

Attachment 1

Student Survey and Supporting Materials

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- . The time required to complete this information collection is estimated to average (0 hours)(20 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

Community College Student Web Survey (baseline version)

Below is a draft set of questions for the baseline version of the Workforce Student Survey, which would be administered to the community college students enrolled in the Workforce Program as they are completing their course of study. This instrument is to serve as a comprehensive survey that can be administered online in approximately 20 minutes.

The survey will start with a login page and then provide an informed consent statement before the actual questions begin.

<p>Preload variables required for survey administration: Name Birth Month / Year Institution</p>
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Category	Question Number	Proposed Questions	Response Options
Sample Person Confirmation	1.	Please answer the questions below to help us verify that our records are correct. Our records show that your name is: [PRELOAD NAME] The educational institution you attend/attended for Health IT training is: [PRELOAD INSTITUTION] Is this correct?	1. Yes (SKIP TO Q3) 2. No
	2.	IF NO... Please edit the information below as appropriate.	DISPLAY PRELOADED NAME AND INSTITUTION FOR EDITING

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	3.	What is the month and year of your birth?	MONTH / YEAR [SYSTEM WILL COMPARE ENTRY AGAINST PRELOADED DATE AND CREATE VARIABLE INDICATING WHETHER BIRTHDATE MATCHES.]
Enrollment Information	4.	When did you enroll in the program?	MONTH / YEAR
	5.	Have you completed the program?	1. Yes (SKIP TO Q7a) 2. No (GO TO Q5a)
	5a.	Are you still enrolled in the program?	1. Yes (GO TO Q6) 2. No (SKIPTO Q7b)
	6.	IF YES TO Q5a... When do you expect to complete the program?	MONTH / YEAR (SKIP TO Q10)
	7a.	IF YES TO Q5... When did you complete the program?	MONTH / YEAR (SKIP TO Q10)
	7b.	IF NO TO 5a... Do you expect to complete the program?	1. Yes (GO TO Q8a) 2. No (SKIP TO Q8b)

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	8a.	Why did you temporarily leave the program? (Select all that apply.)	<ol style="list-style-type: none"> 1. Reasons related to time constraints 2. Financial reasons 3. Employment-related reasons (GO TO Q9a) 4. Personal reasons 5. Medical reasons 6. Some other reason – GO TO SPECIFY PROBE <p>IF 6, SPECIFY PROBE: Please provide more detail about why you left the program. OPEN-ENDED (IF 8a NOT 3, SKIP TO Q10)</p>

Category	Question Number	Proposed Questions	Response Options
	8b.	Why did you leave the program? (Select all that apply.)	<ol style="list-style-type: none"> 1. No longer interested in the field of health IT 2. Time constraints 3. Financial reasons 4. Employment-related reasons (GO TO Q9a) 5. Personal reasons 6. Not receiving the education I felt I needed. 7. Not satisfied with the program instructors. 8. Not satisfied with the courses. 9. Not able to successfully complete assignments and exams. 10. Some other reason - GO TO SPECIFY PROBE <p>IF 10, SPECIFY PROBE: Please provide more detail about why you left the program. OPEN-ENDED</p> <p>(IF 8b NOT 4, SKIP TO Q10)</p>
	9a.	IF 8a=3 or 8b=4... Since leaving the program have you accepted or started a new job?	<ol style="list-style-type: none"> 1. Yes (GO TO 9b) 2. No (SKIP TO Q10)

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	9b.	My new position is:	<ol style="list-style-type: none"> 1. In the field of health IT 2. Health care-related, but <u>not</u> in the field of health IT 3. In the field of IT, but <u>not</u> in health care 4. A position that is not related to IT or health care
Background Information	10.	What motivated you to enter the program? (Select all that apply.)	<ol style="list-style-type: none"> 1. To improve my skills/knowledge for my current job 2. To increase my opportunities for promotion or advancement in my current job 3. To help me prepare for the Competency exam [BRIEF DEFINITION OF EXAM TO BE ADDED AT A LATER DATE] 4. To help me obtain a new job 5. For personal interest 6. Some other reason - GO TO SPECIFY PROBE <p>IF 4, SPECIFY PROBE: What type of job? OPEN-ENDED</p> <p>IF 6, SPECIFY PROBE: Please briefly state your reason for entering the program. OPEN-ENDED</p>

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	11.	IF MORE THAN ONE SELECTED IN Q10... Which of the following was your primary motivation?	DISPLAY ONLY THOSE RESPONSES CHOSEN AT Q10
	12.	How did you learn about the program? (Select all that apply.)	<ol style="list-style-type: none"> 1. Advertisement about the program (e.g., poster, radio, TV, web, etc.) 2. News report about health IT education or jobs 3. Orientation program that I attended 4. Conversation with a student or instructor 5. Career counselor 6. Family member or friend 7. Mentioned in registration materials/course catalogue 8. Some other way - GO TO SPECIFY PROBE <p>IF 8, SPECIFY PROBE: Please briefly state how you learned about the program. OPEN-ENDED</p>

