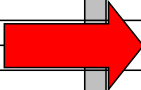
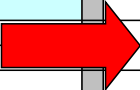


PROPOSED FORESEE RESULTS MODEL QUESTIONS FOR MyHealtheVet

Model questions utilize the ACSI methodology to determine scores and impacts

ELEMENTS (drivers of satisfaction) <i>All questions under each element are required. Element questions are partitioned among surveys.</i>	CUSTOMER SATISFACTION <i>Satisfaction questions are required. Satisfaction questions appear on all surveys.</i>	FUTURE BEHAVIORS <i>Future behaviors may be modified based on your site's objectives. Future behavior questions appear on all surveys.</i>
REQUIRED ELEMENTS (common to all websites)		
Content (1=Poor, 10=Excellent, Don't Know)	Satisfaction (1=Poor, 10=Excellent)	Likelihood to Return (1=Not Very Likely, 10=Very Likely)
Please rate the accuracy of information on this site.	What is your overall satisfaction with this site?	How likely are you to return to this site ?
Please rate the quality of information on this site.	How well does this site meet your expectations ?	Recommend (1=Not Very Likely, 10=Very Likely)
Please rate the freshness of content on this site.	How does this site compare to your idea of an ideal website ?	How likely are you to recommend this site to someone else ?
Functionality (1=Poor, 10=Excellent, Don't Know)		Organization Satisfaction (1=Poor, 10=Excellent)
Please rate the usefulness of the services provided on this site.		Considering all of your experiences to date, how satisfied are you with the My HealtheVet program overall?
Please rate the convenience of the services on this site.		
Please rate the ability to accomplish what you wanted to on this site.		
Look and Feel (1=Poor, 10=Excellent, Don't Know)		
Please rate the ease of reading this site.		
Please rate the clarity of site organization .		
Please rate the clean layout of this site.		
Navigation (1=Poor, 10=Excellent, Don't Know)		
Please rate the degree to which the number of steps to get where you want is acceptable.		
Please rate the ability to find information you want on this site.		
Please rate the clarity of site map/directory .		
Please rate the ease of navigation on this site.		
Site Performance (1=Poor, 10=Excellent, Don't Know)		
Please rate the speed of loading the page on this site.		
Please rate the consistency of speed on this site.		
Please rate the reliability of site performance on this site.		



PROPOSED CUSTOM QUESTIONS FOR MyHealtheVet

Custom questions complement the model questions and allow for additional data analysis

Question Text	Answer Choices (limited to 50 characters)	Type <i>drop-down menu check boxes radio buttons open-ended</i>	Required Y/N	Select one or all that apply
How frequently do you visit the My HealtheVet web site?	First time Daily More than once a day About once a week About once a month About every 3 months About every 6 months Less than every 6 months	Drop-down menu	Y	select one
What best describes you?	Active duty Veteran Family member of a veteran Veteran service organization News media General public VA employee Federal government employee State/local government employee Other (please specify):	Radio buttons	Y	select one
If applicable, please indicate your military period(s) of service:	Operation Enduring Freedom/Iraqi Freedom Gulf War Vietnam Era Korean Conflict World War II World War I Peacetime Service	check boxes	N	select all that apply
What were you trying to accomplish today in My HealtheVet? (please select all that apply)	Enter/keep track of personal information (My Caregivers, etc.) Enter/keep track of personal health care information (blood pressure, blood sugar, etc.) Look up information about a medication Request a prescription refill Access prescription history from my VA medical record Find a VA health care facility Research a health condition Find information about VA Benefits Other (please specify):	check boxes	Y	select all that apply
How were you trying to locate this information? (please select all that apply)	Browsing (following links in page) Search engine Top navigation bar Quick links Site map Other	check boxes	Y	select all that apply
Did you accomplish what you wanted to in My HealtheVet?	Yes No Partially	Drop-down menu	Y	select one
If you did not accomplish what you wanted to in My HealtheVet, please specify what you wanted to do.		Open-ended	N	

<p>If you have utilized any of the following My Health@Vet features, which, if any, did you find particularly useful? Which, if any, have you had difficulty using?</p>	<p>Health Education Libraries & Condition Centers (Research Health) Personal Health Care Information (such as Caregivers, Treatment Facilities, etc.) Online Prescription Refill Requests (Pharmacy) My Medications & Supplements (Self-entered, Pharmacy) My Complete Medications List (combined view of both VA and self-entered) Health Calendar (Get Care) Health@Logs (self-entered, such as Vitals, Tests, Allergies, etc.) Health History (personal, family, or military health history) Personal Health Summary (Track Health)</p>	<p>Drop-down menu</p>	<p>N</p>	<p>select one</p>
<p>What additional services would you like to see on My Health@Vet? (please select all that apply)</p>	<p>View upcoming appointments Schedule or change appointments Communicate electronically with my doctor Access to my medical record information Delegate access to my personal health record to another person Wellness reminders Drug interaction checking Opt-in monthly email newsletter Advance check in for clinic visits Educational programs Provider report card Notification of new content/features on the site Other (please specify):</p>	<p>check boxes</p>	<p>N</p>	<p>select all that apply</p>
<p>What is your age range?</p>	<p>18 or under 19 - 30 31 - 40 41 - 50 51 - 60 61 - 70 71 or older</p>	<p>Drop-down menu</p>	<p>N</p>	<p>select one</p>
<p>Are you a registered user on the MyHealth@Vet web site?</p>	<p>Yes No Not sure</p>	<p>Drop-down menu</p>	<p>Y</p>	<p>select one</p>
<p>Have you visited your VA Facility in person to show your ID and be "in-person authenticated" (IPA) for My Health@Vet?</p>	<p>Yes No Not sure Not applicable</p>	<p>Drop-down menu</p>	<p>Y</p>	<p>select one</p>
<p>If not, why have you not been "In-Person Authenticated"?</p>		<p>Open-ended</p>	<p>N</p>	
<p>Did you take part in a pilot project for the My Health@Vet web site?</p>	<p>Yes No Not sure</p>	<p>Drop-down menu</p>	<p>Y</p>	<p>select one</p>
<p>My use of the My Health@Vet personal health record has improved my ability to manage my health.</p>	<p>Strongly agree, Agree, Not sure, Disagree, Strongly disagree, Not applicable</p>	<p>Drop-down menu</p>	<p>Y</p>	<p>select one</p>
<p>What is the main improvement that you would suggest for the My Health@Vet web site?</p>		<p>Open-ended</p>	<p>N</p>	