

**APPENDIX D**  
**STAKEHOLDER SURVEY**



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# EVALUATION OF AHRQ HEALTHCARE HORIZON SCANNING SYSTEM STAKEHOLDER SURVEY

Sponsored by the Agency for Healthcare Research and Quality

Conducted by

Mathematica Policy Research

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## INSTRUCTIONS

The Agency for Healthcare Research and Quality (AHRQ) is sponsoring this survey as part of the evaluation of the AHRQ Healthcare Horizon Scanning System. Mathematica Policy Research, an independent social policy firm, is conducting the survey for the evaluation. The survey will help AHRQ assess the Potential High Impact Interventions Report series issued by the AHRQ Healthcare Horizon Scanning System.

Thank you for taking the time to complete the survey. The purpose of the survey is to solicit your feedback on an AHRQ Healthcare Horizon Scanning System report. As part of the survey, we will list reports on 16 healthcare medications, devices, and processes and ask you to select a report on a topic that is most relevant to your work. We will ask you to read and provide feedback on this report. Your participation and input is very important. It should take you about 30 minutes to read the report and complete this survey. In appreciation of your effort to complete this survey, we will provide a payment of \$25.

Please be assured that:

- Your participation in the survey is voluntary. However, we hope that you will participate and answer as many questions as you can.
- ~~Your answers will be kept confidential.~~ All responses will be combined and data will be reported in the aggregate. No names of individuals or organizations will be used in any reports.

For questions, please call **XXX** toll free or click here [EMAIL ADDRESS] to send an email.

**Please click on the SUBMIT button at the bottom of this screen when you are ready to begin the survey.**

Below is a list of reports on 16 healthcare medications, devices, and processes. To complete the survey, please:

- Select the topic that is most relevant to your work. This report will open up in another window.
- Please read the report. You may also print the report.
- Please return to the survey window to answer the questions.

**SELECT ONE ONLY**

- Intervention 1..... 1
- Intervention 2..... 2
- Intervention 3..... 3
- Intervention 4..... 4
- Intervention 5..... 5
- Intervention 6..... 6
- Intervention 7..... 7
- Intervention 8..... 8
- Intervention 9..... 9
- Intervention 10..... 10
- Intervention 11..... 11
- Intervention 12..... 12
- Intervention 13..... 13
- Intervention 14..... 14
- Intervention 15..... 15
- Intervention 16..... 16
- None of these topics is relevant to my work.....A0

**A0. Thank you for your willingness to complete this survey. Please take a moment to indicate to us why none of these topics are relevant to your work.**

- In general, assessments of the potential impact of health care interventions are not relevant to my work.....1
- The health conditions relevant to my work are not included in this list.....2
- Other

Specify

END SURVEY

## A. FEEDBACK ON THE OVERALL REPORT

The first few questions are about your opinion of the overall report on [INTERVENTION NAME].

**A1. Please rate the relevance of the intervention of [INTERVENTION NAME] to your work.**

Not at all relevant      1  2  3  4  5       Very relevant

**A2. Please rate the credibility of the report. By credibility, we mean how much confidence you had in the correctness of the information in the report.**

Not at all credible      1  2  3  4  5       Very credible

IF A2 = 1 OR 2, GO TO A2a. IF A2= 3 - 5 AND A1= 1 OR 2, GO TO A4. ELSE GO TO A3

**A2a. What part(s) of the report did you find not credible?**

NOT CREDIBLE CONTENT

IF A1=1 OR 2, GO TO A4. ELSE GO TO A3.

**A3. Please rate how easy it was to find the information you were interested in.**

Not at all easy to find      1  2  3  4  5       Very easy to find

**A4. Please rate how easy it was to understand the report.**

Not at all easy to understand      1  2  3  4  5       Very easy to understand

IF A4 = 1 OR 2, GO TO A4a. ELSE GO TO A5

**A4a. What part(s) of the report did you have difficulty understanding or find confusing?**

DIFFICULT TO UNDERSTAND CONTENT

**A5. Please rate the overall usefulness of the report.**

Not at all useful      1  2  3  4  5       Very useful

IF A5 = 1 OR 2, GO TO A5a. ELSE GO TO A6



**A5a. Why was this report [not as/not] useful to you?**

REASON WHY REPORT IS NOT USEFUL

**A6. Semi-yearly, the AHRQ Healthcare Horizon Scanning System reports on up to 20 interventions with the highest potential impact in a condition area. Do you agree that in the area of [CONDITION], [INTERVENTION] should have been included in the Potential High Impact Interventions report series?**

**SELECT ONE ONLY**

- Yes..... 1
- No..... 2
- Don't know..... 3

IF A6=2, GO TO A6a. ELSE GO TO A7.

