Form Approved

 OMB No. 0990-0379

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Card Sort Script

Introduction

Thank you for participating in HRSA’s Bureau of Health Workforce (BHW) website study.

This activity will take you between **15 to 20 minutes** to complete.

Your response will **help us understand how to organize and improve the content on our website to make it more useful for you.**

Pre-Survey Questionnaire

Please answer the following questions to help us understand how you use the Bureau of Health Workforce (BHW) website, and what content is most important to you.

1. With which of the following do you identify?

**Select all that apply**: *(multi-select) (Required)*

* + Student
	+ Healthcare Provider
	+ Academic or Researcher
	+ Public Health Professional
	+ Family Caregiver
	+ Media/Journalist
	+ Policymaker
	+ Healthcare Administrator
	+ Other: *(Text field: “If other, please specify”)*
1. What kind(s) of BHW content do you typically look for?

**Select all that apply:** (*multi-select) (Required)*

* + Specific Bureau of Health Workforce programs
	+ General information about the Bureau of Health Workforce
	+ Grants and funding opportunities
	+ Data, research, reports, or publications
	+ Virtual Job Fairs or job opportunities
	+ Health Professional Shortage Areas (HPSAs), Medically Underserved Area and Medically Underserved Population (MUA/Ps), scoring, and application process
	+ Loans and Scholarships
	+ Other: *(Text field: “If other, please specify”)*

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 0990-0379. The time required to complete this information collection is estimated to average 10 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 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1. Which option best describes how often you use the BHW website? (*single select) (Required)*
	* Several times a year
	* Several times a month
	* Several times a week
	* Several times a day
	* I have never used the BHW website.

Instructions

**Step 1**

* Take a quick look at the list of items to the left.
* Sort them into groups that make sense to you.

There’s no right or wrong answer. Just do what comes naturally.

**Step 2**

* Drag an item from the left into this area to create your first group.

**Step 3**

* Select the title to rename your new group.

**Step 4**

* Add more items to this group by dropping them on top of it.

You can also move items from one group to another if you decide it’s a better fit.

* Make more groups by dropping them in unused spaces.
* When you're done select "Finished.”

Sample Cards

* Faculty Loan Repayment
* Provider Recruitment
* Job Search
* Medicine
* Nursing
* Public Health
* Oral Health
* Behavioral Health
* Geriatric Health
* Rural Health
* Health Careers
* Scholarships
* Grants
* Loans
* Data Policy
* Survey Data
* National Sample Survey of Registered Nurses
* Research Reports
* Health Professions Training Programs
* Area Health Resource Files
* Program Highlights
* Research Reports
* Workforce Projections
* Extramural Research Program
* Primary Care Training
* National Practitioner Data Bank
* Reporting on Grants
* Grant evaluation
* National Health Service Corps
* Nurse Corps
* Graduate Medical Education
* Health Professional Shortage Areas
* Medically Underserved Areas
* Shortage Designation Modernization Project
* State Primary Care Office
* Alzheimer’s Curriculum
* Technical Assistance
* National Center for Interprofessional Practice and Education
* National Coordinating Center for Public Health Training
* Academic Units for Primary Care Training and Enhancement

Post-Survey Questionnaire

1. Which items were especially easy to place? (Required)
2. Which items were especially difficult to place? (Required)
3. Were there any items that seem to belong in two or more groups? If so, please describe your placement choice(s). (Optional)
4. Is there anything else you would like us to know? (Optional)