DCoE Product Question Bank

Overview: The DCoE Product Question Bank provides a variety of questions designed to gather feedback regarding DC
The results of the information collection will guide DCoE's efforts to meet the important goal of ensuring consumers a

General Process
DCoE staff will:
1) Select the mandatory question ('How likely is that you would recommend this product or service to a friend or colle
2) Select additional relevant questions from the bank and when applicable, customize the question value as indicated I
<product/presentation/training>' may be modified to read 'Rate how much you agree or disagree about using the Fam
3) Organize the questions in a logical sequence and test the collection instrument internally for appropriateness in con
4) Finalize the draft collection instrument to include the introduction, instructional text, etc. in a DoD approved web-ba
introduction, 'Please do not provide any Personally Identifiable Information (PII).'
5) Develop the Office of Management and Budget 'one pager' and related paperwork for submission through the OMB
6) Upon receipt of approval, update the collection instrument as needed and add the appropriate OMB Control Numbe
corner below the OMB Control Number.
7) Execute the collection, monitor results and track respondent burden accordingly.

oE products to improve product content, format, accessibility, reach, impact, ease of use, and relevance to
re aware of DCoE products and services and to improve them in a manner that will increase utilization.

ague?') from the bank.
by <text> to reference a specific product or training. For example: 'Rate how much you agree or disagree a
ily Resiliency Kit.'
tent and length.
ased survey tool. If open-ended / free text questions are used in the instrument, include the following inst

Regular or Fast Track generic clearance process.
er. When used for DoD internal collections as well, include the related DoD Registration Control Symbol (F

⟩ stakeholders' needs.

about using this

ruction in the survey

RCS) in the top right

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
REQUIRED QUESTION FOR ALL INSTRUMENTS	**Product Referral**	**Both Provider and Non-provider**		**How likely is that you would recommend this product or service to a friend or colleague?**	**Not at all likely** **Slightly likely** **Somewhat likely** **Very likely** **Extremely likely**	**REQUIRED QUESTION FOR ALL INSTRUMENTS**
1	Product Utilization	Provider		At what frequency would you like to receive information related to upcoming DCoE webinars and/or products? (e.g., daily, weekly, monthly, quarterly)	Daily A few times a week Weekly Monthly Quarterly	
2	Demographic	Both Provider and Non-provider		What is your gender?	Female Male	
3	Demographic	Both Provider and Non-provider		Are you Spanish/Hispanic/Latino?	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino	

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4	Demographic	Both Provider and Non-provider		What is your race? (Select one or more.)	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	
5	Demographic	Both Provider and Non-provider		What is your age?	Less than 17 years old 17-24 years old 25-34 years old 35-44 years old 45-54 years old 55-64 years old 65-74 years old 75 years or older	
6	Demographic	Both Provider and Non-provider		What is your marital status?	Married Separated Divorced Widowed Never Married	
7	Demographic	Both Provider and Non-provider		How many children do you have?	I do not have any children 1 2 3 4 5+	
8	Demographic	Both Provider and Non-provider		How old are your children? Select all that apply.	Younger than 5 5-10 11-15 16-20 21-25 Older than 25 N/A	

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9	Demographic	Both Provider and Non-provider		What is the highest degree or level of school you have completed?	No high school diploma High school diploma or GED Some college Associates degree Bachelor's degree Master's degree Professional degree (e.g., JD, MD) Doctorate degree (e.g., PhD, EdD)	
10	Demographic	Both Provider and Non-provider		What was your total household income last year?	Less than $24,999 $25,000 to $49,999 $50,000 to $99,999 $100,000 to $149,999 $150,000 to $199,999 $200,000 or more	
11	Demographic	Both Provider and Non-provider		What is your professional status?	Active Duty Military Government Contractor Government Civilian National Guard / Reserves Non-government Civilian Retiree Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
12	Demographic	Both Provider and Non-provider		What is your military status?	Active Duty National Guardsman / Reservist Veteran Not applicable	

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13	Demographic	Both Provider and Non-provider		What is your current pay grade?	E1-E4 (Junior Enlisted) E5-E6 (Junior NCOs) E7-E9 (Senior NCOs) W1-W5 (Warrant Officers) O1-O3 (Junior Officers) O4-O6 (Senior Officers) O7 or above (General/Flag Officers) Not Applicable	
14	Demographic	Non-provider		Please select the military organization you are / have been a member. Select all that apply.	Army Navy Marines Air Force Coast Guard US Public Health Service Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
15	Demographic	Non-provider		How long have you been in the military?	<1 year 1-5 years 6-10 years 11-15 years 16-20 years 20+ years N/A	
16	Demographic	Non-provider		How many times have you been deployed?	I have never been deployed 1 2 3 4 5+	

