Form Approved

 OMB No. 0990-0379

 Exp. Date XX/XX/20XX

## National Women’s Health Week Survey

**Introductory Screen 1**

Hello [*Participant Name*],

Welcome to the Office on Women’s Health National Women’s Health Week Survey.

This survey is conducted by IMPAQ International, LLC on behalf of the Office on Women’s Health, U.S. Department of Health and Human Services.

Click “Next” to proceed.

*Note: This is the first screen that the participant will see after clicking on the personalized link in the email invitation.*

**Introductory Screen 2**

During National Women’s Health Week (NWHW) ...... (*event\_year*) you registered ......... *(organization\_name*) and ........... *(event\_name)* on the Office on Women’s Health (OWH) website.

You are invited to take part in this survey because you agreed to participate in future evaluations when you registered your event.

This survey will ask questions about the resources and services you received from OWH for holding your NWHW event(s). It will also seek information on the NWHW event(s) your organization hosted.

There are no right or wrong answers. Your opinions and experiences are extremely important. The information that you and others provide will be used to improve the services provided by OWH.

The OMB Control Number for this information collection is XXXXX and the expiration date is XX/XX/XXXX.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

Your participation is voluntary and will not affect your organization’s eligibility to partner with OWH. Your answers will be combined with those of others and neither your name nor the name of your organization will ever be used in reporting the results of the study. OWH will not know which individuals or organizations participated in this study.

Would you like to view the Frequently Asked Questions? (Yes/No)

*(If the respondent clicks “Yes”, Frequently Asked Questions will be displayed.)*

Click “Next” to begin the survey.

*Note: OMB statement must appear at the bottom of the introductory screen:*

**Frequently Asked Questions Screen**

***“What is the purpose of the study?”***

The purpose of the study is to learn about your organization’s experience partnering with OWH in celebrating NWHW. The information collected will help OWH to improve the services it provides in the future to NWHW partners like you.

***“What information do you intend to collect?***

The survey will ask questions about the services, resources, and assistance your organization received for NWHW and the type of events your organization hosted during NWHW.

***”Why should I answer the survey questions?”***

We are interested in your opinions and experiences. The information you provide will help OWH to improve the services it provides to partners on future NWHWs.

***“How did you get my name?”***

We are contacting individuals who registered their NWHW event on the OWH website during the 2011 and/or 2012 NWHW and agreed to participate in future evaluations.

***“What happens if I don’t participate?”***

Your participation is voluntary and will not affect your organization’s eligibility to partner with OWH on future NWHWs.

***“How long will it take to complete the survey?”***

The survey is brief and should only take 15 minutes of your time. You can complete the survey at a time that is convenient for you. You also have the option to save and resume a partially completed survey.

***“Are my answers confidential?”***

Your answers will be combined with those of others and neither your name nor the name of your organization will ever be used in reporting the results of the study. All personally identifiable data will be kept confidential except as required by law. Your answer to questions will not affect your organization’s eligibility to partner with OWH on future NWHWs. OWH will not know which individuals or organizations participated in this study.

Draft Survey Instrument

| 1. **Organizational Information**
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| --- |
| **Number** | **Question** | **Response Categories** |
| We would like to learn about your organization and its partnership with the Office on Women’s Health (OWH) on National Women’s Health Week (NWHW). |
| A.1 | What category best describes your organization? | * Commercial business
* Community-based organization
* Government agency (federal, state, local)
* Medical association
* Health care provider
* Faith-based organization
* Recreation center
* Educational institution
* Other (specify)
 |
| A.2 | What percentage of your organization’s target population includes women and girls?  | * Less than 10 percent
* 10 - 25 percent
* 26 - 49 percent
* 50 percent (no targeting by gender)
* 51 - 75 percent
* More than 75 percent
* Do not know
 |
| A.3 | Did your organization ever receive a grant from the Office on Women’s Health for your NWHW events? | * Yes
* No
* Do not know
 |

