

# MedWatch Customer Satisfaction Survey

## 1. FDA MedWatch Customer Satisfaction Survey

Your participation/non-participation is completely voluntary and your responses will not effect your eligibility to receive any FDA services. All respondent identification and information are anonymous.

## 2. Demographics

Which of the following best describes your primary status as a healthcare professional/student? (Choose one)

- Physician
- Pharmacist/Pharmacy technician
- Dentist/Dental Specialist/Dental hygienist
- Nurse/Nurse Practitioner
- Physician Assistant
- Medical resident or fellow
- Medical, pharmacy, nursing, or allied health professional student
- Medical Informatics/librarian in health system setting
- Medical Information media provider/reporter
- Consumer (not a healthcare professional/student)
- Other (please specify)

Selected Responses will Prompt Responder to Section 7 "Thank you for taking the time to complete the survey"



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Which of the following best describes your primary work setting? (Choose one)

- Department of Defense (DoD) or Veteran's Affairs (VA)
- Other government agency
- Private practice; self-employed
- Community-based small group (less than 5 practitioners)
- Multi-specialty group practice, Health Maintenance Organization (HMO)
- Academic medical center
- Community Hospital
- Academia
- Pharmaceutical, device, or biological industry
- Retail Pharmacy
- Investment firm
- News Media
- Other (please specify)

Selected Responses  
will Prompt Responder  
to Section 7 "Thank  
you for taking the time  
to complete the  
survey"

## 3. Customer Satisfaction with MedWatch Safety Alert Email

# MedWatch Customer Satisfaction Survey

How satisfied are you with each of the following elements of the MedWatch Safety Alert emails?

	Satisfied	Neither Satisfied/Nor Dissatisfied	Dissatisfied
a. Adequacy of the details provided in the subject line of emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Identification of the intended audience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Appropriate length of emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Ease of reading the email content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Clinical relevance of the information to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Provision of enough information for me to take action (if necessary)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Useful supplemental links provided in the email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Please recommend improvements or provide additional clarification to your responses.

How do you use the MedWatch Safety Alert email information you receive?  
(Check all that apply)

- a. To stay current on medical product safety
- b. To inform other colleagues in my work group
- c. To present new information at my committee meetings
- d. To publish the information in professional newsletters
- e. To add content to my organization's Web site
- f. To update drug information in my organization's electronic formulary or Electronic Medical Record (EMR)
- g. Other (please specify)

# MedWatch Customer Satisfaction Survey

On average, with how many individuals in your organization do you share MedWatch Safety Alert emails information?

0

1-9

10-24

25-99

100-499

500+

## 4. Targeting Messages

At this time, all MedWatch Safety Alert emails are sent to all who subscribe to the MedWtach listserv. FDA is considering whether it should target email distribution and wants your feedback about how best to do this.

If you could choose to receive product-specific MedWatch Safety Alert emails only, for which groups of products would you want to receive only that information? (Check all that apply)

- a. Drugs and Biologics (prescription and over-the-counter)
- b. Medical devices (e.g., stents, implants, radiological products, diagnostics)
- c. Blood, blood products and tissue
- d. Vaccines
- e. Dietary supplements
- f. Food allergens
- g. Food-related outbreaks
- h. Cosmetics
- Other (please specify)

# MedWatch Customer Satisfaction Survey

If you could choose to receive MedWatch Safety Alert emails with specific information only, which of the following types of information would you want to receive? (Check all that apply)

- a. Emerging safety information about human medical products
- b. Labeling changes with associated "Dear Healthcare Professional" letter issued by manufacturer
- c. Recalls of drugs with a potential for serious injury/death
- d. Recalls of medical devices with a potential for serious injury or death
- e. Notices of safety issues related to off label or inappropriate use of drugs or devices
- f. Safety information about newly approved drugs
- Other (please specify)

If you could choose to receive MedWatch Safety Alert emails applicable to specific audiences only, for which audience would you want to receive that information? (Check all that apply)

- General health professionals (e.g., Pharmacists, Nurses, Physicians)
- Medical specialty audiences (e.g., urology, oncology)
- General Public
- Other (please specify)

## 5. Monthly Drug Safety Labeling Changes

The following questions pertain to the MedWatch webposting/emails about Monthly Drug Safety Labeling Changes.

# MedWatch Customer Satisfaction Survey

How do you use the MedWatch information about Monthly Drug Safety Labeling Changes? (Check all that apply)

- a. To stay current on medical product safety
- b. To inform other colleagues in my work group
- c. To present new information at my committee meetings
- d. To publish the information in professional newsletters
- e. To add content to my organization's Web site
- f. To update drug information in my organization's electronic formulary or Electronic Medical Record (EMR)
- g. Other (please specify)

On average, with how many individuals in your organization do you share MedWatch information about Monthly Drug Safety Labeling Changes?

0

1-9

10-24

25-99

100-499

500+

Please recommend improvements FDA could make in its MedWatch information about Monthly Drug Safety Labeling Changes.

## 6. Social Media

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How else would you like to receive MedWatch Safety Alert emails or MedWatch information about Monthly Drug Safety Labeling Changes?  
(Check all that apply)

- Text messaging
- Audio (i.e. Podcast)
- Video (i.e. YouTube)
- Blogs
- Facebook
- Twitter
- MySpace
- GoogleWave
- LinkedIn
- Other (please specify)

## 7. Thank you for taking the time to complete and submit this survey

Please provide any comments regarding the MedWatch program in the space provided. Please do not supply any personal information. Your feedback is useful and appreciated.