

Health Resources and Services Administration Bureau of Clinician Recruitment and Service National Health Service Corps Participant Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents.

Survey Introduction

The National Health Service Corps (NHSC) is committed to continuous performance improvement. As part of this effort, we are requesting feedback on your experiences with the NHSC.

The survey is hosted via a secure server and your responses will remain **anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007 (expires March 31, 2015).

The survey will take approximately 15 minutes to complete. Thank you in advance for completing the survey.

Please click on the “Next” button below to begin.

Introduction

INTRO1. Through which program did you join the National Health Service Corps? (Select one)

1. NHSC Scholarship Program
2. NHSC Loan Repayment Program
3. NHSC Students to Service Loan Repayment Program
4. None of the above (**TERMINATE**)

INTRO2. Are you currently in school or residency?

1. Yes - (**Will be defined as Group 3 – current students**) [**Skip Retention section**]
2. No

INTRO2a. [**IF INTRO 2=NO**] How long did it take you to find employment?

- 1-6 months
- 7-12 months
- More than 1 year

INTRO3a. Please select your discipline type (select one)

1. Primary Care
2. Oral Health
3. Mental/Behavioral Health

INTRO3b. Please select your discipline from the list below. (Select one) **[Limit response options based on answer to INTRO3a.)**

1. Physician (MD, DO) **(filter for PC)**
2. Psychiatrist **(filter M/BH)**
3. Physician Assistant **(filter for PC)**
4. Nurse Practitioner **(filter for PC)**
5. Certified Nurse Midwife **(filter for PC)**
6. Psychiatric Nurse Specialist **(filter M/BH)**
7. Dentist (DDS, DMD) **(filter OH)**
8. Dental Hygienist **(filter OH)**
9. Health Service Clinical Psychologist **(filter M/BH)**
10. Licensed Clinical Social Worker **(filter M/BH)**
11. Licensed Professional Counselor **(filter M/BH)**
12. Marriage and Family Therapist **(filter M/BH)**

Retention (DO NOT ASK IF GROUP=3)

RET1. Did you complete your service obligation prior to October 1, 2013?

1. Yes **(Will be defined as Group 2 –not actively serving) (Continue)**
2. No **(Will be defined as Group 1 – current and actively serving) (SKIP TO RET19)**

RET2 . When did you complete your service obligation with the NHSC?

[NOTE: Drop down box for month and year selection]

RET3. Are you still providing direct patient care at the NHSC site where you completed your NHSC service obligation?

1. Yes
2. No

RET4. **(ONLY IF RET3=1)** How did you become aware of the job you currently hold?

1. NHSC Regional Office

2. NHSC Jobs Center (online job search tool launched in 2012)
3. NHSC Job Opportunities website
4. Internet search
5. Outside Recruiter
6. Current employee at the site
7. Friend or family member
8. School or clinical rotation/residency program
9. State recruitment web site
10. State Primary Care Office
11. State Primary Care Association
12. Other, please specify

RET5. **(ONLY IF RET3 =2)** How did you become aware of the job where you completed your service obligation?

1. NHSC Regional Office
2. NHSC Jobs Center (online job search tool launched in 2012)
3. Internet search
4. Outside Recruiter
5. Current employee at the site
6. Friend or family member
7. School or clinical rotation/residency program
8. State recruitment web site
9. State Primary Care Office
10. State Primary Care Association
11. Other, please specify

RET5a. **(ONLY IF RET5=Internet Search)** Please specify which websites you visited for your internet search.

RET6. Were you employed at your site prior to applying to the NHSC Loan Repayment Program?

1. Yes
2. No **(If RET3 = YES, SKIP to RET8; If RET3=NO, SKIP to RET9)**

RET7. **(ONLY IF RET6=1)** How long were you employed at your site prior to applying to the NHSC Loan Repayment Program?

1. Less than 1 year

2. 1-2 years
3. 2-5 years
4. More than 5 years

RET8. How long do you plan to remain at this site?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

RET 9. Did the opportunity to apply for NHSC Loan Repayment influence your decision to choose your site?