**A6a. Please explain why you do not think [INTERVENTION NAME] should have been included in the Potential High Impact Interventions series.**

**A7. Please provide any additional comments about the overall report that you would like to share.**

ADDITIONAL COMMENTS

## B. FEEDBACK ON THE OVERALL HIGH IMPACT POTENTIAL SECTION

Questions B1 – B3 are about the last sections of the report that begin with Figure 1. We will call this part of the report the “*Overall High Impact Potential*” section. This section includes the overall high impact potential arrow graphic (Figure 1), summary comments adjacent to the arrow graphic, and the “Results and Discussion of Comments.”

**B1.** Please rate the credibility of the information in the “*Overall High Impact Potential*” section of the report, which begins with Figure 1 and continues to the end of the report. By credibility, we mean how much confidence you had in the correctness of the information.

Not at all  
credible      1  2  3  4  5  Very credible

IF B1 = 1 OR 2, GO TO B1a. ELSE GO TO B2

**B1a.** What part(s) of the “*Overall High Impact Potential*” section did you find not credible?

NOT CREDIBLE CONTENT

**B2.** Please rate the overall usefulness of the “*Overall High Impact Potential*” section of the report, which begins with Figure 1 and continues to the end of the report.

Not at all  
useful      1  2  3  4  5  Very  
useful

IF B2 = 1 OR 2, GO TO B2a. ELSE GO TO B3

**B2a.** Why was the “*Overall High Impact Potential*” section of the report [not as/not] useful to you?

REASON WHY SECTION IS NOT  
USEFUL

**B3.** Please provide any additional comments about the “*Overall High Impact Potential*” section of the report that you would like to share.

ADDITIONAL COMMENTS

These next questions are about Figure 1 (overall high impact potential rating).

**B4.** Please rate how consistent Figure 1 (overall high impact potential rating) was with the information in the entire report.

Not at all  
consistent      1  2  3  4  5  Very  
consistent

IF B4 = 1 OR 2, GO TO B4a. ELSE GO TO B5

**B4a. Please provide the reason(s) why you think Figure 1 (overall high impact potential rating) was inconsistent with the information in the entire report.**

INCONSISTENCY BETWEEN RATING AND REPORT INFORMATION

**B5. Please rate the overall usefulness of Figure 1 (overall high impact potential rating).**

Not at all useful      1  2  3  4  5  Very useful

IF B5 = 1 OR 2, GO TO B5a. ELSE GO TO B6

**B5a. Why was Figure 1 (overall high impact potential rating) [not as/not] useful to you?**

REASON WHY RATING IS NOT USEFUL

**B6. Do you agree with the overall high impact potential rating reflected in Figure 1?**

**SELECT ONE ONLY**

- Yes..... 1
- No..... 2
- Don't know..... 3

IF B6= 2, GO TO B6a. ELSE GO TO C1

**B6a. Please explain why you do not agree with the overall high impact potential rating reflected in Figure 1.**

REASON WHY DISAGREE WITH OVERALL HIGH IMPACT POTENTIAL RATING

## C. ABOUT YOU

The last questions are about you.

**C1. Please identify your role in the health care field.**

**SELECT ONE ONLY**

- Federal or state staff.....1
- Clinical/health care provider.....2
- Administrator of institutional health care service provider.....3
- Private third-party health care payer/insurance.....4
- Health care product (medication/device) manufacturer.....5
- Consumer or patient representative.....6
- Researcher, please specify research area.....7

Specify

- Other.....8

Specify

IF C1 = 1, GO TO C1a. ELSE, GO TO C2

**C1a. What is the primary focus of your work?**

**SELECT ONE ONLY**

- Health care insurance/payment policy/ coverage of services.....1
- Safety of drugs, biologics, and/or medical devices.....2
- Research on effectiveness of medications/devices/care processes.....3
- Clinical care/ improving quality/patient centeredness of care.....4
- Other.....5

