**AHRQ QI Software and Documentation Questionnaire**

Form Approved
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The Agency for Healthcare Research and Quality (AHRQ) is interested in learning more about your opinion of the AHRQ Quality Indicators (QI) software and documentation. In learning this, we hope to make improvements and enhancements to the QI tools that we currently offer.

No information about you or your organization will be collected in this survey. Responses will be kept confidential to the extent permitted by law, including AHRQ’s confidentiality statute, 42 USC 299c-3(c) and no public reports will result from this survey. This information will be accessed only by the AHRQ QI Team for development efforts.

This survey should take no more than 5 minutes to complete. For questions, comments, or difficulties with this survey, please contact the AHRQ QI Support Team at qualityindicators@ahrq.hhs.gov.

***[NOTE: This survey is designed for past or present AHRQ QI users only.]***

 1. Do you (or your organization) currently use an AHRQ QI software product?

a. Yes, SAS

b. Yes, Windows Software (WinQI)

c. Yes, SAS and WinQI

d. Yes, SAS to import into My Own Network Powered by AHRQ (MONAHRQ)

e. Yes, Windows QI (WinQI) through My Own Network Powered by AHRQ (MONAHRQ)

f. No, but previously used either SAS or WinQI

g. No, never used either the SAS or WinQI software

2. How often do you (or your organization) download and install new versions of the AHRQ QI software?

a. Immediately after notification of the release

b. Variably, after other organizations adopt the new version

c. Never, unaware of updated versions

d. Never, takes too much time

e. Don’t know

f. Other, Specify: \_\_\_\_\_

3. What is your (or your organization’s) experience with the functionality of the AHRQ QI software?

 a. Very Satisfied

 b. Satisfied

 c. Neutral

 d. Dissatisfied

 e. Very dissatisfied

Public reporting burden for this collection of information is estimated to average 5 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. 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.

4. What is your (or your organization’s) experience with the ease of use of the AHRQ QI software?

 a. Very Satisfied

 b. Satisfied

 c. Neutral

 d. Dissatisfied

 e. Very dissatisfied

5. What improvements could we make to the AHRQ QI software (be as specific as possible)?

 List: \_\_\_\_\_

No improvements needed [checkbox]

6. What is your (or your organization’s) experience with the clarity of the documentation that supports the AHRQ QI software?

 a. Very Satisfied

 b. Satisfied

 c. Neutral

 d. Dissatisfied

 e. Very dissatisfied

f. I have never used AHRQ QI software documentation

7. What is your (or your organization’s) experience with the completeness of the documentation that supports the AHRQ QI software?

 a. Very Satisfied

 b. Satisfied

 c. Neutral

 d. Dissatisfied

 e. Very dissatisfied

f. I have never used AHRQ QI software documentation

8. What improvements could we make to the AHRQ QI software documentation (be as specific as possible)?

 List: \_\_\_\_\_

No improvements needed [checkbox]

9. How satisfied have you been with AHRQ QI user support?

 a. Very Satisfied

 b. Satisfied

 c. Neutral

 d. Dissatisfied

 e. Very Dissatisfied

f. I have never used AHRQ QI user support

 10. How could we improve user support for the AHRQ QI software (be as specific as possible)?

 List: \_\_\_\_\_

No improvements needed [checkbox]

11. What new features would you like to see included in the AHRQ QI Software in future releases?

a. More options and increased flexibility regarding the format of input data files (i.e., discharge record files)

b. More options regarding the format of output data files

c. Options to calculate area-level measures with greater flexibility regarding the targeted geographic areas (e.g., zip code level, township level)

d. Options to calculate trends in the QI rates over time

e. Other features: \_\_\_\_\_

f. No new features needed