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17	Demographic	Non-provider		How recent was your last deployment?	Less then 1 month ago 1-6 months ago 7-11 months ago 1-5 years ago 6-10 years ago 10+ years ago Not applicable	
18	Demographic	Non-provider		How many times have you deployed to combat zones?	I have never been deployed to a combat zone 1 2 3 4 5+	
19	Demographic	Non-provider		To what combat zone were you deployed? Select all that apply.	Operation Desert Storm Operation Iraqi Freedom/ New Dawn Operation Enduring Freedom Kosovo Vietnam Other (Somalia, Lebanon, Korea, WW2, etc.,) Please describe.	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)." Note: This question would only be asked if Q21 was asked as well.

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20	Demographic	Non-provider		Please select your primary role:	Service member Family/friend of service member Veteran Healthcare provider Mental healthcare provider Caregiver Researcher/academia Chaplain Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
21	Demographic	Non-provider		What is your relationship to the Service member?	Self Spouse/Partner Parent/Sibling Child No Relationship Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
22	Demographic	Non-provider		Do you work in the Military Health System?	Yes No	
23	Demographic	Non-provider		Are you currently seeing a mental health professional?	Yes No	
24	Demographic	Provider		Have you seen a mental health professional while serving in the military?	Yes No	
25	Demographic	Provider		If you are a TRICARE provider, which region?	North South West OCONUS (International SOS) I am not a TRICARE provider	

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
26	Demographic	Provider		What is your primary role as a provider?	<Insert appropriate professional role> <Insert appropriate professional role> <Insert appropriate professional role> Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
27	Demographic	Provider		In what settings do you provide counseling services ? Select all that apply.	Inpatient Behavioral Health Inpatient Settings (Other) Intensive Outpatient Settings Specialty Behavioral Health (Outpatient) Tele-behavioral Health / Web-based / Online Services Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
28	Demographic	Provider		As a behavioral health counselor, what is your primary focus? Select all that apply.	Addiction Combat Stress Mental Health Military Life Marital and Family Life Rehabilitation and Disability Trauma and Disaster Other (Please specify) _____ I am not a behavioral health counselor	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."

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29	Demographic	Provider		What type of health services do you provide? Select all that apply.	Individual therapy Family therapy Marriage and Couples Therapy Group therapy Care management Psychopharmacology Other	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
30	Demographic	Provider		What is your primary patient population?	Active Duty Civilian Couples/families Dependents - children only Dependents - spouses only Guard / Reserve Veteran Other (please specify)	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
31	Demographic	Provider		How many years of clinical experience do you have since finishing your professional degree?	< 1 year 1-5 years 6-10 years 11-15 years 16-20 years 20+ years	
32	Demographic	Provider		Roughly how many patients are you currently responsible for in your clinic (i.e., panel size/caseload)?	0-25 25-49 50-69 75-99 100 or more	

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33	Demographic	Provider		On average, how many patient sessions do you have per week?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
34	Demographic	Provider		On average, how many direct patient care hours do you complete a week?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
35	Product Effectiveness	Both Provider and Non-provider	Please select the option that best describes your opinion with the content of the <product/presentation/training>:	I learned new information I did not already know	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
36	Product Effectiveness	Both Provider and Non-provider	Rate how much you agree or disagree with the content of the <product/presentation/training>:	The content is engaging and holds my interest.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
37	Product Effectiveness	Both Provider and Non-provider		How would you rate your knowledge of the topic after using this <product/presentation/training>?	Well above average Above average Average Below average Well below average	To ask about knowledge before use of the product, use question 131.

