

Intro Language	<p>The National Health Service Corps (NHSC) is committed to continuous performance improvement. As part of this effort, we are requesting feedback on your experiences with the NHSC.</p> <p>The survey is hosted via a secure server and your responses will remain anonymous. This survey is authorized by Office of Management and Budget Control No. 1090-0007.</p> <p>The survey will take approximately 10 minutes to complete. Thank you in advance for completing the survey.</p> <p>Please click on the “Next” button below to begin.</p>
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Intro Questions	
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Number	Question
INTRO1	<p>Through which program did you most recently join the National Health Service Corps?</p> <ol style="list-style-type: none"> 1. NHSC Scholarship Program 2. NHSC Loan Repayment Program 3. NHSC Students to Service Loan Repayment Program 4. None of the above [Terminate]
INTRO2a	<p>[IF INTRO1 = 1 or 3] Are you currently in school or postgraduate training?</p> <ol style="list-style-type: none"> 1. Yes (Will be defined as Group 3 - Current Students) [Skip Retention section] 2. No

INTRO2b	<p>[IF INTRO2a=NO] How long did it take you to find employment that satisfies your NHSC service committment?</p> <ol style="list-style-type: none"> 1. 1-6 months 2. 7-12 months 3. More than 12 months 4. Currently looking to find employment that satisfies the NHSC service commitment [Will be defined as Group 3 - Current Students]
INTRO2c	<p>[IF INTRO 2a= YES] When do you expect to graduate?</p> <p>(Month/Year drop down box)</p>
INTRO3a	<p>Please select your discipline classification type:</p> <ol style="list-style-type: none"> 1. Primary Care 2. Oral Health 3. Mental/Behavioral Health
INTRO3b	<p>Please select your discipline from the list below. [Limit response options asked on answer to INTRO3a]</p> <ol style="list-style-type: none"> 1. Physician (MD, DO) (filter for PC) 2. Psychiatrist (MD) (filter for M/BH) 3. Physician Assistant (filter for PC & M/BH) 4. Nurse Practitioner (filter for PC & M/BH) 5. Certified Nurse Midwife (filter for PC) 6. Psychiatric Nurse Specialist (filter M/BH) 7. Dentist (DDS, DMD) (filter OH) 8. Dental Hygienist (filter OH) 9. Health Service Clinical Psychologist (filter M/BH) 10. Licensed Clinical Social Worker (filter M/BH) 11. Licensed Professional Counselor (filter M/BH) 12. Marriage and Family Therapist (filter M/BH) 13. Other, Please specify

INTRO3c	<p>Please select your specialty from the list below. [Limit response based on answer to INTRO 3b - only those that selected 1, 2, 3, 4, 7]</p> <ol style="list-style-type: none"> 1. Family Medicine (filter for Physician, Physician Assistant, Nurse Practitioner) 2. General Internal Medicine (filter for Physician) 3. General Pediatrics (filter for Physician, Physician Assistant, Nurse Practitioner) 4. Obstetrics/Gynecology/Women's Health (filter for Physician, Physician Assistant, Nurse Practitioner) 5. Geriatrics (filter for Physician, Physician Assistant, Nurse Practitioner) 6. Adult (filter for Physician Assistant, Nurse Practitioner) 7. General Dentistry (AEGD/GPR) (filter for Dentists) 8. Dental Public Health (filter for Dentists) 9. Pediatric Dentistry (filter for Dentists) 10. Psychiatry (filter for Physicians, Psychiatrists, Nurse Practitioners, Physician Assistants) 11. Mental Health & Psychiatry (filter for Physicians, Psychiatrists, Nurse Practitioners, Physician Assistants) 12. No post-doctoral training
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Retention Questions (DO NOT ASK IF Group 3)

Number	Question
RET1	<p>Have you completed your service obligation?</p> <ol style="list-style-type: none"> 1. Yes (Will be defined as Group 2 - Alumni) (Continue) 2. No (Will be defined as Group 1 - In Service) (SKIP TO RET18)
RET2	<p>When did you complete your service obligation with the NHSC?</p> <p>[NOTE: Drop down box for month and year selection]</p>
RET3	<p>Are you still providing direct patient care at the NHSC site where you completed your NHSC service obligation?</p> <ol style="list-style-type: none"> 1. Yes 2. No
RET4	<p>[ONLY IF RET3=YES] How did you become aware of the job you currently hold?</p> <ol style="list-style-type: none"> 1. Health Workforce Connector 2. HRSA Virtual Job Fair 3. Internet Search 4. Employee at the site 5. Referral from a friend, colleague, or family member 6. School or clinical rotation/residency program 7. Other, please specify [CAPTURE RESPONSE]

