Supplemental Digital Content 1: Questionnaire

1. Symptoms or physical condition of adverse event

2. When the symptoms or physical condition were noticed?

3. Duration of symptoms or physical condition

4. Whether or not the symptoms or physical condition were consulted to physician?

5. Response of physician regarding the symptoms or physical condition

6. Causes of the symptoms or physical condition that the patient think

7. Classification of causes (multiple causes allowed)
   a. Drug
   b. Operation
   c. Decision-making
   d. Nursing
   e. Systems or facilities
   f. Patient
   g. Others

8. Relationship of the symptoms or physical condition with error

9. If error happened, the responsible personals
   a. Physician
   b. Nurse
   c. Patient
   d. Others

10. Outcomes of the symptoms or physical condition
    a. Transient injury
    b. Permanent injury or injury that compromised the patient’s life
    c. Stay away from school or work
    d. Additional hospital visits
    e. Additional drug prescription to treat
    f. Additional hospital stay or admission
    g. Others