

AHRQ CER Dissemination Evaluation - Consumer Survey

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

INTRODUCTION

Thank you for taking the time to meet with me today. The Federal Agency for Healthcare Research and Quality has contracted with IMPAQ to design and implement a survey of U.S. consumers. The purpose of the survey is to learn about consumer awareness of scientific research that may help them make medical decisions.

The interview takes about 15-20 minutes to complete. Your participation is voluntary and you may skip any questions you do not want to answer. Your answers will be kept strictly confidential and will be used only for research purposes.

Do you have any questions before we begin?

YES → ANSWER ANY QUESTIONS/RESPOND TO CONCERNS AS APPROPRIATE

NO → PROCEED WITH INTERVIEW

CONFIDENTIALITY STATEMENT (OMB REQUIRES THIS TO BE READ)

Before we begin, let me assure you that the purpose of this interview is strictly for informational and statistical purposes. The information you provide will help AHRQ to better understand consumer awareness and will aid in designing the survey. Your participation is completely voluntary and you can decline to answer any question at any time. Information related to this study is confidential and will not be released to the public in any way that would allow you to be personally identified except as prescribed under the conditions of the Privacy Act Notice.

Public reporting burden for this collection of information is estimated to average 20 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.

Part A. Awareness - PCOR Unaided Awareness

Introduction: There are a many ways to treat most medical illnesses and conditions. Different treatment options have different levels of benefits and risks of side effects, as well as costs.

Q1. Have you heard of comparing treatments with your clinician to decide what healthcare options will work best for you?

- YES
- NO
- DON'T KNOW

Q2. Have you heard about research that can help you compare treatment choices?

- YES
- NO → SKIP Part B intro
- DON'T KNOW → SKIP TO Part B intro

Q3. Is there a name that you have heard this research called?

RESPONDENT'S UNPROMPTED ANSWER MUST MATCH ONE OF FIRST THREE RESPONSE CATEGORIES; OTHERWISE CODE AS "OTHER" OR DON'T KNOW." PROCEED TO QUESTION 4. IF THE RESPONDENT ANSWERS "DON'T KNOW," ACKNOWLEDGE CORRECT ANSWER: "THIS RESEARCH IS CALLED PATIENT CENTERED OUTCOMES RESEARCH."

- COMPARATIVE EFFECTIVENESS RESEARCH
- SHARED-DECISION MAKING
- PATIENT CENTERED OUTCOMES RESEARCH
- OTHER (SPECIFY: _____)
- DON'T KNOW

Q4. Was it for a specific medical condition?

- YES
- NO → SKIP Part B intro
- DON'T KNOW → SKIP TO Part B intro

Part B. Awareness - PCOR Aided Awareness

Introduction: Medical research provides us with many ways of treating illnesses and conditions, but sorting through the options can be difficult. Patient Centered Outcomes Research (also called PCOR) is based on many studies and compares the benefits, the risks, and possible side effects of treatments. The research encourages patients and their caregivers to understand their options and discuss them with their health care providers to make the best decisions.

Q5. Prior to this survey, had you heard of the phrase “Patient Centered Outcomes Research”?

- YES
- NO → SKIP TO Part C
- DON'T KNOW → SKIP TO Part C

Q6. How did you hear about it?

LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

- HEALTH CARE PROVIDER – DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
- FRIEND OR FAMILY MEMBER
- NEWSPAPER/JOURNAL/MAGAZINE
- SOCIAL MEDIA/BLOG (TWITTER)
- WEB SITE
- EMAIL
- EXHIBIT
- CLINIC/WIC/HEALTH DEPARTMENT
- POSTER/FLYER/BROCHURE
- LISTSERVE
- ORGANIZATION
- PERSON/SPEAKER AT AN EVENT
- DON'T KNOW
- OTHER (SPECIFY: _____)

Q7. How long ago did you hear about it? Was it ...

- Within the last 3 months, DON'T KNOW
- Within the last 4-6 months,
- Within the last 7-9 months, or
- Longer than that?

Q8. Was it in the context of a specific medical condition?

- YES
- NO
- DON'T KNOW

Q9. Are you aware that there is PCOR research for specific medical conditions?

- YES
- NO
- DON'T KNOW

Part C. Awareness - EHCP Awareness

Introduction: The Effective Health Care Program (also called EHCP) funds research that compares treatments for different health conditions. Researchers work with the Agency for Healthcare Research and Quality (AHRQ) in developing the research.

Q10. Prior to this survey, had you ever heard of the Agency for Healthcare Research and Quality?