1. Yes
2. No

RET10. **[ONLY IF RET3=YES]** What influenced your decision to remain at the site? [Select all that apply.]

1. Salary
2. Opportunities for advancement
3. Cost of living
4. Experience at site
5. Site operation/direction closely aligned with my personal goals
6. Balanced schedule/hours
7. Use of electronic health record system
8. Use of telemedicine
9. Availability of distance learning opportunities
10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings
13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Other, please specify

RET11. **[ONLY IF RET3=NO]** What was the main reason for deciding to leave this site?

1. Financial considerations
2. Lack of opportunity for advancement
3. Lack of distance learning opportunities
4. Lack of resources to do my job well
5. Site operation/direction did not align with personal goals
6. Problems with employer/site
7. Didn't like the community and/or lifestyle
8. Long hours/no "work/life" balance
9. Family considerations
10. Change of career
11. Retirement
12. Other, please specify

RET12. **[If RET3=NO]** Part of the National Health Service Corps' mission is to provide access to quality care for the Nation's most vulnerable. Have you chosen to continue to provide care to underserved populations in the same geographic area where you completed your service obligation?

1. Yes
2. No

RET13. **[If RET12=YES]** How long do you plan to remain in this community/geographic area?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

RET14. **[If RET3=NO]** Have you chosen to provide direct patient care at another NHSC-approved site after fulfilling your service obligation?

1. Yes
2. No
3. Don't know if site is NHSC-approved

RET15. **[ONLY IF RET14=YES]** How long have you been practicing at your current NHSC-approved site?

1. Less than 1 year
2. 1-2 years

3. 2-5 years
4. More than 5 years

RET16. **[ONLY IF RET14=NO/DON'T KNOW]** Have you chosen to provide direct patient care in a health professional shortage designation (i.e., underserved community) after fulfilling your NHSC service obligation?

1. Yes
2. No

RET17. **[ONLY IF RET16=YES]** How long have you been practicing in this health professional shortage designation area (i.e., underserved community)?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

RET18. **[ONLY IF RET16=NO]** What was the main reason for not practicing in a health professional shortage area (i.e., underserved community)?

1. Financial considerations
2. Lack of opportunity for advancement
3. Lack of distance learning opportunities
4. Lack of resources to do my job well
5. Site operation/direction did not align with personal goals
6. Problems with employer/site
7. Didn't like the community and/or lifestyle
8. Long hours/no balance of personal and professional life
9. Family considerations
10. Change of career
11. Other, please specify

RET19. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Do you plan to remain at your current site *after* you have fulfilled your NHSC service obligation?

1. Yes
2. No
3. Don't know **(SKIP to RET24)**

RET20. **[ONLY IF RET19=YES]** How long do you plan to remain at your current site *after* you have fulfilled your NHSC service obligation?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

RET21. **[ONLY IF RET19=NO]** What might influence your decision to leave your current site *after* you have fulfilled your NHSC service obligation?

1. Financial considerations
2. Lack of opportunity for advancement
3. Lack of distance learning opportunities
4. Lack of resources to do my job well
5. Site operation/direction did not align with personal goals
6. Problems with employer/site
7. Didn't like the community and/or lifestyle
8. Long hours/no balance of personal and professional life
9. Family considerations
10. Retirement
11. Change of career
12. Other, please specify

RET 22. **[If RET19=NO]** Part of the National Health Service Corps' mission is to provide access to quality care for the Nation's most vulnerable. Do you think you will continue to provide care to underserved populations in the same geographic area where you completed your service obligation?

