

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX
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MO-SOPS Web-based Evaluation

This evaluation is for the purpose of obtaining practice reflection on the MO-SOPS survey you recently completed. Please answer questions with the overall practice in mind. We are interested in learning more about the process of completing the survey, including barriers encountered and ways to improve survey administration, and perceptions of the potential value and uses of the survey, including the comparative data provided to your practice.

This survey will take approximately 15 minutes.

Reflections on Process/Barriers

1. Please indicate your role in the practice:
 - clinician
 - practice manager
 - other _____

2. How long have you been with this practice?
 - < 5 years
 - 6-10 years
 - >11 years

3. Please describe the overall interest/enthusiasm of the clinicians (MDs, NPs, PAs) during the survey process:
 - very enthusiastic
 - somewhat enthusiastic
 - not enthusiastic
 - resistant

4. Please describe the overall interest/enthusiasm of the staff during the survey process:
 - very enthusiastic
 - somewhat enthusiastic
 - not enthusiastic
 - resistant

5. Please share (below) any information explaining the level of interest of your practice in the survey.

6. Did you and/or others perceive any of the following barriers to participating in the survey process? (Check all that apply.)

- We were not given adequate advance notification of the survey.
- We were not given adequate time to complete the survey.
- We were concerned that there may not be sufficient protection of our identity/that confidentiality would not be maintained.
- We had difficulty understanding some or all of the questions. (Please list below questions you did not understand.)

- Not all of the survey questions were relevant to our clinic. (Please list below questions you considered irrelevant.)

- Other perceived barriers (Please list in the space provided.)

7. How adequate were the orientation and instructions for completing MO-SOPS?

- adequate
- OK, but could have been improved
- not adequate
- no opinion

Please provide below suggestions for how the orientation and instructions could be improved.

8. Were there any additional questions/statements that you would have liked to see included?

- yes
- no

If yes, please list those below.

Perceptions of value/potential uses of the survey

The Survey was divided into six main sections (A - F). Please refer to the attached copy of the MO-SOPS and rate how important/relevant you think the following sections were to your practice:

9. List of Patient Safety and Quality Issues

- very important
- somewhat important
- not important
- no opinion

10. Patient Care Coordination With Other Settings

- very important
- somewhat important
- not important
- no opinion

11. Working in Your Medical Office

- very important
- somewhat important
- not important
- no opinion

12. Communication and Follow-up

- very important
- somewhat important
- not important
- no opinion

13. Owner/Managing Partnership/Leadership Support

- very important
- somewhat important
- not important
- no opinion

14. Your Medical Office

- very important
- somewhat important
- not important

no opinion

15. Do you plan to use the results of the survey within your practice?

- yes
- no

If "yes" please provide below an example of how you plan to use the results of the survey within your practice.

16. Do you see a benefit from having your practice participate in the survey?

- yes
- no

If "yes" please provide below an example(s) of a potential benefit to your practice.

17. What advice or feedback would you like to provide to the project team regarding the use of the MO-SOPS in a practice such as yours?

18. Did you or others in your practice feel you received adequate feedback about the results of the survey?

- yes
- no

19. Would you like to participate in further group discussion about the survey results?

- yes
- no

20. Would your office be interested in completing MO-SOPS in the future?

- yes
- no

21. How often do you think MO-SOPS should be administered?

- once a year
- every two years

- no opinion
- other _____

22. Your input is very valuable to us. Please provide below any additional comments or suggestions for us about the survey or how it is administered.

Thank you for taking the time to complete this online evaluation. We realize that you are very busy and appreciate your support of primary care research efforts.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.