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

	A. Organizational Information				
Number	Question	Response Categories			
	We would like to learn about your organization and its partnership with the Office on Women's Health (O' 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?	YesNoDo not know			

	B. Resources for OWH					
Number	Question Response Categories					
National W	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						
	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 				

B. Resources for OWH								
Number	Question				Response Cate	egories		
					reso	not like these ac urces not have time to ity planning res	use these	
					■ Do n	ot know		
					Other	er (specify)		
B.3	event? If you would like to resource.	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						
	(Select all that app							
	(The resource name	es below link to	examples of the	resourc	es on the	OWH website)		
	Activity Planning Resource	Very useful	Somewhat useful	Not u	ıseful	Do not remember	Did not use	
В.За	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							
В.Зј	Media Advisory Template							
B.3k	Press Release Template							
B.3l	Sample Newsletter Text							

B. Resources for OWH						
Number		Question			Response Cate	gories
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?

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
В.6	Did you use the English language activity planning resources?	YesNoDo not remember
B.7	Did you use the Spanish language activity planning resources?	YesNoDo 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 CHECK

IF EVENT_YEAR = 2011, GO TO B.8.

OTHERWISE SKIP TO B.14

	B. Resources for OWH						
Number		Question				Response Cat	egories
B.8	Did you order free	•	n OWH for your		• Yes		-0
	NWHW (even	t_year) event?			■ No		
					■ Do ne	ot remember	
B.9 CHECK							
IE R R =VEC	, GO TO B9.						
	E SKIP TO B.14						
B.9	How useful were the	ne free publicatio	ons for your		■ Very	useful	
	NWHW (even	t_year) event?				ewhat useful	
					• Not u		
						ot remember	
B.10	Did the free public	ations you order	ed arrive on tim	e?	• Yes	or remember	
					■ No		
						ot know	
					• Do no	ot remember	
B.11	How satisfied were	you with the or	dering and deliv	ery	• Fully	satisfied	
	processes?				1	ewhat satisfied	
					■ Not s	satisfied	
					Do not remember		
B.12 CHECK	<						
IF B.11 =N0	OT SATISFIED, GO TO	B. 12.					
	E SKIP TO B.13	D.12.					
B.12	What changes, if a	ny, would you lik	e to see in futui	e	■ Oper	ordering proc	ess earlier
	NWHWs' ordering	and delivery pro	cesses?		1	ten the time fo	
	(6.1.1.11.1.1					essing	
	(Select all that app	Iy.)			■ Spee	dier delivery	
					Better packaging		
					• Othe	r (specify)	
B.13	Please describe oth	•	•		■ None	<u>)</u>	
	like OWH to make	available for futu	ıre NWHWs, if a	iny.	■ Free text		
	like to learn about th				eceived from	n OWH for you	r NWHW event.
B.14	Did you contact O\ your NWHW event		assistance (TA)	for	Yes		
	your nvvnvv event	· :			• No		
D 4 - 5 · · - ·					■ Do n	ot remember	
B.15 CHECI	<						
IF B.14 =YE	S, GO TO B.15.						
	E SKIP TO B.17						
B.15 How s	satisfied were you wi	1	eceived in each	of the	se areas?		
	Area of TA	Fully satisfied	Somewhat	Not	satisfied	Do not remember	Did not use
B.15a	Media outreach		satisfied			remember	
B.15b	Partnership development						
	developinent						

B. Resources for OWH							
Number		Question				Response	Categories
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 v	vere you not satisfied	l with the help y	ou received in th	ne follo			
	Area of TA					Reasons (F	ree text)
B.16a	Media outreach						
B.16b	Partnership development						
B.16c	Social media						
B.16d	Registration						
We would I	like to learn about th	e changes you w	ould like to see	in the N	اWHW re	gistration p	process.
B.17	How easy or hard w	as it to register	your event?		Very	easy	
					Easy		
					Neith	ner easy no	or hard
					Hard		
					 Very Hard 		
					■ Do n	ot rememb	per
B.18 CHEC	B.18 CHECK						
IF B.17 = H/	ARD OR VERY HARD,	GO TO B.18.					
OTHERWIS	E SKIP TO C.1						
B.18	Do you have any su register?	ggestions to ma	ke it easier to		■ Free	text	

	C. Sources of Information on NWHW					
Number	mber Question Response Catego					
Please prov	Please provide information on how your organization learned about NWHW.					
C.1	Did your organization receive information on NWHW from any of these sources?	 Print resources (newspapers, magazines, newsletters, flyers) 				
	(Soloct all that apply)	Radio				
	(Select all that apply.)	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				