| 1. **Resources for OWH**
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| **Number** | **Question** | **Response Categories** |
| The Office on Women’s Health (OWH) offers a variety of resources to its partner organizations related to National Women’s Health Week. The next few questions ask about which OWH resources you may have used for your NWHW ....... *(event\_year)* event and how useful those resources were.  |
| B.1 | Did you use the NWHW activity planning resources, such as how-to guides, check-lists, fact-sheets, and templates, on the OWH website for your NWHW ....... *(event\_year)* event? | * Yes
* No
* Do not remember
 |
| *B.2 CHECK**IF B.1 = NO, GO TO B.2. THEN SKIP TO B.8.**OTHERWISE SKIP TO B.3*  |
| B.2 | What is/are the reason(s) that you did not use the NWHW activity planning resources on the OWH website? *(Select all that apply.)* | * Did not know that there were activity planning resources
* Did not need these activity planning resources
* Could not access these activity planning resources
* Did not like these activity planning resources
* Did not have time to use these activity planning resources
* Do not know
* Other (specify)
 |
| B.3  | How useful was each of these NWHW activity planning resources for your NWHW ....... *(event\_year)* event?If you would like to refresh your memory, please click on the item to view the activity planning resource.*(Select all that apply.)**(The resource names below link to examples of the resources on the OWH website)* |
|  | *Activity Planning Resource* | *Very useful* | *Somewhat useful* | *Not useful* | *Do not remember* | *Did not use* |
| B.3a | NWHW Fact Sheet |  |  |  |  |  |
| B.3b | National Women’s Check-up Day Fact Sheet |  |  |  |  |  |
| B.3c | NWHW Registration Guide *(NWHW Activity Registration and Event Planning Overview for 2012 registrants)* |  |  |  |  |  |
| B.3d | Checklist for Your NWHW Event |  |  |  |  |  |
| B.3e | Ideas for Celebrating NWHW |  |  |  |  |  |
| B.3f | Tips for Building Partnerships |  |  |  |  |  |
| B.3g | How-to Guide for Media Outreach |  |  |  |  |  |
| B.3h | Proclamation Template |  |  |  |  |  |
| B.3i | Issuing and Using a Proclamation |  |  |  |  |  |
| B.3j | Media Advisory Template |  |  |  |  |  |
| B.3k | Press Release Template |  |  |  |  |  |
| B.3l | Sample Newsletter Text |  |  |  |  |  |
| B.3m | Thank You Note for Media |  |  |  |  |  |
| B.3n | How to Celebrate NWHW Online *(New for 2012)* |  |  |  |  |  |
| B.3o | Web buttons and banners |  |  |  |  |  |
| *We will ask respondents who found a particular activity planning resource as not useful to list suggestions for improvement. Each of the items will be given as a separate question and will be posed to respondents according to their previous selection.*  |
| B.4a-o Do you have any suggestions for making (Activity Planning Resource name) more useful for your NWHW events?  |
|  | *Activity Planning Resource* | *Suggestions (Free text)* |
| B.4a | NWHW Fact Sheet |  |
| B.4b | National Women’s Check-up Day Fact Sheet |  |
| B.4c | NWHW Registration Guide *(NWHW Activity Registration and Event Planning Overview for 2012 registrants)* |  |
| B.4d | Checklist for Your NWHW Event |  |
| B.4e | Ideas for Celebrating NWHW |  |
| B.4f | Tips for Building Partnerships |  |
| B.4g | How-to Guide for Media Outreach |  |
|  B.4h | Proclamation Template |  |
| B.4i | Issuing and Using a Proclamation |  |