- YES
- NO
- DON'T KNOW

Q11. Prior to this survey, had you ever heard of the EHCP?

- YES
- NO → SKIP TO If Q5 =YES GO TO Part E, if Q5 =NO go to Part H
- DON'T KNOW → SKIP TO PART D CHECK

Q12. How did you hear about it?

LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

- HEALTH CARE PROVIDER – DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
- FRIEND OR FAMILY MEMBER
- NEWSPAPER/JOURNAL/MAGAZINE
- SOCIAL MEDIA/BLOG (TWITTER)
- WEB SITE
- EMAIL
- EXHIBIT
- CLINIC/WIC/HEALTH DEPARTMENT

- POSTER/FLYER/BROCHURE
- LISTSERVE
- ORGANIZATION
- PERSON/SPEAKER AT AN EVENT
- DON'T KNOW
- OTHER (SPECIFY: _____)

PART D CHECK: IF Q5 = NO, SKIP TO PART H
 IF Q5 = YES, CONTINUE TO PART D

Part D. Awareness - EHCP Web Site Awareness

Introduction: The AHRQ has a web site that contains information about PCOR and the EHCP.

Q13. Prior to this survey, had you ever heard of the AHRQ Effective Healthcare Web site:
www.effectivehealthcare.ahrq.gov?

- YES
- NO → SKIP TO If Q5 =YES GO TO Part E, if Q5 =NO go to Part H
- DON'T KNOW → SKIP TO PART E CHECK

Q14. How did you hear about it?

LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

IF ANSWER IS "HEALTH CARE PROVIDER" → CONTINUE TO Q15
 OTHERWISE SKIP TO PART E CHECK

- HEALTH CARE PROVIDER - DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
- FRIEND OR FAMILY MEMBER
- NEWSPAPER/JOURNAL/MAGAZINE
- SOCIAL MEDIA/BLOG (TWITTER)
- WEB SITE
- EMAIL
- EXHIBIT
- CLINIC/WIC/HEALTH DEPARTMENT
- POSTER/FLYER/BROCHURE
- LISTSERVE
- ORGANIZATION
- PERSON/SPEAKER AT AN EVENT
- DON'T KNOW
- OTHER (SPECIFY: _____)

Q15. Have you ever visited the web site? www.effectivehealthcare.ahrq.gov?

- YES
- NO → IF Q5 = YES GO TO PART E, if Q5 = NO GO TO PART H
- DON'T KNOW → SKIP TO PART E CHECK

Q16. When was the last time you visited the web site? Was it ...

- In the past 3 months,
- In the past 4-6 months,
- In the past 7-9 months,
- In the past 10-12 months, or
- More than 12 months ago?
- DON'T KNOW

Q17. Why did you visit the web site? Was it ...

- To learn more about EHCP,
- To learn more about PCOR in general,
- To learn more about a specific PCOR topic,
- To download information, or
- Some other reason? SPECIFY: _____
- DON'T KNOW

Q18. Were you able to find what you were looking for?

- YES
- NO
- DON'T KNOW

Q19. How many times have you visited the web site in the past 6 months? Was it ...

- None,
- One time,
- Two times,
- Three times, or
- More than three times?
- DON'T KNOW

PART E CHECK: IF Q6 OR Q12 = ANY SOURCE OTHER THAN HEALTHCARE PROVIDER,
CONTINUE TO Q15.
IF Q7 = HEALTH CARE PROVIDER, SKIP TO Q15

Part E. Knowledge/Understanding - Knowledge/Understanding of PCOR

Q20. You indicated that you heard of PCOR through your health care provider. Did your health care provider initiate the discussion about how useful comparing treatments can be?

- YES → SKIP TO Q23
- NO
- DON'T KNOW

Q21. Did you initiate the discussion on comparing treatment options?

- YES
- NO
- DON'T KNOW

Q22 CHECK: IF Q6 OR Q12 OR Q14 = ANY SOURCE OTHER THAN HEALTH CARE PROVIDER
CONTINUE TO Q22. OTHERWISE SKIP TO Q24.

Q22. You indicated that you heard of PCOR through (FILL SOURCE FROM Q6/Q12/Q14). Do you understand what PCOR is and how useful the research can be?

- YES
- NO
- DON'T KNOW

Q23. Do you feel you could describe PCOR to a family member or friend?