1. Yes
2. No **[Skip to RET24]**

RET 23. **[IF RET22=1]** How long do you plan to remain in this community/geographic area?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

- RET24. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Were you employed at your current site prior to applying to the NHSC Loan Repayment Program?
1. Yes
 2. No **[Skip to RET26]**
- RET25. **[If RET24=YES]** How long were you at your current site before you applied to the NHSC Loan Repayment Program?
1. Less than 1 year
 2. 1-2years
 3. 2-5 years
 4. More than 5 years
- RET26. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Did the opportunity to apply to the NHSC Loan Repayment Program influence your decision to choose to work at your site?
1. Yes
 2. No
- RET27. **(If RET19=YES) [ASK ONLY OF GROUP 1 RESPONDENTS]**What will most influence your decision to remain at the site? (Select one)
1. Availability of loan repayment financial support
 2. Salary
 3. Opportunities for advancement
 4. Cost of living
 5. Experience at site
 6. Site operation/direction closely aligned with my personal goals
 7. Balanced schedule/hours
 8. Use of electronic health record system
 9. Use of telemedicine
 10. Availability of distance learning opportunities
 11. Availability of resources to do my job well
 12. Community support
 13. Close to extended family/parents and siblings
 14. Family wanted to stay in community
 15. Spouse employment opportunities
 16. School district
 17. Other, please specify

RET28. **[ASK ONLY OF GROUP 1 RESPONDENTS]** How did you become aware of the job you currently hold?

1. NHSC Jobs Center (online job search tool launched in 2012)
2. Virtual Job Fair (online job fair using webinar technology)
3. Internet Search
4. Outside Recruiter
5. Employee at the site
6. Friend of family member
7. School or clinical rotation/residency program
8. State recruitment web site
9. NHSC Regional Office
10. State Primary Care Office
11. State Primary Care Association
12. Other, please specify

RET28a. **(ONLY IF RET28=Internet Search)** Please specify which websites you visited for your internet search.

RET29. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Please rank the following factors in order of their likelihood to influence your decision to continue providing health services in health professional shortage areas (i.e., underserved community) after your service obligation is complete? (Rank in order: 1=Most influence, 11=Least influence) **[Randomize response options]**

1. Relationship with current employer
2. Commitment to underserved communities
3. Current site experience
4. Becoming part of the community; able to put down “roots”
5. Corps membership benefits
6. Sense of community within NHSC
7. Experience with NHSC
8. Salary
9. Mentoring
10. Limited employment opportunities
11. Other (please specify)

Recruitment [ASK OF ALL RESPONDENTS]

Q1_1. How did you first hear about the NHSC program? (Select one)

1. Site Administrator or Site Staff
2. Faculty of your training programs
3. Colleague
4. Current employer
5. Family member or friend
6. Outside Recruiter
7. Current NHSC Member
8. NHSC alumnus
9. NHSC Website

10. NHSC Literature
11. NHSC Staff (Regional Office/Headquarters)
12. Internet search
13. Professional Association
14. Primary Care Office (PCO)
15. Primary Care Association (PCA)
16. Social Media (e.g., Facebook, etc.)
17. Exhibit at a professional meeting
18. Career Counselor
19. Other (please specify)

Q1_1a. **(ONLY IF Q1_1=Internet Search)** Please specify which websites you visited for your internet search.

Application Process

Please think about your most recent experience applying to the NHSC Program.

Using a scale from 1 to 10, where 1 is "Poor" and 10 is "Excellent"; please rate the application process on the following statements. If a question does not apply to you, please select: "N/A."

Q1_2. Clarity and ease of understanding the online application

Q1_3. Clarity and ease of understanding the program guidance documents

Q1_4. Ease of getting the information required to fill out the application

Q1_5. Amount of time it took to complete the application

Q1_6. Ease of submitting the application and supporting documents electronically

Q1_7. Responsiveness of support

Q1_8. Sufficiency of support

Q1_9. Timeliness of award notification

Q1_10. Ease of understanding the terms and conditions of acceptance

The NHSC Students to Service Loan Repayment Program application to which you applied opened in the fall of your 4th year of medical school. Using a scale from 1 to 10, where 1 is “Poor” and 10 is Excellent”, please rate the following statements:

Q1_11. Overall timing of application cycle [only if response to INTRO 1=3 and respondent is in Group 3]

