

Form Approved
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Nominator/Partner Survey

Survey Component (via Survey Monkey):

1. What report did the AHRQ EPC report recently complete for you?
_____ (please specify)

2. What factors prompted you to **request a report** from the AHRQ EPC program (select all that apply)
 - 1 My own time constraints
 - 2 AHRQ EPC program's ability to identify and synthesize evidence
 - 3 AHRQ EPC program's objectivity
 - 4 Recommendation from colleague
 - 5 Other, please specify _____

Public reporting burden for this collection of information is estimated to average 1 hour per response, the estimated time required to complete the survey and interview. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0179) AHRQ, 5600 Fishers Lane, Mail Stop 07W41A, Rockville, MD 20857.

3. Please think about **the process working with the AHRQ EPC Program** and rate how strongly you agree or disagree with each of the following statements below:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. I found it easy to request or nominate a report to the AHRQ EPC Program					
b. I was able to provide input during the report development					
c. AHRQ EPC shared its draft report with me within the expected time frame					

4. Please think about the **report** and rate how strongly you agree or disagree with each of the following statements below.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. Report was easy for me to understand					
b. Report contained the right amount					

of detail					
c. Report met my needs					

5. How do you **plan to use** the AHRQ EPC report (select **all** that apply)? To inform:

- a. How care is delivered, implemented, and practiced
- b. Clinical guidelines
- c. Coverage/payer decisions and policies
- d. Measures (e.g., NQF and HEDIS measures)
- e. New funding opportunities or research agendas
- f. Educational and other knowledge translation materials
- g. Expert or stakeholder meeting
- h. Other, please specify _____

6. Please think about how you **used (or will use)** the **AHRQ EPC report**. Rate how strongly you agree or disagree with each of the following statements below.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a) Overall, AHRQ EPC report was useful					
b) Key Messages were useful					
c) Abstract was useful					
d) Evidence Summary was useful					
e) Introduction Background were useful					
f) Methods were useful					

g) Results were useful					
h) Conclusion was useful					
i) Appendixes were useful					

7. If the AHRQ evidence report was not useful, was this due to:
- Lack of evidence
 - Format or presentation of the report
 - Lack of evidence and format/presentation of report
 - Other: _____

8. In general, how would you **rate your experience working** with AHRQ on the systematic review?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

9. How would you **rate your confidence** in the validity of the EPC report’s findings?

- 1 Completely confident
- 2 Very confident
- 3 Confident
- 4 Not very confident
- 5 Not confident at all

10. How would you rate your **satisfaction with the process** for developing the EPC report?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

11. Would you **recommend** AHRQ EPC reports to others ?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

12. Did you or do you **plan to share the report** with anyone outside your organization?

- 1 Yes
- 2 No

13. Please share **any additional feedback or comments** about your experience working with AHRQ.

THANK YOU! If needed, we look forward to having a brief follow-up call to:

- Give you a chance to share any additional feedback
- Give us the chance to ask you any questions, based on your responses to the survey.
E.g., “why” something worked well or didn’t work well? Your dissemination plans and the potential impact of the report?

Follow-Up Questions:

Survey to be completed prior to conducting the 30 minute phone discussion. This discussion is intended to follow-up on answers provided to the survey, if needed. It is not intended to be repetitive. If a follow-up discussion to understand the “why” behind survey responses will not add new value, do not conduct.

1. Thank you again for completing the Survey Monkey questions about **{INSERT REPORT NAME HERE}**. Can you tell me more about **why you said** {INSERT FOLLOW UP PROBES BASED ON SURVEY RESPONSES}?
2. Can you tell me more about **why the report did or did not meet your needs?**
3. Was there any **additional information you would like to have included** in the report?
4. How do you plan to **disseminate your** {INSERT REASON REPORT WAS REQUESTED}?
 - a. **Who** do you plan to disseminate to and **why**?
 - b. Do you plan to disseminate the **AHRQ EPC report** as part of this work? If so, how?
5. What do you think the **impact** of your dissemination activities will be?
 - a. Do you plan to measure impact? If so, how?
6. Is there **anything else** you would like to share or discuss?