- YES
- NO
- DON'T KNOW

Part F. Attitudes/Beliefs - Perceived Benefits of PCOR

Q24. I am going to read some statements. For each statement, tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

- a. PCOR provides information to help you make good medical treatment choices. Do you...

- _____ Strongly disagree,
- _____ Disagree,
- _____ Neither agree nor disagree,
- _____ Agree, or
- _____ Strongly agree?
- _____ DON'T KNOW

b. Decisions based on PCOR lead to better health outcomes for patients. Do you...

- _____ Strongly disagree,
- _____ Disagree,
- _____ Neither agree nor disagree,
- _____ Agree, or
- _____ Strongly agree?
- _____ DON'T KNOW

c. Decisions based on PCOR can lower medical expenses/costs. Do you...

- _____ Strongly disagree,
- _____ Disagree,
- _____ Neither agree nor disagree,
- _____ Agree, or
- _____ Strongly agree?
- _____ DON'T KNOW

d. PCOR is objective information. Do you...

- _____ Strongly disagree,
- _____ Disagree,
- _____ Neither agree nor disagree,
- _____ Agree, or
- _____ Strongly agree?
- _____ DON'T KNOW

e. PCOR allows for treatment choices to be based on the needs of individual patients.
Do you...

- _____ Strongly disagree,
- _____ Disagree,
- _____ Neither agree nor disagree,
- _____ Agree, or
- _____ Strongly agree?
- _____ DON'T KNOW

f. PCOR is information I can trust. Do you...

- Strongly disagree,
- Disagree,
- Neither agree nor disagree,
- Agree, or
- Strongly agree?
- DON'T KNOW

Part G. Behavior Change/Use - Past/Current Use of PCOR Studies/Products

Q25. Do you **currently** use PCOR studies to help make medical decisions?

- YES → SKIP TO Q28
- NO
- DON'T KNOW

Q26. Have you **ever** used PCOR studies to help make medical decisions?

- YES
- NO → SKIP TO Q28
- DON'T KNOW → SKIP TO Q28

Q27. When did you use PCOR studies to make medical decisions? Was it....

- In the past 3 months,
- In the past 4-6 months,
- In the past 7-9 months,
- In the past 10-12 months, or
- More than 12 months ago?
- DON'T KNOW

[INSERT DESCRIPTION OF PCOR GUIDES]

Q28. Prior to this survey, were you aware of the PCOR consumer guides?

- YES
- NO → SKIP TO Q31 CHECK
- DON'T KNOW → SKIP TO Q31 CHECK

Q29. Have you ever used one or more of the PCOR consumer guides?

- YES
- NO → SKIP TO Q31 CHECK
- DON'T KNOW → SKIP TO Q31 CHECK

Q30. I am going to read some statements about the PCOR consumer guides. For each statement, tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree

a. In general, PCOR consumer guides are easy to understand. Do you...

- Strongly disagree,
- Disagree,
- Neither agree nor disagree,
- Agree, or
- Strongly agree?
- DON'T KNOW

b. You can trust the information in the PCOR consumer guides. Do you...

- Strongly disagree,
- Disagree,
- Neither agree nor disagree,
- Agree, or
- Strongly agree?
- DON'T KNOW

Q31 CHECK: IF Q25 = YES or IF Q26 = YES, ASK Q31-Q32. OTHERWISE GO TO Q33.

Q31. Did your health care provider share this material and a decision was made during the office visit?

- YES
- NO → SKIP TO Q33
- DON'T KNOW → SKIP TO Q33

Q32. Did you feel your health care provider was open to talking to you about the information and that you made a decision together?

- YES
- NO
- DON'T KNOW

Q33. Where do you prefer to get your medical information from?

LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

- HEALTH CARE PROVIDER – DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
- FRIEND OR FAMILY MEMBER
- NEWSPAPER/JOURNAL/MAGAZINE
- SOCIAL MEDIA/BLOG (TWITTER)
- WEB SITE
- EMAIL
- EXHIBIT
- CLINIC/WIC/HEALTH DEPARTMENT
- POSTER/FLYER/BROCHURE
- LISTSERVE
- ORGANIZATION
- PERSON/SPEAKER AT AN EVENT
- DON'T KNOW
- OTHER (SPECIFY: _____)

Part H. Behavior Change/Use - Interest in Learning More About PCOR

Q34. Are you interested in learning more about PCOR for specific medical conditions?

- YES
- NO
- DON'T KNOW

Q35. Are you interested in learning more about the EHCP?

- YES
- NO
- DON'T KNOW

Q36. Are you interested in using PCOR to make medical decisions for yourself or a family member/close friend?