Specify

**C2. In the past 12 months, how often did you look at information about emerging or new health interventions? Please do not include the report on [INTERVENTION NAME] you reviewed for this survey.**

*By emerging or new health interventions, we mean new (and new uses of existing) pharmaceuticals, medical devices, diagnostic tests and procedures, therapeutic interventions, rehabilitative interventions, behavioral health interventions, health care delivery innovations, and public health and health promotion activities intended for use in the U.S. health care system.*

**SELECT ONE ONLY**

- Daily.....1
- Several days a week.....2
- Once a week.....3
- Once a month.....4
- Less than once a month.....5
- Never.....6

IF C2 = 6, GO TO D1. ELSE GO TO C3.

**C3. In the past 12 months, how much did you rely on each of the following sources for information about emerging or new health interventions? Please do not include the report on [INTERVENTION NAME] you reviewed for this survey.**

*By emerging or new health interventions, we mean new (and new uses of existing) pharmaceuticals, medical devices, diagnostic tests and procedures, therapeutic interventions, rehabilitative interventions, behavioral health interventions, health care delivery innovations, and public health and health promotion activities.*

**SELECT ONE ONLY**

	Never rely	Rarely rely	Sometimes rely	Heavily rely
a. Peer reviewed journals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Clinical/pharmaceutical reference textbooks and compendia	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Colleagues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Drug and device manufacturers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Health care businesses	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Insurance companies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Government agencies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Professional associations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Technology assessment organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Listservs and blogs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Mass media	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	<input type="text"/>			

**C4. Prior to receiving this survey, have you ever heard of the AHRQ Healthcare Horizon Scanning System?**

**SELECT ONE ONLY**

- Yes..... 1
- No..... 2

IF C4 = 1, GO TO C4a. ELSE GO TO D1.

**C4a. Prior to receiving this survey, where did you hear about the AHRQ Healthcare Horizon Scanning System?**

**MARK ALL THAT APPLY**

- AHRQ publications or website..... 1
- Work colleagues..... 2
- Peer reviewed journals..... 3
- Other professional publications (newsletters)..... 4
- Other government agencies..... 5
- Drug and device manufacturers..... 6
- Insurance companies..... 7
- Listservs and blogs..... 8
- Mass media..... 9
- Other: please specify \_\_\_\_\_..... 10

**C4b. Prior to receiving this survey, have you used the information or reports produced by the AHRQ Healthcare Horizon Scanning System?**

**SELECT ONE ONLY**

- Yes..... 1
- No..... 2

IF C4b = 1, GO TO C4c. ELSE GO TO D1.

**C4c. Prior to receiving this survey, how have you used the information or reports produced by the AHRQ Healthcare Horizon Scanning System?**

**MARK ALL THAT APPLY**

- Inform research funding decisions..... 1
- Identify or prioritize topics for research..... 2
- Keep up to date on technologies to help my patients..... 3
- Inform investment or business decisions..... 4

- Keep up to date on emerging health technologies in general.....5
- Other: please specify \_\_\_\_\_.....6

IF C4c=1, GO TO C4d. ELSE GO TO D1.

**C4d. To what extent have the information or reports produced by the AHRQ Healthcare Horizon Scanning System influenced your research funding decisions?**

**SELECT ONE ONLY**

- Not at all.....1
- To a slight extent.....2
- To some extent.....3
- To a great extent.....4

**C5. In the future, how likely is it that you will access or use the reports produced by the AHRQ Healthcare Horizon Scanning System?**

**SELECT ONE ONLY**

- Very likely.....1
- Somewhat likely.....2
- Not very likely.....3
- Not at all likely.....4

**D. THANK YOU**

**Thank you for completing this important survey. We would like to send you a check for \$25.00.**

**D1. Please provide the name you would like to appear on the check.**

First Name:

Middle Initial:

Last Name:

**D2. Please provide the address where we should send the check to.**

Office/Business Name:

Street Address 1:

Street Address 2:

Apt #:

City:

State:

Zip:

**D3. Please provide your contact information. We will only contact you if we have any questions about the answers you provided on the survey.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	WORK
<input type="text"/>	<input type="text"/>	<input type="text"/>	HOME
<input type="text"/>	<input type="text"/>	<input type="text"/>	CELLULAR
<input type="text"/>			EMAIL ADDRESS

**Thank you for completing the survey.**