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Education	13.	Prior to enrolling in the program, what was the highest level of education you achieved? (Select only one.)	<ol style="list-style-type: none"> 1. High school diploma or GED 2. Some college, but no degree 3. Associate's degree 4. Bachelor's degree 5. Graduate or professional degree - GO TO SPECIFY PROBE <p>IF 5, SPECIFY PROBE: What type of graduate or professional degree do you hold? OPEN-ENDED</p>
	14.	Prior to entering the program, did you have any formal education or training in any of the following areas?	<ol style="list-style-type: none"> 1. Health care – GO TO SPECIFY PROBE 2. IT – GO TO SPECIFY PROBE 3. Health IT – GO TO SPECIFY PROBE 4. None of the above <p>IF 1, 2, or 3, SPECIFY PROBE: Please list the name of the education or training program and any credentials or certificates you have received. OPEN-ENDED</p>

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	15.	For which of the following health IT roles did you receive training? (Please select all that apply.)	<p>THIS WILL BE PRE-PROGRAMMED WITH THE SPECIFIC HITECH WORKFORCE ROLE-SPECIFIC TRAINING PROGRAMS OFFERED BY EACH COLLEGE, INCLUDING A 'NOT SURE' OPTION.</p> <p>SPECIFY PROBE ASKED OF EVERYONE: What was your primary reason for choosing to train in this specific role? OPEN-ENDED</p>
Employment	16.	Which best describes your current employment status.	<ol style="list-style-type: none"> 1. Employed full-time 2. Employed part-time 3. Self-employed 4. Student (Not currently employed) 5. Other - GO TO SPECIFY PROBE <p>IF 5, SPECIFY PROBE: How would you describe your current employment status? OPEN-ENDED</p>

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	17.	IF CURRENTLY WORKING (Q16≠4,5)... Which of the following best describes your current job? (Select only one.) <i>If you hold more than one job, describe your primary job.</i>	<ol style="list-style-type: none"> 1. In the field of health IT 2. Health care-related, but <u>not</u> in the field of health IT 3. In the field of IT, but <u>not</u> in health care 4. A position that is not related to IT or health care <p>IF 1, 2, OR 3 SPECIFY PROBE: Please indicate the number of years you have worked in this area. NUMERIC TEXT BOX RESPONSE</p>
	18.	IF WORKING IN HEATH IT (Q17=1)... Please provide your current job title.	OPEN-ENDED
	19.	IF WORKING IN HEATH IT (Q17=1)... Please give a brief description of your duties and responsibilities in this position.	OPEN-ENDED
	20.	IF WORKING IN HEATH IT (Q17=1)... What is the name of your employer?	OPEN-ENDED
	21.	IF NOT WORKING OR NOT WORKING IN A HEALTH AND/OR IT JOB (IF Q16=4,5 OR IF Q17=4)... Please indicate whether you have ever held a job that meets one of the following descriptions? (Select all that apply.)	<ol style="list-style-type: none"> 1. In the field of health IT 2. Health care-related, but <u>not</u> in the field of health IT 3. In the field of IT, but <u>not</u> in health care 4. None of the above <p>IF Q21≠1 SKIP TO Q25.</p>

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	22.	<p>IF HISTORY OF A JOB IN THE FIELD OF HEALTH IT (Q21=1)...</p> <p>Please state your job title in this health IT position. If you have held more than one job in health IT, please state your most recent title.</p>	OPEN-ENDED
	23.	<p>IF HISTORY OF A JOB IN THE FIELD OF HEALTH IT (Q21=1)...</p> <p>Please give a brief description of your duties and responsibilities in that position.</p>	OPEN-ENDED
	24.	<p>IF HISTORY OF A JOB IN THE FIELD OF HEALTH IT (Q21=1)...</p> <p>What was the name of your employer?</p>	OPEN-ENDED
	25.	<p>IF CURRENTLY WORKING (Q16≠4,5)...</p> <p>During a typical week, how many hours do you work in your current job? <i>If you hold more than one job, please report the number of hours worked on your primary job.</i></p>	HOURS PER WEEK