RET5	<p>[ONLY IF RET3= NO] How did you become aware about the job where you completed your service obligation?</p> <ol style="list-style-type: none"> 1. Health Workforce Connector 2. HRSA Virtual Job Fair 3. Internet Search 4. Employee at the site 5. Referral from a friend, colleague, or family member 6. School or clinical rotation/residency program 7. Other, please specify [CAPTURE RESPONSE]
RET6	<p>Were you employed at your site prior to applying to the NHSC Loan Repayment Program? If yes, How long were you employed at that site?</p> <ol style="list-style-type: none"> 1. No (SKIP to RET8) 2. Yes, Less than 1 year 3. Yes, 1-2 years 4. Yes, 2-5 years 5. Yes, More than 5 years
RET7	<p>How long do you plan to remain at your current site?</p> <ol style="list-style-type: none"> 1. Less than 1 year 2. 1 year to less than 2 years 3. 2 to 5 years 4. More than 5 years 5. Don't know
RET8	<p>Did the NHSC opportunity influence your decision to work in a community-based setting?</p> <ol style="list-style-type: none"> 1. Yes 2. No
RET9	<p>[ONLY IF RET3=YES] What influenced your decision to remain at your current site? [Rank up to 3, with 1 being the most influential]</p> <ol style="list-style-type: none"> 1. Commitment to underserved communities 2. Salary 3. Ability to provide full scope of services 4. Experience at site 5. Balanced schedule/hours 6. Other, please specify [CAPTURE RESPONSE]

RET10	<p>[ONLY IF RET3=NO] What could your site have done to encourage you to remain at your current site? (Rank up to 3 with 1 being the most influential.)</p> <ol style="list-style-type: none"> 1. There's nothing my site could do to change my decision to leave. (EXCLUSIVE) 2. Schedule flexibility 3. Salary increase 4. Change in site leadership 5. Provide recognition for service 6. Provide additional resources to do my job well 7. Other, please specify [CAPTURE RESPONSE]
RET11	<p>[ONLY IF RET3=NO] Are you continuing to provide care to underserved populations in the same geographic area where you completed your service obligation?</p> <ol style="list-style-type: none"> 1. Yes 2. No
RET12	<p>[IF RET11=YES] How long do you plan to remain in this community/geographic area?</p> <ol style="list-style-type: none"> 1. Less than 1 year 2. 1-2 years 3. 3-5 years 4. More than 5 years
RET13	<p>[ONLY IF RET11=NO] Are you currently providing direct patient care in a health professional shortage designation area (i.e., underserved community) after fulfilling your NHSC service obligation?</p> <ol style="list-style-type: none"> 1. Yes 2. No
RET14	<p>[ONLY IF RET13=YES] How long have you been practicing in this health professional shortage designation area (i.e., underserved community)?</p> <ol style="list-style-type: none"> 1. Less than 1 year 2. 1-2 years 3. 3 or more years
RET15	<p>[ASK ONLY OF GROUP 1 RESPONDENTS] Do you plan to remain at your current site after you have fulfilled your NHSC service obligation?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know (SKIP to RET18)

RET16	<p>[ONLY IF RET15=YES] How long do you plan to remain at your current site after you have fulfilled your NHSC service obligation?</p> <ol style="list-style-type: none"> 1. Less than 1 year 2. 1-2 years 3. 3-5 years 4. More than 5 years 5. Don't know
RET17	<p>[ONLY IF RET15=NO] Are any of these external factors contributing to your decision to leave after you have fulfilled your NHSC service obligation? [Rank up to 3, with 1 being the most influential]</p> <ol style="list-style-type: none"> 1. Didn't like the community and/or lifestyle 2. Distance from extended family/parents/siblings 3. Length of commute 4. Change of career 5. No external factors are contributing to my decision to leave. (EXCLUSIVE) 6. Other, please specify [CAPTURE RESPONSE]
RET18	<p>[ASK ONLY OF GROUP 1 RESPONDENTS] How did you become aware of the job you currently hold?</p> <ol style="list-style-type: none"> 1. Health Workforce Connector 2. HRSA Virtual Job Fair 3. Internet Search 4. Employee at the site 5. Referral from a friend, colleague, or family member 6. School or clinical rotation/residency program 7. Other, please specify [CAPTURE RESPONSE]
RET19	<p>[Group 1- In Service Clinicians] Please consider your previous training, including post graduate or residency. Using a 10-point scale where a 1 means very poorly prepared and 4 means very well prepared, how prepared were you to perform the following tasks at your site?</p> <ol style="list-style-type: none"> 1. Evidence-based care 2. Patient-centered care 3. Team-based integrated care 4. Practice management and administration 5. Social determinants of health 6. Working in underserved community 7. Caring for medically complex/special needs patients 8. Population-based health 9. Quality improvement 10. Value-based care 11. Telehealth