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
38	Product Effectiveness	Both Provider and Non-provider	Rate how much you agree or disagree about using this product:	I found the <product/presentation/training> very helpful.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
39	Product Effectiveness	Both Provider and Non-provider	Rate how much you agree or disagree about using this <product/presentation/training>:	This product will help my spouse or a family member with a problem he/she is having.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
40	Product Effectiveness	Both Provider and Non-provider	Rate how much you agree or disagree about using this <product/presentation/training>:	This product increased my knowledge about the subject matter.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
41	Product Effectiveness	Both Provider and Non-provider	Rate how much you agree or disagree about using this <product/presentation/training>:	This product increased my skills in this subject area.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
42	Product Effectiveness	Non-provider	Rate how much you agree or disagree with the content of the <product/presentation/training>:	The content covered information I need since <I/my spouse/family member> returned from deployment.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
43	Product Effectiveness	Non-provider	Rate how much you agree or disagree with the content of the <product/presentation/training>:	The content covered information that my family needs since <I/my spouse/family> member returned from deployment.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
44	Product Effectiveness	Non-provider	Rate how much you agree or disagree about using this <product/presentation/training>:	This product changed my attitude about the subject matter	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
45	Product Effectiveness	Provider	Rate how much you agree or disagree with the following product features:	My expectations for this <product/presentation/training> were met.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
46	Product Effectiveness	Provider	Rate how much you agree or disagree with the following product features:	I was able to learn most of the skills covered in this <presentation/training>	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
47	Product Effectiveness	Provider	Rate how much you agree or disagree with the following product features:	Other, please specify ___	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
48	Product Effectiveness	Provider		Please rate your overall level of satisfaction with the <product/presentation/training>.	Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied	
49	Product Effectiveness	Provider		This product made a significant and positive impact on the outcome of <your friend/family member/patient> treatment .	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
50	Product Effectiveness	Provider		How would you rate the usefulness of this product on the intended user (e.g., provider, patient, family)?	Not useful at all Rarely or barely useful Somewhat useful Moderately useful Very useful	

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
51	Product Impact	Both Provider and Non-provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Interact with your <friend/patient>	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
52	Product Impact	Both Provider and Non-provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Respond to the topic/situation	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
53	Product Impact	Both Provider and Non-provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	View the issue/topic at hand	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
54	Product Impact	Both Provider and Non-provider	The <product/presentation/training> changed the way you:	Physically examine patients.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
55	Product Impact	Both Provider and Non-provider	The <product/presentation/training> changed the way you:	Refer patients to specialty care	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
56	Product Impact	Both Provider and Non-provider	The <product/presentation/training> changed the way you:	Determine which treatments you recommend to patients	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
57	Product Impact	Both Provider and Non-provider	The <product/presentation/training> changed the way you:	Educate patients	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

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58	Product Impact	Both Provider and Non-provider	The <product/presentation/training> changed the way you:	Collaborate with other providers	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
59	Product Impact	Both Provider and Non-provider	The <product/presentation/training> changed the way you:	No impact on your practice.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
60	Product Impact	Both Provider and Non-provider		As a result of using the product, the amount of time I spend with patients.	Decreased Increased Did not change	
61	Product Impact	Non-provider	Rate how much you agree or disagree about using this <product/presentation/training>:	I found the product has motivated me to seek counseling.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
62	Product Impact	Non-provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Other, please specify ___	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
63	Product Impact	Provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Access resources.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
64	Product Impact	Provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Care for <your friend/family member/patient>.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

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65	Product Impact	Provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Diagnose patients.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
66	Product Impact	Provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Evaluate patients.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
67	Product Impact	Provider	Rate how much you agree or disagree about how this <product/presentation/training> changed the way you:	Interview patients.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
68	Product Improvement	Both Provider and Non-provider	Please select the option that best describes your opinion with the content of the <product/presentation/training>:	Content is accurate.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
69	Product Improvement	Both Provider and Non-provider	Rate how much you agree or disagree with the content of the <product/presentation/training>:	The content is based on the best evidence available.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
70	Product Improvement	Both Provider and Non-provider	Rate how much you agree or disagree with the following product features:	The product content is easy to understand.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
71	Product Improvement	Both Provider and Non-provider	Rate how much you agree or disagree with the following product features:	The product is visually appealing	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

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72	Product Improvement	Both Provider and Non-provider	Please select the option that best describes your opinion with the content of the <product/presentation/training>:	Content is consistent.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
73	Product Improvement	Both Provider and Non-provider	Please select the option that best describes your opinion with the content of the <product/presentation/training>:	Content is up-to-date.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
74	Product Improvement	Both Provider and Non-provider	Rate how much you agree or disagree with the content of the <product/presentation/training>:	The correct depth of information is provided; it's just the right amount of detail.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
75	Product Improvement	Both Provider and Non-provider	Rate how much you agree or disagree with the following product features:	The product is logically organized.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
76	Product Improvement	Both Provider and Non-provider	Rate how much you agree or disagree with the following product features:	It is easy to use the product.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
77	Product Improvement	Both Provider and Non-provider	Rate how much you agree or disagree with the following product features:	The product is formatted for easy reference.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

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78	Product Improvement	Both Provider and Non-provider		What changes would you recommend to make this product more effective?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
79	Product Improvement	Both Provider and Non-provider		Please provide suggestions for new products to accompany and/or enhance your treatments/services.	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
80	Product Improvement	Both Provider and Non-provider		What tools/technologies would help you/your patients that you don't have right now?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."

