Model	Instance Name:	
HRSA	Email Survev 2015	

MID:

Date: 3/12/2015

Welcome and Thank You Text

Directions:

This welcome text is shown at the top of the questionnaire window and the thank you text at the bottom. This is a good place to mention the site/company/agency name so the visitor knows whom they are taking the survey for. Feel free to modify the standard Welcome text shown in the box below.

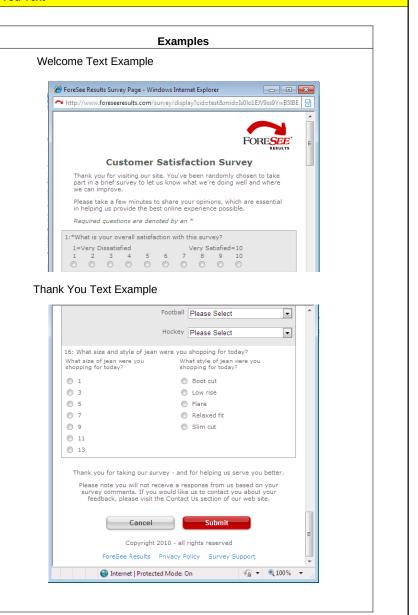
Welcome Text

Please take a few minutes to share your opinions, which are essential in helping us provide the best email experience possible.

Thank You Text

Thank you for taking our survey - and for helping us serve you better.

Please note you will not receive a response from us based on your survey comments.



Model Instance Name: HRSA e-newsletter Survey 2015 MID: Partition: No Date: 11/3/2015

			HRSA e-newsletter Survey		
			Thron e-newsicaer durvey		
	Model questions	o uti	lize the ForeSee methodology to determine scores and	d ime	poete
	ELEMENTS (drivers of satisfaction)	ร นแ	CUSTOMER SATISFACTION	11111	FUTURE BEHAVIORS
Look	and Feel (1=Poor, 10=Excellent, Don't Know)		Satisfaction		Visit Website (1=Very Unlikely, 10=Very Likely)
Pleas	se rate the visual appeal of the BPHC e-newsletter		What is your overall satisfaction with the BPHC e- newsletter? (1=Very Dissatisfied, 10=Very Satisfied)		How likely are you to visit the BPHC website as a result of receiving the BPHC e-newsletter?
	se rate the balance of graphics and text in the BPHC eletter.		How well does the BPHC e-newsletter meet your expectations? (1=Falls Short, 10=Exceeds)		Primary Resource (1=Very Unlikely, 10=Very Likely)
Pleas	se rate the readability of the BPHC e-newsletter.		How does the BPHC e-newsletter compare to your ideal e-newsletter? (1=Not Very Close, 10=Very Close)		How likely are you to use the BPHC website as a primary resource for information related to the BPHC e-newsletter?
E-Nev	wsletter Content (1=Poor, 10=Excellent, Don't Know)				Social Share Content (1=Very Unlikely, 10=Very Likely)
	se rate the timeliness of the content in the BPHC e- letter.				How likely are you to share a BPHC e-newsletter on social media?
	se rate the relevancy of the BPHC e-newsletter to your nation needs.				Future e-newsletter Behavior (1=Very Unlikely, 10=Very Likely)
Pleas	e rate the clarity of information in the BPHC e-newsletter.				How likely are you to open future e-newsletters from BPHC?

Model Instance Name:	HRSA e-newsletter Survey 2015	red & strike through: DELETE	Insider
		underlined & italicized: RE-ORDER	Digest
		pink: ADDITION	
Partition: No			
Date:	11/3/2015	blue +>: REWORDING	