CUSTOMER SERVICE PORTAL [ALL RESPONDENTS]	
Number	Question
PORT1	<p>Have you used the Customer Service Portal in the last 12 months? The Customer Service Portal is a secured online account where NHSC members can conduct transactions, upload required documents, ask questions, and perform other online activities.</p> <p>1. Yes 2. No (Skip to Next Section) 3. Don't know (Skip to Next Section)</p>
PORT2	<p>Please think about your overall experience using the Customer Service Portal in the last 12 months. Using a scale from 1 to 10, where 1 means poor and 4 means excellent, please rate. (Include N/A Option)</p>
PORT2a	Ease of navigation
PORT2b	Ability to find the information needed
PORT2c	Ease of understanding the information communicated
PORT2d	Organization of the information provided
PORT2e	Usefulness of completing service requests through the Customer Service Portal
PORT2f	Timeliness of NHSC responses to your inquiry
PORT3	<p>What additional feature, if any, would you like to see added to the Customer Service Portal?</p> <p>[CAPTURE RESPONSE]</p>
MENTORING (ONLY GROUP 3 - IN SCHOOL)	
Number	Question
MENT1	<p>Do you participate in a NHSC mentoring program?</p> <p>1. Yes 2. No (Skip to Next Section)</p>
MENT2	<p>How satisfied are you with your NHSC mentoring opportunities? Using a scale from 1 to 10, where 1 means poor and 4 means excellent, please rate.</p>
CUSTOMER SERVICE [Group 1 and Group 3 ONLY]	
Number	Question
CUST1	<p>Have you contacted the NHSC during the past 12 months?</p> <p>1. Yes 2. No (Skip to Next Section—CUST5)</p>

CUST2	<p>In the past 12 months, through what means have you contacted the NHSC? (Select all that apply)</p> <ol style="list-style-type: none"> 1. Telephone (Customer Care Center/Program Office Staff) 2. E-mail (Direct Analyst Assistance) 3. Fax 4. Customer Service Portal 5. Facebook 6. Twitter 7. LinkedIn 8. Other, please specify [CAPTURE RESPONSE]
CUST3	<p>What was the reason for your most recent contact with the NHSC during the past 12 months?</p> <ol style="list-style-type: none"> 1. Enrollment verification [Group 3] 2. Post graduate training verification/request [Group 3] 3. Ask a question [all] 4. Update my personal information [all] 5. Look at my service obligation end date [all] 6. Access my continuation application information [Group 1] 7. Request a transfer to a new site [Group 1] 8. Request to add a new site [Group 1] 9. Maternity/Paternity/Adoption leave request [Group 1 & 3] 10. Medical or non-medical suspension [Group 1 & 3] 11. Request a conversion from full-time to half-time service [Group 1] 12. Report unemployment [Group 1] 13. Request a default/waiver [Group 1] 14. Request assistance to find a new NHSC site [Group 1] 15. Complete in-service verification [Group 1] 16. Site visit Request [Group 3] 17. Relocation Request [Group 3] 18. View payment history [all] 19. Request leave of absence (personal/family/medical reasons) [Group 1&3] 20. Update contact information [all] 21. Update banking information [Group 1 and Group 3]
CUST4	<p>Thinking about your most recent contact with the NHSC, and using a scale from 1 to 10, where 1 means not satisfied and 4 means very satisfied, please rate the following items</p>
CUST4a	Ease of reaching a NHSC representative
CUST4b	Courteousness of the NHSC representative
CUST4c	Knowledge of the NHSC representative
CUST4d	Timeliness of the representative's response to your inquiry or concern
CUST4e	Usefulness of the information provided by the NHSC representative
CUST4f	Overall professionalism of the NHSC representative

CUST5	Please use this space for any additional information you would like to provide the NHSC regarding ways we can improve the program. [CAPTURE RESPONSE]
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SITE EXPERIENCE [Group 1 and Group 2 ONLY]

Number	Question
SITE1	Using a scale from 1 to 10, where 1 means Poor and 4 means Excellent, please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NHSC.
SITE2	What type of support did your site provide that was useful? (Select all that apply) [Allow for multiple responses] 1. Peer-to-peer communication 2. Conferences 3. Network opportunities 4. Mentoring 5. Continuing education 6. Other, please specify [CAPTURE RESPONSE]
SITE3	Using a scale from 1 to 10, where 1 means Poor and 4 means Excellent, please rate your overall experience at the academic institution where you have fulfilled/are fulfilling your service obligation with the NHSC. [CAPTURE RESPONSE]