| B.4j | Media Advisory Template |  |
| B.4k | Press Release Template |  |
| B.4l | Sample Newsletter Text |  |
|  B.4m | Thank You Note for Media |  |
| B.4n | How to Celebrate NWHW Online *(New for 2012)* |  |
| B.4o | Web buttons and banners |  |
| B.5 | Please describe other activity planning resources that you would like OWH to make available for future NWHWs, if any.  | * Free text
 |
| B.6 | Did you use the English language activity planning resources? | * Yes
* No
* Do not remember
 |
| B.7 | Did you use the Spanish language activity planning resources? | * Yes
* No
* Do not remember
 |
| Free publications such as health guides, and tear and share bookmarks with information on tests, exams, and immunization can be ordered from OWH when you register your NWHW event.  |
| B.8 CHECKIF EVENT\_YEAR = 2011, GO TO B.8.OTHERWISE SKIP TO B.14 |
| B.8 | Did you order free publications from OWH for your NWHW ....... *(event\_year)* event? | * Yes
* No
* Do not remember
 |
| *B.9 CHECK**IF B.8 =YES, GO TO B9.* *OTHERWISE SKIP TO B.14* |
| B.9 | How useful were the free publications for your NWHW ....... *(event\_year)* event? | * Very useful
* Somewhat useful
* Not useful
* Do not remember
 |
| B.10 | Did the free publications you ordered arrive on time? | * Yes
* No
* Do not know
* Do not remember
 |
| B.11 | How satisfied were you with the ordering and delivery processes? | * Fully satisfied
* Somewhat satisfied
* Not satisfied
* Do not remember
 |
| *B.12 CHECK**IF B.11 =NOT SATISFIED, GO TO B.12.* *OTHERWISE SKIP TO B.13* |
| B.12 | What changes, if any, would you like to see in future NWHWs’ ordering and delivery processes?*(Select all that apply.)* | * Open ordering process earlier
* Shorten the time for order processing
* Speedier delivery
* Better packaging
* Other (specify)
 |
| B.13 | Please describe other free publications that you would like OWH to make available for future NWHWs, if any. | * None
* Free text
 |
| We would like to learn about the technical assistance you may have received from OWH for your NWHW event. |
| B.14 | Did you contact OWH for technical assistance (TA) for your NWHW event? | * Yes
* No
* Do not remember
 |
| *B.15 CHECK**IF B.14 =YES, GO TO B.15.* *OTHERWISE SKIP TO B.17* |
| B.15 How satisfied were you with the help you received in each of these areas? |
|  | *Area of TA* | *Fully satisfied* | *Somewhat satisfied* | *Not satisfied* | *Do not remember* | *Did not use* |
| B.15a | Media outreach |  |  |  |  |  |
| B.15b | Partnership development |  |  |  |  |  |
| B.15c | Social media |  |  |  |  |  |
| B.15d | Registration |  |  |  |  |  |
| *We will ask respondents who were not satisfied with a particular TA activity to list the reasons for that assessment.*  |
| B.16 Why were you not satisfied with the help you received in the following areas? |
|  | *Area of TA* | *Reasons (Free text)* |
| B.16a | Media outreach |  |
| B.16b | Partnership development |  |
| B.16c | Social media |  |
| B.16d | Registration |  |
| We would like to learn about the changes you would like to see in the NWHW registration process.  |
| B.17 | How easy or hard was it to register your event? | * Very easy
* Easy
* Neither easy nor hard
* Hard
* Very Hard
* Do not remember
 |
| *B.18 CHECK**IF B.17 = HARD OR VERY HARD, GO TO B.18.* *OTHERWISE SKIP TO C.1* |
| B.18 | Do you have any suggestions to make it easier to register? | * Free text
 |