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81	Product Improvement	Both Provider and Non-provider		Do you have any suggestions regarding future products?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
82	Product Improvement	Non-provider	Rate how much you agree or disagree with the following product features:	The product contains information that is useful.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
83	Product Improvement	Non-provider	Rate how much you agree or disagree with the following product features:	It is easy to access the product online.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
84	Product Improvement	Non-provider	Rate how much you agree or disagree with the following product features:	It is easy to register to use the product.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
85	Product Improvement	Provider	Rate how much you agree or disagree with the following product features:	Objectives of the <product/presentation/training> were clear to me.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
86	Product Improvement	Provider	Rate how much you agree or disagree with the following product features:	It is easy to download the product.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

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87	Product Improvement	Provider	Rate how much you agree or disagree with the following product features:	It is easy to login to the product.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
88	Product Improvement	Provider	Rate how much you agree or disagree with the following product features:	The product has a good mix of audio, video and text.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
89	Product Improvement	Provider		What did you like least about this <product/website>?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
90	Product Improvement	Provider		Is there any information you would like to know about the subject that the <product/presentation/training> does not provide?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."

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91	Product Improvement	Provider		Please describe the aspects of the product you find least useful?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
92	Product Referral	Both Provider and Non-provider		If you would be comfortable recommending this product to others, please select all audiences that apply.	A colleague A supervisor A patient A friend A family member A fellow service member A fellow veteran Another service member in need Other health care providers I will not recommend this product Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
93	Product Referral	Both Provider and Non-provider	Please rate how much you agree or disagree with the following:	I recommend using telehealth services in the future	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

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94	Product Referral	Both Provider and Non-provider		How did you learn about this product? Select all that apply.	Blog (Please specify) _____ Conference (Please specify) _____ Colleague DCoE social media DCoE website / listserv Email from military community of interest Family member / friend Flier / marketing source Internet search Journal (Please specify) _____ Link from another website (Please specify) _____ Newsletter (Please specify) _____ Professional association Provider Someone in my chain of command Training / webinar (Please specify) _____ DoD or Veteran Affairs website / listserv Word of mouth Yellow Ribbon Event (Please specify) _____ Other (Please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
95	Product Referral	Both Provider and Non-provider		Where did you learn about the product?	VA website DCoE website DCoE training Journal Social media DoD website DCoE webinar Conference (please specify) Colleague Other (please specify)	

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96	Product Referral	Provider		Why would you not recommend the product(s)?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
97	Product Utilization	Provider		Please rank the five topic areas that have the most clinical utility for your practice (Use "1" for your highest ranking and "5" for your lowest.)	Alcohol and Drugs Anger Anxiety Depression Families and Friendships Families with Kids Health and Wellness Life Stress Mild Traumatic Brain Injury Military Sexual Trauma Physical Injury Post-Traumatic Stress Resilience Spirituality Stigma Stress Tobacco Work Adjustment	
98	Product Utilization	Both Provider and Non-provider	Rate how much you agree or disagree with the content of the <product/presentation/training>:	The content is relevant to <me/my patients>.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	

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99	Product Utilization	Both Provider and Non-provider	Rate how much you agree or disagree with the content of the <product/presentation/training>:	The content is applicable to my line of work.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
100	Product Utilization	Both Provider and Non-provider		How often do you refer to the product?	Daily A few times a week Weekly Monthly Annually Every few years Never	
101	Product Utilization	Both Provider and Non-provider		In your opinion, what factors prevent you from using the product?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."

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102	Product Utilization	Both Provider and Non-provider		Which of the following products do you plan to integrate into your practice? Select all that apply.	\<insert product name\> \<insert product name\> \<insert product name\>	
103	Product Utilization	Both Provider and Non-provider		What barriers are preventing you from using our products in your practice?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
104	Product Utilization	Both Provider and Non-provider		How will you integrate this product into your practice?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
105	Product Utilization	Both Provider and Non-provider		In what format would you prefer this product? Select all that apply.	Hardcopy Interactive online tool Mobile application Online video Video/DVD Website/Downloadable Other (Please specify) _____	

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106	Product Utilization	Both Provider and Non-provider		What would make you more likely to use <insert product name>?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
107	Product Utilization	Both Provider and Non-provider	Please rate how much you agree or disagree with the following:	Telehealth services are useful.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
108	Product Utilization	Both Provider and Non-provider		Who did you order this product for?	Yourself As an administrator for a clinic or military treatment facility Provider	
109	Product Utilization	Non-provider	Rate how much you agree or disagree about using this <product/presentation/training>:	Using the product is preferable to working with a provider in person.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
110	Product Utilization	Provider		If you are a clinical provider, how would you use this product with patients?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."