Category	Question Number	Proposed Questions	Response Options
Experience with the Learning Environment	26.	<p>IF Q5a=1: Are your health IT courses generally online or in-person? (Select only one.)</p> <p>IF Q5=1 or Q5a=2: Were your health IT courses generally online or in-person? (Select only one.)</p>	<ol style="list-style-type: none"> 1. Exclusively in-person (in the classroom or lab) 2. Mostly in-person 3. An even mix of in-person and online 4. Mostly online 5. Exclusively online 6. Some other format <p>IF 6, SPECIFY PROBE: How would you describe the format in which you took your courses? OPEN-ENDED IF Q26=4 or 5 SKIP TO Q28</p>
	27.	<p>Please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statements.</p> <p>IF Q5a=1: In general, active class participation by individuals is encouraged in my health IT program.</p> <p>IF Q5=1 or Q5a=2: In general, active class participation by individuals was encouraged in my health IT program.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree

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	28.	<p>Please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statements.</p> <p>If Q5a=1: The courses meet my general expectations of the program.</p> <p>If Q5=1 or Q5a=2: The courses met my general expectations of the program.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	29.	<p>The individual courses required for this program fit together to form a cohesive training program.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	30.	<p>IF Q5a=1: My courses give me a clear understanding of the subject matter.</p> <p>IF Q5=1 or Q5a=2: My courses gave me a clear understanding of the subject matter.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree

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	31.	<p>IF Q5a=1: On the whole, I feel my instructors are knowledgeable in the subject matter.</p> <p>IF Q5=1 or Q5a=2: On the whole, I feel my instructors were knowledgeable in the subject matter.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	32.	<p>IF Q5a=1: On the whole, I feel my instructors are effective teachers.</p> <p>IF Q5=1 or Q5a=2: On the whole, I feel my instructors were effective teachers.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	33.	<p>IF Q5a=1: If I had questions about course content or assignments, I feel confident that an instructor or program staff person would be able to answer them.</p> <p>IF Q5=1 or Q5a=2: If I had questions about course content or assignments, I feel confident that an instructor or program staff person would have been able to answer them.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree

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	34.	<p>IF Q5a=1: Overall, my instructors' assignments and exams reflect the course material we covered.</p> <p>IF Q5=1 or Q5a=2: Overall, my instructors' assignments and exams reflected the course material we covered.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	35.	<p>IF Q5a=1: The way the program is organized accommodates my other personal and professional commitments.</p> <p>IF Q5=1 or Q5a=2: The way the program was organized accommodated my other personal and professional commitments.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	36.	<p>IF Q5a=1: How satisfied are you with your overall experience with your program?</p> <p>IF Q5=1 or Q5a=2: How satisfied were you with your overall experience with your program?</p>	<ol style="list-style-type: none"> 1. Very satisfied 2. Somewhat satisfied 3. Not too satisfied 4. Not at all satisfied

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Perceptions about work/skills readiness	37.	<p>IF NOT WORKING OR NOT WORKING IN HEALTH IT (Q16=4,5 OR IF Q17≠1)...</p> <p>IF Q5a=1The skills I am learning will help me obtain the type of position in Health IT I am seeking.</p> <p>IF Q5=1 or Q5a=2: The skills I learned will help me obtain the type of position in health IT I am seeking.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	38.	<p>IF NOT WORKING OR NOT WORKING IN HEALTH IT (Q16=4,5 OR IF Q17≠1)...</p> <p>IF Q5a=1: The skills I am learning will help me perform well in the type of health IT job I am seeking.</p> <p>IF Q5=1 or Q5a=2: The skills I learned will help me perform well in the type of health IT job I am seeking.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree <p>SKIP TO Q41</p>

Category	Question Number	Proposed Questions	Response Options
	39.	<p>IF WORKING IN HEALTH IT (Q17=1)...</p> <p>IF Q5a=1: In general, I feel the skills I am learning in the program will improve my job performance.</p> <p>IF Q5=1 or Q5a=2: In general, I feel the skills I learned in the program will improve my job performance.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
	40.	<p>IF WORKING IN HEALTH IT (Q17=1)...</p> <p>IF Q5a=1: In general, I feel the skills I am learning in the program will improve my potential for promotion or better position.</p> <p>IF Q5=1 or Q5a=2: In general, I feel the skills I learned in the program will improve my potential for promotion or a better position.</p>	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
Career Counseling	41.	<p>IFQ5a=1: While in the program, have you started a job search?</p> <p>IFQ5=1 or Q5a=2: Did you start a job search while you were still in the program?</p>	<ol style="list-style-type: none"> 1. Yes (GO TO Q42) 2. No (SKIP TO Q44)
	42.	<p>Did you use your school's career-counseling services to help you with this job search?</p>	<ol style="list-style-type: none"> 1. Yes (GO TO Q43) 2. No (SKIP TO Q44) 3. Career counseling was not available (SKIP TO Q44)