| 1. **Sources of Information on NWHW**
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| --- |
| **Number** | **Question** | **Response Categories** |
| Please provide information on how your organization learned about NWHW. |
| C.1  | Did your organization receive information on NWHW from any of these sources? *(Select all that apply.)* | * Print resources (newspapers, magazines, newsletters, flyers)
* Radio
* Television
* Direct communication with organizations/groups/individuals, including email
* NWHW event
* womenshealth.gov website
* Other websites
* OWH Facebook page
* Other social networking sites such as Facebook or MySpace
* OWH Twitter
* Other Twitter feeds
* You Tube
* Blogs
* Do not remember
* Other (specify)
 |

| 1. **Promoting NWHW**
 |
| --- |
| **Number** | **Question** | **Response Categories** |
| Please provide information on how your organization promotes NWHW and your related events. |
| D.1 | What are the types of media that you used to promote your NWHW ....... *(event\_year)* event?  | * Print resources (newspapers, magazines, newsletters, flyers)
* Radio
* Television
* Direct communication with organizations/groups/individuals, including email
* Internet (websites, social networking sites etc.)
* Do not remember
* Other (specify)
 |
| *D2. CHECK**IF D.1 = INTERNET, GO TO D.2.**OTHERWISE SKIP TO E.1* |
| D.2 | Which of these internet resources did you use for promoting NWHW ....... *(event\_year)* event?*(Select all that apply.)* | * Social networking sites such as Facebook or MySpace
* Twitter
* You Tube
* Websites
* Blogs
* Flickr
* Advertisements
* Do not remember
* Other (specify)
 |

| 1. **Types of NWHW Events**
 |
| --- |
| **Number** | **Question** | **Response Categories** |
| Please provide information on the events hosted by your organization during NWHW ........ *(event\_year)*.  |
| E.1 | Did your organization celebrate or promote National Women’s Check-up Day in ......... *(event\_year)*? | * Yes
* No
* Do not know
 |
| *E.2 CHECK**IF E.1 = YES, GO TO E.2.**OTHERWISE SKIP TO E.3* |
| E.2 | How did your organization celebrate or promote National Women’s Check-up Day in ......... *(event\_year)*? | Held a free or reduced price screening eventTook the Check-up Day pledge and encouraged others to as wellDistributed information related to screening testsPromoted Check-up Day through social media channelsConducted media outreachDo not knowOther (specify) |
| E.3 | Did your organization arrange for an NWHW proclamation to be issued in .......... *(event\_year)*? | * Yes
* No
* Do not know
 |
| *E.4 CHECK**IF E.3 = YES, GO TO E.4.**OTHERWISE SKIP TO E.5* |
| E.4 | Which government agency issued the proclamation? | * Governor
* Mayor
* County Official
* Do not remember
* Other (specify)
 |
| E.5 | You registered *(event\_name)* on the OWH website. What type of event was it? *(Select all that apply.)* | * Educational activity
* Health fair
* Screening event
* Media outreach
* Social media outreach
* Other (specify)
 |
| E.6 | Which of these health topics did ....... *(event\_name)* address?*(Select all that apply.)* | * Physical activity and fitness
* Nutrition
* Regular check-ups and/or preventive screenings
* Chronic diseases
* Unhealthy behaviors (e.g., smoking, not wearing a seatbelt)
* Mental health
* Health coverage or insurance
* Other (specify)
 |
| E.7 | What was the geographical target of ....... *(event\_name)*?*(Select all that apply.)* | * National
* State
* City
* Local community
* Do not know
* Other (specify)
 |
| E.8 | What was the target population of ....... *(event\_name)*?*(Select all that apply.)* | * Women
* Girls
* Men or boys
* Families
* Organizations
* Media
* Government
* Industry-specific professionals
* Senior citizens
* Minority groups
* Specific patient groups
* Disabled individuals
* Students
* Do not know
* Other (specify)
 |
| *E.9 CHECK**IF E.8 = ORGANIZATIONS, MEDIA OR GOVERNMENT, SKIP TO F.1.**OTHERWISE GO TO E.9* |
| E.9 | How many individuals participated in ....... *(event\_name)*? | * Less than 50
* 51 - 100
* 101 - 250
* 251 - 500
* 501 - 1,000
* 1001 - 10,000
* More than 10,000
* Do not know
 |