Q1_12. Ease of acquiring loan documentation for your application [only if response to INTRO 1=3 and respondent is in Group 3]

Q1_13. Ease of acquiring letters of recommendation for your application [only if response to INTRO 1=3 and respondent is in Group 3]

Q1_14. Please use this space for any additional information you would like to provide the NHSC regarding your experience with applying to the Students-to-Service program. [only if response to INTRO 1=3 and respondent is in Group 3]

Customer Service Portal [ASK OF ALL RESPONDENTS]

Q2_1. Have you used the Customer Service Portal in the last 12 months? The Customer Service Portal is a secured online account where NHSC members can conduct transactions, upload required documents, ask questions, and perform other online activities.

1. Yes
2. No **(Skip to Q3_1)**
3. Don't know **(Skip to Q3_1)**

Q2_2. How have you used the Customer Service Portal in the last 12 months? (Select all that apply) **[Limit response options based on Group]**

1. In-school verification [Group 3]
2. Ask a question about my service obligation **[all]**
3. Update my personal information **[all]**
4. Look at my service obligation end date **[all]**
5. Access my continuation application information **[Group 1]**
6. Request a transfer to a new site **[Group 1]**
7. Maternity/Paternity/Adoption leave request **[Group 1]**
8. Medical or non-medical suspension **[Group 1]**
9. Request a conversion from full-time to half-time service **[Group 1]**
10. Report unemployment **[Group 1]**
11. Request assistance to find a new NHSC site **[Group 1]**
12. Complete in-service verification **[Group 1]**

13. Post Graduate Training request **[Group 3]**
14. Site Visit Request **[Group 3]**
15. Relocation Request **[Group 3]**
16. Finance Request **[Group 1]**
17. View payment history **[all]**
18. Void payment schedules **[Group 1, Group 3]**
19. Request leave of absence (personal/family/medical reasons) **[Group 3]**
20. Update contact information **[all]**
21. Update banking information **[Group 1 and Group 3]**
22. Site Search **[Group 3]**
23. View contact information for Site Search Support Advisor **[Group 3]**
24. Select state preferences to complete service obligation **[Group 3]**
25. Add initial site assignment **[Group 3]**
26. Other, please specify **[all]**

Q2_3. What additional feature, if any, would you like to see added to the Customer Service Portal?
(Capture open-ended response)

Please think about your overall experience using the Customer Service Portal in the last 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate.

- Q2_4. The ease of navigation
- Q2_5. Ability to find the information needed
- Q2_6. Your ease of understanding the information communicated
- Q2_7. The organization of the information provided
- Q2_8. The usefulness of conducting business through the NHSC Customer Service Portal
- Q2_9. The timeliness of NHSC Responses

Information/Communication [ASK OF ALL RESPONDENTS]

- Q3_1. Which of the following NHSC communications have you accessed in the last 12 months?
(Select all that apply)
1. E-mail delivered via the Customer Service Portal
 2. Customer Service Portal inquiries
 3. Emails or e-blasts from NHSC
 4. NHSC Facebook page
 5. NHSC Twitter account

6. Other, please specify

Q3_2. Which do you access most often? (Select one) **[Filter responses based on selections in Q3_1]**

1. E-mail delivered via the Customer Service Portal
2. Customer Service Portal inquiries
3. Emails or e-blasts from NHSC
4. NHSC Facebook page
5. NHSC Twitter account
6. Other, please specify

Q3_3. For the method you use most often, which device did you use? (Select one)

1. Computer/laptop
2. Tablet/notebook
3. Smart phone
4. Other, please specify

Thinking about the method you use most often to access NHSC communications, and using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate...