C. Sources of Information on NWHW			
Number	Question	Response Categories	
		You Tube	
		Blogs	
		Do not remember	
		Other (specify)	

	D. Promoting NWHW				
Number	Question	Response Categories			
Please pro	vide 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)			
	TERNET, GO TO D.2. SE SKIP TO E.1				
D.2	Which of these internet resources did you use for promoting NWHW (event_year) event?	 Social networking sites such as Facebook or MySpace 			
	(Salast all that apply)	■ Twitter			
	(Select all that apply.)	■ You Tube			
		Websites			
		■ Blogs			
		■ Flickr			
		 Advertisements 			
		Do not remember			
		Other (specify)			

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)?	YesNoDo not know		

E. Types of NWHW Events					
Number	Question	Response Categories			
IF E.1 = YES	5, GO TO E.2.				
OTHERWIS	E 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 event Took the Check-up Day pledge and encouraged others to as well Distributed information related to screening tests Promoted Check-up Day through social media channels Conducted media outreach Do not know Other (specify) 			
E.3	Did your organization arrange for an NWHW proclamation to be issued in (event_year)?	YesNoDo not know			
E.4 CHECK					
	S, GO TO E.4. E 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	Educational activity			
	type of event was it?	Health fair			
	(Select all that apply.)	Screening event			
	(Media outreach			
		Social media outreach			
		Other (specify)			
E.6	Which of these health topics did (event_name)	Physical activity and fitness			
	address?	Nutrition			
	(Select all that apply.)	 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)?	 National 			
	(Select all that apply.)	• State			
	(City			
		Local community			
		Do not know			

E. Types of NWHW Events						
Number	Question	Response Categories				
		Other (specify)				
E.8	What was the target population of (event_name)?	■ Women				
	(Select all that apply.)	Girls				
	(Select all that apply.)	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)				
OTHERWIS	GANIZATIONS, MEDIA OR GOVERNMENT, SKIP TO F.1. SE GO TO E.9					
E.9	How many individuals participated in (event_name)?	Less than 50				
		• 51 - 100				
		1 01 - 250				
		251 - 500				
		• 501 - 1,000				
		• 1001 - 10,000				
		■ More than 10,000				
		Do not know				

F. Opinions about NWHW							
Number	Question	Response Categories					
How much	do you agree or	disagree with	the following st	atements?			
		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						

F. Opinions about NWHW								
Number	Number Question Response Categories							
Mannaci	community.		Кезро	nse categori				
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	Му							
	organization							
	values its							
	partnership							
F /	with OWH.							
F.6	00				■ Yes			
	n	ational			■ No			
	970	vome:	n'a					
	000	MOHIE						
	98-	1.1						
	&	าคาlth						
		Icalul	LWeek					
	This is the logo	of NWHW. Do you rer	member seeing the	logo prior to				
	starting this sur	vey?	,	3 7				
How much	do you agree or	disagree with the fol	lowing statements?	·				
		Strongly agree	Somewhat	Neutral	Somewhat	Strongly		
			agree		disagree	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.
I think the

NWHW logo embodies the

F.6d

F. Opinions about NWHW									
Number	Question Response Categories								
	spirit of NWHW.								
F.7	The theme for t				as "It's your	time!" Do	you	■ Yes	
	remember seei	ng the theme	before?	•				■ No	
F.8 How m	uch do you agree	e or disagree v	vith the	followin	ng statement	s?			
		Strongly ag	gree	Some agre	ewhat e	Neutral	Som disa	ewhat gree	Strongly disagree
F.8a	I like the theme "It's your time!"			J				5	- 3
F.8b	I think it is important to have a new theme for NWHW every year.								
F.9	When I think of	NWHW, I thir	nk of the	e Office	on Women's	Health.		 Neutral 	hat agree hat disagree
Words tha	much do you agre t describe NWHV that apply.)		with th	e follow	ing statemer	nts?			
			Stror agre		Somewho agree	nt Neut		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)								
When I thi	much do you agre nk of NWHW, I th		with th	e follow	ing statemer	nts?			1
,	15-15-17-17		Stror agre	_	Somewho agree	it Neut		Somewhat disagree	Strongly disagree
F.11a	Women must m		<u> </u>						

	F. Opinions about NWHW							
Number	Question	on Response Categories						
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.							

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