

KSN Satisfaction Survey
Non-Response Short Survey of REC Members

SCREENING QUESTIONS

1. Are you currently affiliated with an REC in any way (e.g., as an employee or subcontractor)?
 - € Yes [Go to Question 1]
 - € No [Go to SCREEN_OUT and end survey]

SCREEN_OUT. Thank you for your interest in our survey. Those are all the questions we have for you today.

General Information Sharing & Retrieval

1. How often do you use the various technologies, infrastructures, or resources of the HITRC, that is the various systems supporting the exchange and dissemination of resources and ideas).
 - € Every day
 - € Once or twice a week
 - € A few times a month
 - € Once a month
 - € Less than once a month
 - € I have never used any of the HITRC's technologies, infrastructures, or resources

HITRC Portal

2. How often do you use the HITRC Portal (<http://hitrc-collaborative.org>)?
 - € Every day
 - € Once or twice a week
 - € A few times a month
 - € Once a month
 - € Less than once a month
 - € I have never used the HITRC Portal

RESOURCES:

3. Have you participated in the development of any resources available within the HITRC's technologies and infrastructures, such as Tools, Trainings, Leading Practices, Solutions Pages, etc.?
 - € Yes
 - € No
4. Have you ever used any of the resources available within the HITRC's technologies and infrastructures?
 - € Yes

€ No

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 0955-0003. The time required to complete this information collection is estimated to average 5 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 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

€ No, I have not participated in the past 6 months. [CONTINUE TO Q6]

6. Have you ever participated in any REC-related CoP meetings/activities?

€ Yes, I have participated in a CoP in the past. [ASSIGN TO “FORMER PARTICIPANTS” AND GO TO D1]

€ No, I have never participated in a CoP. [ASSIGN TO “NEVER PARTICIPATED” AND GO TO D1]

DEMOGRAPHIC QUESTIONS FOR ALL RESPONDENTS ANSWERING YES TO S1

D1. Please indicate the REC with which you are affiliated (e.g., as an employee or subcontractor).

[DROP DOWN MENU WITH LIST OF RECS]

D2. Do you have a leadership role within the REC?

€ Yes

€ No

D3. Do you work directly with Eligible Providers and/or Eligible Hospitals (in the “field”) providing technical assistance for EHR adoption and meaningful use?

€ Yes [GO TO THANK_YOU]

€ No [GO TO D4]

THANK_YOU

This concludes our survey. Please click the “**Submit**” button below to record your answers [ONLY IF SURVEY PROGRAM NECESSITATES.] Thank you for your participation. If you have any comments, concerns or questions please contact [INSERT CONTACT INFORMATION]