Q3_4. The timeliness of the communications

Q3_5. The relevance of the information provided to your inquiry

Q3_6. Received enough detail to meet your needs

Q3_7. Your ease of understanding the information communicated

Q3_8. The organization of the information provided

Q3_9. The helpfulness of information in guiding your decision-making

Q3_10. The frequency of receiving information

Q3_11. How would you prefer to receive future communications from the NHSC? (Select all that apply)

1. E-mail delivered via the Customer Service Portal
2. Customer Service Portal inquiries
3. Emails or e-blasts from NHSC
4. NHSC Facebook page
5. NHSC Twitter account
6. Other, please specify

Q3_12. How would you prefer to receive time sensitive communications from the NHSC? (Select one)

1. E-mails delivered via the Customer Service Portal (**Groups 1,2,& 3**)
2. Customer Service Portal inquiries
3. Emails or e-blasts from NHSC (**Groups 1,2,& 3**)
4. NHSC Facebook page (**Groups 1,2,& 3**)
5. NHSC Twitter account (**Groups 1,2,& 3**)
6. Text message (**Group 3**)
7. Other, please specify (**Groups 1,2,& 3**)

Q3_13. In the past 12 months, how often did you receive communications from NHSC?

1. Weekly
2. Monthly
3. Quarterly
4. Twice per year
5. Yearly

Q3_14. In the past 12 months, how would you rate the frequency of communications received from NHSC?

1. Too frequent
2. Just right
3. Not frequent enough

Q3_15. How often would you like to receive communications from the NHSC?

1. More often than once per month
2. Monthly
3. Quarterly
4. Twice per year
5. Yearly or less often

Q3_16. In the past 12 months, which resource and/or event do you consider to be the *most beneficial* in keeping you up to date on NHSC activities/events? (Select one)

1. NHSC website
2. NHSC Corps Connections newsletter (monthly online newsletter)

3. Fact sheets related to NHSC programs and services
4. NHSC Facebook posts
5. NHSC tweets (Twitter)
6. Other, please specify

Q3_17. **(Group 1 and 3 ONLY)** In the past 12 months, which resource and/or event do you consider to be the *most beneficial* in keeping you up to date on programmatic requirements? Examples of programmatic requirements include items in-service verifications, or continuations. (Select one)

1. NHSC website
2. NHSC Corps Connections newsletter (monthly online newsletter)
3. NHSC Scholar Reference Guide (released annually)
4. NHSC Facebook post
5. NHSC tweets (Twitter)
6. NHSC educational videos
7. Educational webinars hosted by the NHSC
8. Technical assistance conference calls hosted by the NHSC
9. Fact sheets related to NHSC programs and services
10. E-mails from the Customer Service Portal
11. Other, please specify

Q3_18. **(ONLY for Group 3)** Is there any other information that the NHSC should consider providing to help you with your transition from training to service?

Q3_19. **(Only for Group 1 who entered the program as an NHSC Scholar and are currently “in-service” –i.e. completing their service obligation practicing at a site).** Was there any other information that the NHSC could have provided to improve your transition from training to service?

NHSC Website [ASK OF ALL RESPONDENTS]

Q4_1. Have you visited the NHSC website within the past 12 months?

1. Yes
2. No **(skip to Q5_1)**

Q4_2. Have you heard of the NHSC Jobs Center? The NHSC Jobs Center is an interactive online resource, launched in 2012, that allows individuals seeking job opportunities to perform customized searches across thousands of NHSC-approved sites.

1. Yes
2. No **(skip to Q4_6)**

- Q4_3. **(ONLY IF Q4_2=1)** Have you used the NHSC Jobs Center in the past 12 months to identify possible employment opportunities?
1. Yes
 2. No **(skip to Q4_6)**
- Q4_4. **(ONLY IF Q4_3=1)** Did you find the NHSC Jobs Center useful in helping you to identify possible employment opportunities?
1. Yes
 2. No
- Q4_5. **(ONLY IF Q4_4= 2)** How could the NHSC Jobs Center have been more useful in helping you to identify possible employment opportunities? **(Capture verbatim response)**
- Q4_6. In the past 12 months, what were you searching for when you visited the NHSC website? (Select all that apply)
1. Information on Continuation applications
 2. Information on in-service compliance questions
 3. Employment opportunities
 4. Resource materials (e.g., fact sheets, reference guides, program guidelines)
 5. Archived webinars
 6. Upcoming events
 7. NHSC Corps Connections newsletter
 8. NHSC continuing education credit opportunities
 9. Information on new application processes
 10. Other, please specify
- Q4_7. What type of information would you like to see on the NHSC website that is not currently available? **(Capture verbatim response)**

Please think about your overall experience while visiting the NHSC website in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate...

