Thank you for taking this voluntary survey to help us understand how well the Anticoagulation Manager (ACM) mobile app has been serving the needs of our intended users. The feedback you provide will also inform app updates.

The survey questions will take approximately 5 minutes to complete. Your responses will be anonymous and no unique identifying information will be sought or kept. The feedback we receive will be used by our program in aggregate only.

INSTRUCTIONS:
Please respond to each question by clicking on the button beside the option(s) that best reflect(s) your opinion. When you have completed answering the questions, click on the 'thank you for taking the survey' button, then exit the page.

Did you encounter any difficulties using the app? (Select all that apply)

- [ ] Difficulty with the navigation tools at the bottom of the screen.
- [ ] Difficulty determining where I was in the application.
- [ ] Buttons did not take me where I expected to go.
- [ ] Choices were difficult to understand.
- [ ] References and popup notes were not as relevant or useful as they could have been.
- [ ] Technical difficulties such as error messages, app crashes, etc.
- [ ] No difficulties
- [ ] Other (please specify)

_____

For the following statements, please select the responses which most accurately reflect your opinions about using the app:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
This app provides me with the right information necessary to manage a patient on anticoagulants: (Select One)	○	○	○	○	○	○
I am more confident managing patients on anticoagulants using this app: (Select One)	○	○	○	○	○	○
When I use this app, I am more likely to prescribe the optimal anticoagulant dose for the patient: (Select One)	○	○	○	○	○	○

What is your gender?

○ Male

○ Female

What is your age group?

○ 20-29 years old

○ 30-39 years old

○ 40-49 years old

○ 50-59 years old

○ 60-69 years old

○ 70-89 years old

* Why are you interested in the ACM App (Select all that apply)?

☐ I am a physician

☐ I am a pharmacist

☐ I am a registers nurse

☐ I am a nurse practitioner

☐ I am a medical student

☐ I am a physician assistant

☐ I am a clinical laboratory scientist

☐ I am a patient taking anticoagulants

☐ Other (please specify)

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[                                          ]
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Describe your medical training experience.

◯ Post-graduate/Residency Year 1

◯ Post-graduate/Residency Year 2

◯ Post-graduate/Residency Year 3 or higher

◯ Practicing 1-5 years

◯ Practicing 6-10 years

◯ Practicing 11-20 years

◯ Practicing 21 years or more

Describe your practice setting: (select all that apply)

☐ Solo practice (private)

☐ Group practice - single specialty

☐ Group practice - multi-specialty

☐ Hospital employed physician practice (integrated health care delivery)

☐ Academic hospital

☐ Community hospital

☐ Veterans Administration (VA)

☐ Other (please specify)

[   ]

What are your specialties? (Select all that apply)

☐ Family Medicine

☐ General Internal Medicine

☐ Emergency Medicine

☐ Critical Care (Intensivist)

☐ Hospitalist

☐ Pediatrics

☐ Hematology

☐ Oncology

☐ Cardiology

☐ Pathology

☐ Ob/Gyn

☐ Surgery

☐ Laboratory Medicine

☐ Other (please specify)

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Please select all of the following statements that apply:

☐ Overall, I found this application was easy to use.

☐ Overall, I found this application was quick to use.

☐ Overall, I found the terms used in this application were clear.

☐ Overall, I feel satisfied using the app to navigate to the correct clinical recommendation.

☐ I felt more confident in the validity of the clinical decisions I make by using the app.

☐ I would use this as a resource to help manage patients on anticoagulants.

☐ I would recommend this application to others.

Thank you for taking the survey. If you have further comments please contact us through DLSinquiries@cdc.gov