**NDEP Practice Transformation for Physicians and Health Care Teams
Website Satisfaction Survey**

Welcome to NDEP's online resource, Practice Transformation for Physicians and Health Care Teams. We value your feedback! Please help us improve our website by taking a brief survey.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

1. Which best describes you?
   - ○ Health care provider (e.g., physician, physician assistant, nurse, nurse practitioner, pharmacist)
   - ○ Public health professional
   - ○ Health care administrator
   - ○ Health system researcher
   - ○ Student (e.g., medical school, public health school)
   - ○ General public   **(THANK AND TERMINATE)**
   - ○ Other   **(THANK AND TERMINATE)**

2. How frequently do you visit this site?
   - ○ More than once a week
   - ○ About once a week
   - ○ Two to three times a month
   - ○ About once a month
   - ○ Less than once a month
   - ○ First time

3. What was your reason for visiting this site? (Select all that apply.)
   - ☐ Implement changes in practice management (e.g., implement patient-centered medical home (PCMH), conduct needs assessment, align payment policies with patient care, etc.)
   - ☐ Improve patient care (e.g., clinical decision support, team-based care, care coordination, etc.)
   - ☐ Incorporate diabetes programs and services into practice
   - ☐ Incorporate evidence-based guidelines into practice
   - ☐ Assist with maintenance of certification efforts
   - ☐ Just browsing/nothing specific
   - ☐ Other, please specify _____

4. Did you find the information or resources you were hoping to obtain?
   - ○ Yes
   - ○ No
   - ○ Not yet

5. Please specify what resources or information you were looking for.

6. How would you rate the quality of the following resources?

Resource	Very high	High	Medium	Low	Very low	No opinion/ Did not view
Engage Leadership and Assess	☐	☐	☐	☐	☐	☐

Your Practice						
Provide Evidence-Based Care	☐	☐	☐	☐	☐	☐
Use Information Systems	☐	☐	☐	☐	☐	☐
Improve Practice Quality	☐	☐	☐	☐	☐	☐
Use Clinical Decision Support	☐	☐	☐	☐	☐	☐
Practice Team-Based Care	☐	☐	☐	☐	☐	☐
Enhance Patient-Centered Interactions	☐	☐	☐	☐	☐	☐
Improve Patient Care Coordination	☐	☐	☐	☐	☐	☐

7. How likely are you to use information or resources from this site?
   ○ Very likely
   ○ Likely
   ○ Neutral – Neither likely nor unlikely
   ○ Unlikely
   ○ Very unlikely

8. Please describe how the information and resources on this site will help you or have helped you in your practice.

9. We would like to hear your suggestions on how we can expand or improve our website. What additional resources or information would you like to see added?
   ☐ Success stories/case studies
   ☐ Guidance on overcoming barriers
   ☐ Videos
   ☐ Podcasts
   ☐ Social networking/sharing capabilities
   ☐ Other, please specify _____

10. How much do you agree or disagree with the following statements?

Resource	Strongly agree	Agree	Neutral – Neither agree nor disagree	Disagree	Strongly disagree
This site is well organized and easy to navigate.	☐	☐	☐	☐	☐
This site is visually appealing in terms of graphics, colors, typeface,	☐	☐	☐	☐	☐

etc.					

Thank you!