- Q4_8. The ease of navigation
- Q4_9. The usefulness of the information provided
- Q4_10. The relevance of search results
- Q4_11. Ability to find the information needed

Customer Service [This section asked only of Group 1 and 3 respondents]

Q5_1. Have you contacted the NHSC during the past 12 months?

1. Yes
2. No **(skip to Q6_1)**

Q5_2. In the past 12 months, through what means have you contacted the NHSC? (Select all that apply)

1. Telephone
2. E-mail
3. Fax
4. Customer Service Portal
5. Facebook
6. Twitter
7. Other, please specify

Q5_3. Please select all the reasons that you contacted the NHSC in the past 12 months. **(Limit response options by group)**

1. General information **(Groups 1 and 3)**
2. Program requirements **(Groups 1 and 3)**
3. New application question **(Groups 1 and 3)**
4. Unemployment assistance **(Group 1)**
5. Continuation application question **(Group 1)**
6. Placement question **(Group 3)**
7. Site transfer **(Group 1)**
8. Maternity/paternity/adoption leave **(Group 1)**
9. Medical or non-medical suspension **(Group 1)**
10. Conversion to half-time service **(Group 1)**
11. Six-month verification **(Group 1)**
12. Deferment **(Group 3)**
13. Site visits **(Group 3)**
14. Relocation **(Group 3)**
15. Scholarship award (tuition, fees and stipend) **(Group 3)**
16. View payment history **[Group 1, Group 3]**
17. Void payment schedules **[Group 1, Group 3]**
18. Leave of absence request (personal/family/medical reasons) **[Group 3]**
19. Update contact information **[Group 1, Group 3]**

20. Update banking information [**Group 1, Group 3**]

21. Other (please specify) (**Groups 1 and 3**)

Q5_4. Of all the reasons you selected for contacting the NHSC in the past 12 months, what was the reason of your most recent contact? (**Only show selections made in Q5_3**)

1. General information
2. Program requirements
3. New application question
4. Unemployment assistance
5. Continuation application question
6. Placement question
7. Site transfer
8. Maternity/paternity/adoption leave
9. Medical or non-medical suspension
10. Conversion to half-time service
11. Six-month verification
12. Deferment
13. Site visits
14. Relocation
15. Scholarship award (tuition, fees and stipend)
16. View payment history
17. Void payment schedules
18. Leave of absence request (personal/family/medical reasons)
19. Update contact information
20. Update banking information
21. Other (please specify)

Q5_5. For your most recent contact, approximately how long did it take for the NHSC to first respond to, or acknowledge, your initial contact?

1. Within 24 hours
2. Within 48 hours
3. Within 3-4 days
4. Within 1 week
5. Within 1 month
6. Within a few months
7. They have never responded to my initial contact

Q5_6. For your most recent contact, ideally, how long should the NHSC have taken to first respond to, or acknowledge, your initial contact?

1. No more than 24 hours
2. No more than 48 hours
3. No more than 3-4 days
4. No more than 1 week
5. No more than 1 month

Q5_7. Was the NHSC representative able to resolve your issue?

1. Yes
2. No (**skip to Q5_9**)

Q5_8. How long did it take for the NHSC to resolve your issue/situation (**Ask only if Q5_7=1**)?

1. Within 24 hours
2. Within 48 hours
3. Within 3-4 days
4. Within 1 week
5. Within 1 month
6. Within a few months

Q5_9. Ideally, what is your expectation for how long it should have taken the NHSC to resolve your issue/situation?