				HRSA e-newsletter Survey	
QID (Group ID)		Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
-	ALL		Is the frequency of the HRSA e-newsletters appropriate?	Yes	
				No, I would like to receive them more often	
				No, I would like to receive them less often	
	ALL		How often would you like to receive e-newsletters from HRSA?	Weekly	
	, LL		The otten would you like to receive a newslotters worth thrown	Every 2 weeks	-
				Monthly	
				Quarterly	
	ALL		When would you prefer to receive e-newsletters from HRSA?	- Camarany	
				Mornings	
				Afternoons	
				Evenings	
				No preference	
	ALL		What day of the week do you prefer to receive e-newsletters from		
			HRSA?	Monday	
				Tuesday	
				Wednesday	
				Thursday	-
				Friday	
				No preference	
	ALL		What is your preferred language to receive e-newsletters ?	English	
				Spanish Both English and Spanish Other	A
	ALL	Α	What is your preferred language to receive e-newsletters?		
	Digest		Which of these organization types best describe the organization to which you belong?	Health Center Program award recipient or grantee	
				Health Center Program look-alike State/Regional Primary Care Association	
				National Cooperative Agreement	
				Health Center Controlled Network	
				Free Clinic	
				Bureau of Primary Health Care	
				Other bureaus/offices in the Health Resources and Services Administration	
				Other	Α
	Digest	Α	Please describe your organization:		
	Insider		Which of these BPHC offices best describe the one to which you belong?		
				Office of Strategic Business Operations	
				Office of Policy and Program Development	
				Office of Quality Improvement	
				Office of Northern Health Services	
				Office of Southern Health Services	

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				HRSA e-newsletter Survey	
QID Froup ID)		Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip
			() I de la company de la comp	Other	A
	Insider	Α	Please describe your office:		
	Digest		Which of these roles best describe you?	Chief Executive Officer or Executive Director	В
			,	Chief Operating Officer	В
				Chief Financial Officer	В
				Chief Medical Officer or Medical Director	В
				Quality Improvement Officer or Coordinator	В В
				Clinician	— В
				Pharmacist	В
				Other health professional	В
				Researcher	— В
			Consultant	В	
				HRSA staff	В
				Prospective Health Center Program Participant	
				Other	A,B
	Digest	Α	Please describe your role:		
	Digest	В	How long has your organization been a BPHC program participant?	Less than 1 year	
				1 year to less than 5 years	
				5 years to less than 10 years	
				10 years to less than 20 years	
				20 years or more	
				Don't know	
				Not applicable; I work for HRSA	
	Insider		How long have you worked for BPHC?	Less than 1 year	
				1 year to less than 5 years	
				5 years to less than 10 years	
				10 years to less than 20 years	
				20 years or more	
				Don't know	
	All		Please select your level of agreement with these statements about the BPHC e-newsletters:		
			Subject lines are relevant and easy to understand	Agree	
				Somewhat Agree	
				Somewhat Disagree	
				Disagree	
			The length of the e-newsletter is appropriate	Agree	
			The length of the e newsletter is appropriate	Somewhat Agree	
				Somewhat Disagree	
				· ·	
			Thousing angulah information provided for mo to take out or fit answerted	Disagree	
			There is enough information provided for me to take action (if requested) Agree	
				Somewhat Agree	

Model In	stance Name	: HRSA e-r	newsletter Survey 2015	red & strike through: DELETE underlined & italicized: RE-ORDER	Insider Digest	
D	NI.			pink: ADDITION		
Partition Date:	: NO	11/3/20	15	blue +>: REWORDING		
				HRSA e-newsletter Survey		
QID (Group ID)		Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	
	ALL		Is the frequency of the HRSA e-newsletters appropriate?	Yes No, I would like to receive them more often No, I would like to receive them less often		
	ALL		How often would you like to receive e-newsletters from HRSA?	Weekly Every 2 weeks Monthly Quarterly		
	ALL		When would you prefer to receive e-newsletters from HRSA?	Mornings Afternoons Evenings No preference		
	ALL		What day of the week do you prefer to receive e-newsletters from HRSA?	Monday		

Tuesday Wednesday Thursday Friday No preference English

Spanish

Other

Which of these BPHC offices best describe the one to which you belong? Office of the Associate Administrator

Both English and Spanish

Office of Quality Improvement
Office of Northern Health Services
Office of Southern Health Services

Less than 1 year

Office of Strategic Business Operations
Office of Policy and Program Development

ALL

ALL

Insider

Insider

What is your preferred language to receive e-newsletters?