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	43.	To what extent do you agree with the following statement? My school offered valuable career-counseling services.	<ol style="list-style-type: none"> 1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree
Competency Exam	44.	Do you plan on taking Competency Exam? [BRIEF DESCRIPTION TO BE ADDED AT A LATER DATE]	<ol style="list-style-type: none"> 1. Yes (SKIP TO Q46) 2. No (GO TO Q45)
	45.	Why are you not planning to take the Competency Exam?	OPEN-ENDED
	46.	Have you taken any other competency or certification exams?	<ol style="list-style-type: none"> 1. Yes (GO TO Q47) 2. No (SKIP TO Q48)
	47.	Which exam(s)?	OPEN-ENDED (SKIP TO Q48)
	48.	Do you plan on taking any other competency or certification exams?	<ol style="list-style-type: none"> 1. Yes (GO TO Q49) 2. No (SKIP TO Q50)
	49.	Which exam?	OPEN-ENDED
Overall Feedback on the Program	50.	What has been the best aspect of the program?	OPEN-ENDED

Category	Question Number	Proposed Questions	Response Options
	51.	What would you like to see improved in the program?	OPEN-ENDED
Demographics	52.	Are you...	<ol style="list-style-type: none"> 1. Male 2. Female
	53.	<p>Are you of Hispanic, Latino, or Spanish origin?</p> <p>(Select all that apply.)</p>	<ol style="list-style-type: none"> 1. No, not of Hispanic, Latino, or Spanish origin 2. Yes, Mexican, Mexican Am., Chicano 3. Yes, Puerto Rican 4. Yes, Cuban 5. Yes, another Hispanic, Latino, or Spanish origin – Print Origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <p>IF 5: Please specify the origin.</p> <p>OPEN-ENDED</p>

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	54.	What is your race? (Select all that apply.)	<ol style="list-style-type: none"> 1. White 2. Black, African American 3. American Indian, Alaska Native, Native American 4. Asian 5. Some other race <p>IF 5: Please specify your race. OPEN-ENDED</p>
Salary information and Financial Support	55.	IF CURRENTLY WORKING (Q16≠4,5)... During a typical week, how much do you earn before deductions? <i>If you hold more than one job, please report your earnings for your primary job. Your best estimate is fine.</i>	<ol style="list-style-type: none"> 1. Less than \$200 2. \$200-\$399 3. \$400-\$599 4. \$600-\$799 5. \$800-\$999 6. \$1,000-\$1,199 7. \$1,200-\$1,399 8. \$1,400 or more 9. I'd prefer not to say.

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	56.	<p>IF Q5a=1: Which of the following are sources of financial support for your program enrollment? (Select all that apply.)</p> <p>IF Q5=1 or Q5a=2: Which of the following were sources of financial support for your program enrollment? (Select all that apply.)</p>	<ol style="list-style-type: none"> 1. Fellowship, scholarship 2. Government grant 3. Other grant 4. Internship/traineeship 5. Student loan 6. Private loan 7. Personal earnings and, or savings 8. Employer reimbursement/assistance 9. Other – GO TO SPECIFY PROBE <p>IF 10, SPECIFY PROBE: Please list your other sources of financial support for the program. OPEN-ENDED</p>
	56a.	<p>IF MORE THAN ONE SELECTED IN Q53...</p> <p>IF Q5a=1: Which source just mentioned provides the most support? (Select only one.)</p> <p>IF Q5=1 or Q5a=2: Which source just mentioned provided the most support? (Select only one.)</p>	<p>LIST ONLY THOSE CHOSEN IN Q56 AND IF 10, THE VERBATIM TEXT.</p> <ol style="list-style-type: none"> 1. Fellowship, scholarship 2. Government grant 3. Other grant 4. Internship/traineeship 5. Student loan 6. Private loan 7. Personal earnings and, or savings 8. Spouse's, partner's, or family's earnings or savings 9. Employer reimbursement/assistance 10. Other

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Future contacting information	57.	<p>Because we are interested in how your education and employment experiences progress over time, we would like to contact you again to complete another brief survey next year. Once again, please <u>note that your responses and any contact information you provide will be kept completely confidential and will not be shared with your school or program.</u></p> <p>Please provide the best contact information for reaching you in the future:</p>	EMAIL, and reenter EMAIL TELEPHONE NUMBER TELEPHONE NUMBER TYPE – Home, Work, Cell MAILING ADDRESS
	58.	<p>In case we are unable to reach you, please provide the name and contact information of someone who would know how to reach you:</p>	CONTACT NAME CONTACT RELATIONSHIP – Parent, Sibling, Other relative, Friend, Co-worker TELEPHONE NUMBER TELEPHONE NUMBER TYPE – Home, Work, Cell EMAIL MAILING ADDRESS
Thank you	59.	Thank you very much for your participation.	