1. No more than 24 hours
2. No more than 48 hours
3. No more than 3-4 days
4. No more than 1 week
5. No more than 1 month

Q5_10. (**If Q5_7=No**) If the NHSC representative was not able to resolve your issue, did they refer you elsewhere for further assistance?

1. Yes
2. No

Q5_11. (**If Q5_10=Yes**) Where did the NHSC representative refer you to? (Capture open-ended response)

1. Customer Service Portal
2. NHSC Website
3. Another department/representative
4. Other, please specify

Thinking about your most recent contact with the NHSC, and using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate...

- Q5_13. Ease of reaching a NHSC representative
- Q5_14. Courteousness of the NHSC representative
- Q5_15. Knowledge of the NHSC representative
- Q5_16. Timeliness of the representative's response to your inquiry or concern
- Q5_17. Relevance of the information provided by the NHSC representative
- Q5_18. Level of service provided by the NHSC representative
- Q5_19. Please use this space for any additional information you would like to provide the NHSC regarding ways we can improve the program. **(Capture open-ended response)**

Site Experience [Groups 1 and 2 only]

- Q6_1. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NHSC.
- Q6_2. Please explain the reason for the rating you provided for your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NHSC. **(Capture open-ended response)**
- Q6_3. Using a scale from 1 to 10, where 1 means "Not very prepared" and 10 means "Very Prepared", please rate how prepared you felt for dealing with the patient population at your site while you fulfilled/are fulfilling your service obligation with the NHSC.

ACSI Benchmark Questions [ASK OF ALL RESPONDENTS]

- Q8_1. Please consider all of the experiences you have had with the NHSC program. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with the NHSC program?
- Q8_2. Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, to what extent has the NHSC program fallen short of or exceeded your expectations?
- Q8_3. Imagine an ideal scholarship and loan repayment program. How well do you think the NHSC compares with that ideal program? Please use a 10-point scale on which 1 means *Not Very Close to Ideal*, and 10 means *Very Close to Ideal*.

Outcome Measures/Retention

- Q9. **[ASK ONLY OF GROUP 1]** On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to remain at your National Health Service Corps site after your service obligation is complete?
- Q10. **[ASK ONLY OF GROUP 1]** On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to continue to provide health services in health professional shortage areas after your service obligation is completed
- Q11. **(If Q10>=7)** What has contributed to the likelihood that you will continue to serve in a health professional shortage area (i.e., underserved community) after your service obligation is complete? (Select all that apply)
1. Salary
 2. Opportunities for advancement
 3. Cost of living
 4. Experience at site
 5. Site operation/direction closely aligned with my personal goals
 6. Balanced schedule/hours
 7. Use of electronic health record system
 8. Use of telemedicine
 9. Availability of distance learning opportunities
 10. Availability of resources to do my job well
 11. Community support
 12. Close to extended family/parents and siblings
 13. Family wanted to stay in community
 14. Spouse employment opportunities
 15. School district
 16. Other, please specify
- Q12. **(If Q10<7)** What would increase your likelihood to continue to serve in a health professional shortage area (i.e., underserved community) after your service obligation is complete?
1. Salary
 2. Opportunities for advancement
 3. Cost of living
 4. Experience at site
 5. Site operation/direction closely aligned with my personal goals
 6. Balanced schedule/hours
 7. Use of electronic health record system
 8. Use of telemedicine
 9. Availability of distance learning opportunities

10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings
13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Other, please specify

Q13. On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to recommend the National Health Service Corps to someone else?

Demographics [ASK OF ALL RESPONDENTS]

DEM1. What is your gender? (Select one)

1. Male
2. Female
3. Transgender Male
4. Transgender Female
5. Prefer not to say

DEM2. What is your age? (Select one)

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 and over

DEM3. What is your ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Prefer not to say

DEM4. What is your race? (Select all that apply)

1. American Indian or Alaskan Native
2. Asian
3. Black or African American

4. Native Hawaiian or Other Pacific Islander
5. White
6. Other, please specify
7. Prefer not to say

DEM5. Do you speak a language other than English?