| 1. **Opinions about NWHW**
 |
| --- |
| **Number** | **Question** | **Response Categories** |
| How much do you agree or disagree with the following statements? |
|  |  | *Strongly agree* | *Somewhat agree* | *Neutral* | *Somewhat disagree* | *Strongly disagree* | *Do not know* |
| F.1 | My NWHW event increased my organization’s ability to engage the women in my community. |  |  |  |  |  |  |
| F.2 | My NWHW event increased my organization’s visibility in my community. |  |  |  |  |  |  |
| F.3 | I would recommend partnering with OWH for NWHW to others.  |  |  |  |  |  |  |
| F.4 | My organization intends to partner with OWH for future NWHWs. |  |  |  |  |  |  |
| F.5 | My organization values its partnership with OWH. |  |  |  |  |  |  |
| F.6 | http://www.womenshealth.gov/whw/activity-planning/materials/NWHW-logo.gifThis is the logo of NWHW. Do you remember seeing the logo prior to starting this survey? | * Yes
* No
 |
| How much do you agree or disagree with the following statements? |
|  |  | *Strongly agree* | *Somewhat agree* | *Neutral* | *Somewhat disagree* | *Strongly disagree* |
| F.6a | I like the logo of NWHW. |  |  |  |  |  |
| F.6b | I like the colors of the NWHW logo. |  |  |  |  |  |
| F.6c | I like the image of flowers in the NWHW logo. |  |  |  |  |  |
| F.6d | I think the NWHW logo embodies the spirit of NWHW. |  |  |  |  |  |
| F.7 | The theme for the 2011 and 2012 NWHWs was “It’s your time!” Do you remember seeing the theme before? | * Yes
* No
 |
| F.8 How much do you agree or disagree with the following statements? |
|  |  | *Strongly agree* | *Somewhat agree* | *Neutral* | *Somewhat disagree* | *Strongly disagree* |
| F.8a | I like the theme “It’s your time!” |  |  |  |  |  |
| F.8b | I think it is important to have a new theme for NWHW every year. |  |  |  |  |  |
| F.9 | When I think of NWHW, I think of the Office on Women’s Health. | * Strongly agree
* Somewhat agree
* Neutral
* Somewhat disagree
* Strongly disagree
 |
| F.10 How much do you agree or disagree with the following statements?Words that describe NWHW include*(Select all that apply.)* |
|  |  | *Strongly agree* | *Somewhat agree* | *Neutral* | *Somewhat disagree* | *Strongly disagree* |
| F.10a | Nurturing |  |  |  |  |  |
| F.10b | Empowering |  |  |  |  |  |
| F.10c | Trustworthy |  |  |  |  |  |
| F.10d | Educational |  |  |  |  |  |
| F.10e | Inspirational |  |  |  |  |  |
| F.10f | Ineffective |  |  |  |  |  |
| F.10g | Unnecessary |  |  |  |  |  |
| F.10h | Other (specify) |  |  |  |  |  |
| F.11 How much do you agree or disagree with the following statements?When I think of NWHW, I think *(Select all that apply.)* |
|  |  | *Strongly agree* | *Somewhat agree* | *Neutral* | *Somewhat disagree* | *Strongly disagree* |
| F.11a | Women must make their health a priority. |  |  |  |  |  |
| F.11b | Women can take control over their health. |  |  |  |  |  |
| F.11c | Women can take simple steps to prevent diseases and improve health. |  |  |  |  |  |
| F.11d | Women have free, evidence-based, health information available. |  |  |  |  |  |
| F.11e | Events promoting women’s health are available. |  |  |  |  |  |
| F.11f | Women’s health is a priority to government agencies. |  |  |  |  |  |
| F.11g | The community is coming together to support women’s health. |  |  |  |  |  |
| F.11h | NWHW helps women lead healthier and happier lives. |  |  |  |  |  |

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|  |
| **Number** | **Question** | **Response Categories** |
| F.12 | Do you have any other concerns, comments or suggestions that will improve OWH’s partnership with organizations like yours in future NWHWs? | * Free text
 |