What is your preferred language to receive e-newsletters?

Please describe your office:
How long have you worked for BPHC?

Α

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				HRSA e-newsletter Survey		
QID		Skip				
(Group ID)		Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	
10,		Laber	Question Text	1 year to less than 5 years	Skip to	
				5 years to less than 10 years		
				10 years to less than 20 years		
				20 years or more Don't know		
	All		Please select your level of agreement with these statements about the	DOITERIOW		
			BPHC e-newsletters:			
			Subject lines are relevant and easy to understand	Agree		
				Somewhat Agree Somewhat Disagree		
				Disagree Disagree		
			The length of the e-newsletter is appropriate	Agree		
				Somewhat Agree		
				Somewhat Disagree		
			There is enough information provided for me to take action (if requested)	Disagree		
			There is enough information provided for the to take action (if requested)	Agree		
				Somewhat Agree		

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		<u>underlined & italicized</u> : RE-ORDER	Digest
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				HRSA e-newsletter Survey	
		1			
QID		Skip			
(Group		Logic		Answer Choices	
ID)		Label	Question Text	(limited to 50 characters)	Skip to
	ALL		Is the frequency of the HRSA e-newsletters appropriate?	Yes	
				No, I would like to receive them more often	
				No, I would like to receive them less often	
	ALL		How often would you like to receive e-newsletters from HRSA?	Weekly	
				Every 2 weeks]
				Monthly	
				Quarterly	
	ALL		When would you prefer to receive e-newsletters from HRSA?		
				Mornings	
				Afternoons	
				Evenings	
				No preference	
	ALL		What day of the week do you prefer to receive e-newsletters from		
			HRSA?	Monday	
				Tuesday	
				Wednesday	-
				Thursday	-
				Friday	1
				No preference	-
	ALL		What is your preferred language to receive e-newsletters?	English	
	ALL		What is your preferred language to receive e-newsletters ?	Ligilari	-
				Spanish	
					1
				Both English and Spanish	
				Other	Α
	ALL	Α	What is your preferred language to receive e-newsletters?		
	Digest		Which of these organization types best describe the organization to	Health Center Program award recipient or grantee	
			which you belong?		
				Health Center Program look-alike	
				State/Regional Primary Care Association	
				National Cooperative Agreement	
				Health Center Controlled Network	
				Free Clinic	
				Bureau of Primary Health Care	
				Other bureaus/offices in the Health Resources and Services Administration	
				Other	Α

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				HRSA e-newsletter Survey	
QID Group		Skip Logic		Answer Choices	
ID) ·		Label	Question Text	(limited to 50 characters)	Skip to
	Digest	Α	Please describe your organization:		
	Digest		Which of these roles best describe you?	Chief Executive Officer or Executive Director Chief Operating Officer Chief Financial Officer Chief Medical Officer or Medical Director Quality Improvement Officer or Coordinator Clinician Pharmacist Other health professional Researcher Consultant	B B B B B B B B B B B B B B B B B B B
				HRSA staff Prospective Health Center Program Participant	В
				Other	A,B
	Digest	Α	Please describe your role:		
	Digest	В	How long has your organization been a BPHC program participant?	Less than 1 year 1 year to less than 5 years 5 years to less than 10 years 10 years to less than 20 years 20 years or more Don't know Not applicable; I work for HRSA	
	All		Please select your level of agreement with these statements about the BPHC e-newsletters: Subject lines are relevant and easy to understand	Agree Somewhat Agree Somewhat Disagree Disagree	
			The length of the e-newsletter is appropriate	Agree Somewhat Agree Somewhat Disagree Disagree	
			There is enough information provided for me to take action (if requested)	Agree Somewhat Agree	