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111	Product Utilization	Provider		What other kind of app or mobile technology might assist you and/or your patients?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
112	Product Utilization	Provider	Rate how much you agree or disagree with the following product features:	I had the necessary prerequisite knowledge <to use or understand the product/presentation/training>.	Strongly Agree Agree Neither agree nor disagree Disagree Strongly Disagree	
113	Product Utilization	Provider		What is the name of any similar product(s) you already use?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
114	Product Utilization	Provider		Please rate how likely you are to use the <product/website> again.	Very Likely Likely Not Sure Unlikely Very Unlikely	

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
115	Product Utilization	Provider		What did you like most about this <product/website>?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
116	Product Utilization	Provider		What types of telehealth services have you provided? (Telehealth is defined as the use of connecting technologies to provide services from a geographical distance, whether in real-time or otherwise.)	I have not had any experience providing telehealth services Clinical video conferences Interpretation of clinical images Provider-to-provider consultations Services involving telemedicine equipment Support for telehealth sessions at the patient's end Other forms of clinical care, supervision, education and monitoring, administration, or provider consultation and case management	
117	Product Utilization	Provider		When was the last time you used telehealth related methods?	Less than 1 month 1 to 6 months 6 months to 1 year 1 to 2 years 2 or more years	
118	Product Utilization	Provider		How often do you refer to the product in your clinical practice?	Very Frequently (more than once a week) Frequently (weekly) Sometimes (two or three times a month) Rarely (once a month or less) Never	

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
119	Product Utilization	Provider		Which Clinical Practice Guidelines (CPGs) do you refer to in your clinical practice? Select all that apply.	<Insert product name> <Insert product name> <Insert product name>	
120	Product Utilization	Provider		How often do you use the product in your practice?	Very Frequently (more than once a week) Frequently (weekly) Sometimes (two or three times a month) Rarely (once a month or less) Never	
121	Product Utilization	Provider		In what areas have clinical support tools impacted your practice? Select all that apply.	Clinical decision-making Screening Assessment Treatment Provider collaboration Patient education No impact on my practice Other (Please specify) ___	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
122	Product Utilization	Provider		In your opinion, what factors prevent or impact you from using the product?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
123	Product Utilization	Provider		What would make you more likely to use the product?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
124	Product Utilization	Provider		Which product(s) did you order? Select all that apply.	<Insert product name> <Insert product name> <Insert product name>	
125	Product Utilization	Provider		Please describe the aspects of the product you find most useful?	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
126	Product Utilization	Provider		In what format would you prefer this product?	Smart phone app Paper copy Digital copy Video Other (please specify) _____	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."

Question No.	Question Focus	Target Audience	Question Introduction (where applicable)	Question	Response Options	Note to Question Bank User
127	Product Utilization	Provider		Please provide additional comments that could improve awareness, usefulness, and implementation of the product in your clinical practice.	Free text	If question is selected, please include the following text in the instrument instructions: "Please do not provide any Personally Identifiable Information (PII)."
128	Product Utilization	Provider		How would you rate your knowledge of the topic before using this product?	Well above average Above average Average Below average Well below average	To ask about knowledge after use of the product, use question 40.

Question Focus	The question is intened to:
Contact Preference	Provides guidance regarding preferance, frequency and mode for follow-up
Demographic	Provide a picture of the respondent audience
Product Efficiency	Provide insight into whether the product increases knowledge and/or productivity
Product Improvement	Provides insight into product requirements (i.e., features, function, content)
Product Impact	Provide insight into whether the product results in a change in behavior or practice
Product Effectiveness	Provide insight into the results a product provides
Product Referral	Provide insight into who and/or how often products are recommended to others
Product Utilization	Provide insight into the adoption / level of use for a product
Target Audience	**The respondent role may include:**
Non-Provider	Service members, veterans, their families and caregivers; collaborative partners
Provider	Health care providers (i.e., doctor, nurse, dentist, social worker, etc.)