1. Yes
2. No

DEM6. **(If DEM5=1)** What language(s), other than English, do you speak? (Select all that apply)

1. Spanish
2. French
3. German
4. Chinese/Mandarin
5. Hindi
6. Arabic
7. Portuguese
8. Vietnamese
9. Russian
10. Other, please specify

DEM7. Are you able to use this other language at your job?

1. Yes
2. No

DEM8. **(Groups 1 and 2 only)** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you grew up? (Select one)

1. Yes
2. No

DEM9. **(Groups 1 and 2)** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you completed your clinical training? (Select one)

1. Yes
2. No

DEM10. **(Group 3)** Are you currently attending health professions school within 100 miles of where you grew up/where you consider home?

1. Yes

2. No

DEM11. **(Group 3)** Do you plan to practice within 100 miles of where you completed your health professions training?

1. Yes

2. No

DEM12. **(Group 3 and DEM10=NO)** Do you plan to practice within 100 miles of where you grew up/where you consider home?

1. Yes

2. No

DEM13. **(Group 1)** From the list below, please select the option that best describes where you currently practice:

1. Federally Qualified Health Center (FQHC)

2. FQHC Look-Alike

3. Rural Health Clinic

4. Hospital Affiliated Primary Care Out-Patient Clinic

5. Indian Health Service

6. Tribal Clinic

7. Urban Indian Health Clinic

8. Correctional Facility

9. Private Practice (Solo/Group)

10. Community Mental Health Facility

11. Community Outpatient Facility

12. Critical Access Hospital

13. Free Clinic

14. Immigration and Customs Enforcement (ICE) Health Service Corps

15. Mobile Unit

16. School-based Health Program

17. State and County Department of Health Clinic

DEM 14. **(Group 2 only)** From the list below, please select the NHSC site that best describes where you were working when you finished your service obligation.

1. Federally Qualified Health Center (FQHC)

2. FQHC Look-Alike

3. Rural Health Clinic

4. Hospital Affiliated Primary Care Out-Patient Clinic

5. Indian Health Service

6. Tribal Clinic
7. Urban Indian Health Clinic
8. Correctional Facility
9. Private Practice (Solo/Group)
10. Community Mental Health Facility
11. Community Outpatient Facility
12. Critical Access Hospital
13. Free Clinic
14. Immigration and Customs Enforcement (ICE) Health Service Corps
15. Mobile Unit
16. School-based Health Program
17. State and County Department of Health Clinic

DEM 15. **(Group 2 only)** Where are you practicing now? Please select from the list below.

1. No longer providing direct patient care **(Skip to end)**
2. Private Practice (Solo/Group)
3. Federally Qualified Health Center (FQHC)
4. FQHC Look-Alike
5. Rural Health Clinic
6. Hospital Affiliated Primary Care Out-Patient Clinic
7. Indian Health Service
8. Tribal Clinic
9. Urban Indian Health Clinic
10. Correctional Facility
11. Community Mental Health Facility
12. Community Outpatient Facility
13. Critical Access Hospital
14. Free Clinic
15. Immigration and Customs Enforcement (ICE) Health Service Corps
16. Mobile Unit
17. School-based Health Program
18. State and County Department of Health Clinic
19. Other, please specify

DEM 16. **(Groups 1 and 2)** How large is your organization (total patients seen per year)?

1. 1-2,500 patients
2. 2,501-5,000 patients
3. 5,001-7,500 patients
4. 7,501-10,000 patients
5. Over 10,000 patients

DEM17. **(Groups 1 and 2)** Please list the zip-code of the site where you are currently practicing.
(Capture numerical response)

DEM18. **(Groups 1 and 2)** From the drop-down box below, please select the state where you are currently practicing?

DEM19. **(Group 3)** From the drop-down box below, please select the state where you are currently attending health professions school?

Thank you for your time. The Health Resources and Services Administration's National Health Service Corps appreciates your input!