Form Approved

OMB Form No. 0917-0036-22

Expiration Date: X/XX/XXX

**Indian Health Service**

**Virtual Private Network (VPN) User Survey**

You have been selected to participate in this survey due to your recent usage on the IHS VPN in the past 60 days. Thank you for taking the time to complete this survey.

1. Area:

* Aberdeen
* Alaska
* Albuquerque
* Bemidji
* Billings
* California
* Nashville
* Navajo
* Oklahoma City
* Phoenix
* Portland
* Tucson
* Other

If Other (please specify)

2. Employee Type:

* Federal, including Commissioned Corps
* Tribal
* Urban
* Headquarters
* Contractor
* Other

If Other (please specify)

3. How often do you use the IHS VPN?

* Hardly ever
* One time per week
* One time per day
* Two times per day
* Three times per day
* More than three times per day

4. How long do you typically stay connected?

* Less than one hour
* 1-2 hours
* 2-4 hours
* More than four hours

5. What equipment do you use most often to access the IHS VPN?

* IHS provided computer
* Personal computer
* Public computer
* Other

If Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What type of Internet connection do you normally connect from?

* DSL
* Cable
* Fiber (FIOS)
* Public Wi-Fi (hotel, airport, coffee shop, library, school)
* Mobile broad-band (hot spot/ USB modem)
* Dial-Up

7. Do you access your facility "desktop" or terminal server using a Remote Desktop Connection?

* Yes
* No
* Don't know

8. If using an IHS provided computer do you feel as productive when working remotely?

* Yes
* No
* Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. If using a personal computer do you feel as productive when working remotely?

* Yes
* No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How important is it that you have the same functionality as you have in the office when working remotely?

* Not very important
* Somewhat important
* Very important

11. Does IHS VPN provide the functionality that you need?

* Yes
* No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Do you find the process of logging on to the IHS VPN to be:

* Acceptable
* Cumbersome

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Do you know that using your Outlook e-mail client or Web Mail does not require a VPN connection?

* Yes
* No

14. Do you know that using your Lync client does not require a VPN connection?

* Yes
* No
* What is Lync?

15. What is your primary reason for using the IHS VPN?

* Full-time telework- any location
* Part-time telework- any location
* Travel
* Off-site
* Occasional after-hours catch up
* Other

If Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. What type of work do you perform while using the IHS VPN?

* Health care system access (RPMS/ EHR/ DENTRIX)
* Email/ Lync
* Document editing on network drives
* System administration

17. Other than the standard 15 minute inactivity timeout; do you ever get unexpectedly disconnected from the IHS VPN?

* Never
* Occasionally
* Frequently

18. What do you like most about the current VPN solution?

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. What do you like least about the current VPN solution?

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. What new features would you like to see added to the IHS VPN?

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Additional comments:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPTIONAL: Please provide your name and email so that IHS OIT may contact you with additional questions if needed.**

22. First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 0917-0036-22.  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 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.