	2	3	4

26a. Have you ever witnessed, or been involved in, an adverse event? (tick one box): **yes** **no**

26b. If yes, have you ever reported an adverse event? (tick one box): **yes** **no**

27. How likely are you to report an adverse event in the future?:

very unlikely **unlikely** **neither likely/ nor unlikely** **likely** **very likely**

28. What is your age? _____

29. Are you: **Male** **Female**

30. When did you first receive a clinical qualification? (if applicable) Date: _____

31. What is your profession? (e.g. Nurse/Doctor/Midwife) _____

32. What is your staff grade? (e.g. SHO/D grade) (If applicable) _____

33. What is your specialty? (If applicable) (e.g. Oncology, Psychiatry) _____

34. What type of additional qualifications (if any) do you have? (MD, MSc, diploma, etc) _____

Thank you for taking the time to complete this questionnaire. Please return it in the envelope provided. If you would like to be entered in the draw, please complete the attached slip. Your name will NOT be entered into the study's research database.