- YES
- NO
- DON'T KNOW

Part I. Behavior Change/Use - Intention to Use PCOR Studies/Products

Q37. Within the next year, do you intend to use PCOR studies/products to prepare for a medical visit and/or make medical decisions for you or a family member?

- YES → IF Q5= YES go to Q38 and if Q5= NO go to Part N
- NO
- DON'T KNOW

PART K CHECK: IF Q5 = YES, CONTINUE TO PART K
IF Q5 = NO, SKIP TO PART N

Part K. Exposure to Dissemination Strategies - Publicity Center: Media and Marketing

Q38 CHECK: IF Q6 OR Q12 OR Q14 = ANY SOURCE OTHER THAN HEALTH CARE PROVIDER
CONTINUE TO INTRODUCTION BELOW. OTHERWISE SKIP TO Q42.

Introduction: From your earlier responses, you indicated you heard about PCOR from a source other than your health care provider, prior to this survey.

Q38. When was the last time you recall hearing/seeing the information? Was it ...

- Within the last month,
- Within the last 2-4 months,
- Within the last 5-6 months, or
- Over six months ago?
- DON'T KNOW

Q39. Was the information on a specific medical condition?

- YES
- NO
- DON'T KNOW

Q40. Was the information useful to you?

- YES → SKIP TO Q42
- NO
- DON'T KNOW

Q41. What would have made it more useful?

SPECIFY: _____

Part L. Exposure to Dissemination Strategies – Publicity Center: Virtual Centers

Q42. In the past six months have you seen links to the EHCP web site or PCOR topics on a web site? *PROVIDE PUBLICITY CENTER VIRTUAL CENTER SITE LIST.*

- YES
- NO → SKIP to Part M
- DON'T KNOW → SKIP to Part M

Q43. Which web site?

SPECIFY: _____

Q44. What was the information about?

SPECIFY: _____

Part M. Exposure to Dissemination Strategies – Publicity Center and Regional Office: Partnerships

Q45. Are you a member of any professional organizations?

- YES
- NO → PART N
- DON'T KNOW → SKIP to Part N

Q46. Did the organization inform you about the EHCP or PCOR?

- YES
- NO
- DON'T KNOW

Part N. Other – Respondent Characteristics

Introduction. Now I am going to ask you some questions for informational purposes only. Your responses will not affect the data analysis. These are voluntary questions, so please let me know if you do not wish to answer a particular question.

Q47. What is your age?

CODE RESPONSE INTO APPROPRIATE CATEGORY.

- 18-33 YEARS
- 34-44 YEARS

- 44-64 YEARS
- 65 YEARS OR OLDER
- DON'T KNOW
- REFUSED

Q48. IF UNCLEAR: What is your gender?

CODE RESPONSE INTO APPROPRIATE CATEGORY.

- MALE
- FEMALE
- DON'T KNOW
- REFUSED

Q49. What is your ethnicity? Are you...

- Hispanic or Latino
- Not Hispanic or Latino
- DON'T KNOW
- REFUSED

Q50. What is your race? Are you ...

- American Indian or Alaska Native,
- Asian,
- Native Hawaiian or other Pacific Islander,
- Black or African American, or
- White?
- DON'T KNOW
- REFUSED

Q51. In what state do you live?

SPECIFY: _____

Q52. Are you currently seeking medical care?

- YES
- NO
- DON'T KNOW
- REFUSED

Q53. Do you provide care for another person with a medical condition, such as a family member?

- YES
- NO
- DON'T KNOW
- REFUSED

Q54. Are you a member of a patient advocacy group?

- YES
- NO
- DON'T KNOW
- REFUSED

Q55. Do you participate in the Medicare program?

- YES
- NO
- DON'T KNOW
- REFUSED

Q56. Do you participate in the Medicaid program?

- YES
- NO
- DON'T KNOW
- REFUSED

Q57. In a few months we will be conducting focus groups to learn more about consumers' awareness and understanding of PCOR. Based on your answers to these survey questions, you may be someone who we would like to have in the focus groups. You would need to have a telephone and computer to participate. Would you be interested in participating in the focus group if we called you?

- YES
- NO → SKIP TO CLOSING
- DON'T KNOW → SKIP TO CLOSING

Q58. Can you please confirm your full name and telephone number?

RECORD NAME: _____

RECORD TELEPHONE NUMBER (INCLUDING AREA CODE): _____

Closing. Those are all the questions I have. Thank you very much for your time and input on the survey.