ACSI QUESTIONS

Number	Question
ACSI1	Please consider all of the experiences you have had with the NHSC program. Using a 10-point scale on which 1 means "Very Dissatisfied" and 10 means "Very Satisfied," how satisfied are you with the NHSC program?
ACSI2	Using a 10-point scale on which 1 means "Falls Short of Your Expectations" and 10 means "Exceeds Your Expectations," to what extent has the NHSC program fallen short of or exceeded your expectations?
ACSI3	Imagine an ideal scholarship and loan repayment program. How well do you think the NHSC compares with that ideal program? Please use a 10-point scale on which 1 means "Not Very Close to the Ideal," and 10 means "Very Close to the Ideal."

OUTCOME MEASURES [ASK GROUP 1]

Number	Question
OUT1	[ASK ONLY OF GROUP 1] On a scale from 1 to 10 where 1 means Not at All Likely and 4 means Very Likely, how likely are you to remain at your National Health Service Corps site after your service obligation is complete?
OUT2	[ASK ONLY OF GROUP 1] On a scale from 1 to 10 where 1 means Not at All Likely and 4 means Very Likely, how likely are you to continue to provide health services in health professional shortage areas after your service obligation is completed.

OUT3	<p>(If OUT2>=6) What has contributed to the likelihood that you will continue to serve in a health professional shortage area (i.e., underserved community) after your service obligation is complete? (Rank up to 3, with 1 being the most influential)</p> <ol style="list-style-type: none"> 1. Salary 2. Opportunities for advancement 3. Experience at site 4. Site operation/direction closely aligned with my personal goals 5. Balanced schedule/hours 6. Availability of resources to do my job well 7. Commitment to underserved communities 8. Other, please specify [CAPTURE RESPONSE]
OUT4	<p>(If OUT2<6) What would increase your likelihood to continue to serve in a health professional shortage area (i.e., underserved community) after your service obligation is complete? (Rank up to 3, with 1 being the most influential)</p> <ol style="list-style-type: none"> 1. Salary 2. Opportunities for advancement 3. Experience at site 4. Site operation/direction closely aligned with my personal goals 5. Balanced schedule/hours 6. Availability of resources to do my job well 7. Commitment to underserved communities 8. Other, please specify [CAPTURE RESPONSE]
OUT5	<p>On a scale from 1 to 10 where 1 means not at all likely and 4 means very likely, how likely are you to recommend the National Health Service Corps to someone else?</p>

DEMOGRAPHICS [Ask of ALL respondents]

Number	Question
DEM1	<p>What is your gender?</p> <ol style="list-style-type: none"> 1. Male 2. Female 3. Transgender Male 4. Transgender Female 5. Prefer not to say
DEM2	<p>What is your year of birth?</p> <p>[Scroll for year]</p>
DEM3	<p>What is your ethnicity?</p> <ol style="list-style-type: none"> 1. Hispanic or Latino 2. Not Hispanic or Latino 3. Prefer not to say

DEM4	<p>What is your race? (Select all that apply)</p> <ol style="list-style-type: none"> 1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White 6. Other, please specify 7. Prefer not to say
DEM5	<p>(Groups 1 and 2 only) Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you grew up/where you consider home?</p> <ol style="list-style-type: none"> 1. Yes 2. No
DEM6	<p>(Groups 1 and 2) Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you completed your clinical training?</p> <ol style="list-style-type: none"> 1. Yes 2. No
DEM7	<p>(Group 3) Are you currently attending or have attended health professions school within 100 miles of where you grew up/where you consider home?</p> <ol style="list-style-type: none"> 1. Yes 2. No
DEM8	<p>(Group 3) Do you plan to practice within 100 miles of where you completed your health professions training?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know
DEM9	<p>(Group 3 and DEM8=NO) Do you plan to practice within 100 miles of where you grew up/where you consider home?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know
DEM10	<p>(Group 1 ONLY) Does the NHSC site where you are currently working use any form of telehealth?</p> <ol style="list-style-type: none"> 1. Yes 2. No [SKIP to DEM18]

DEM11	<p>(Group 1 ONLY)What type of telehealth capabilities does your site have?</p> <ol style="list-style-type: none"> 1. Video conferencing 2. Store and forward video 3. Remote patient monitoring 4. Mobile health (mhealth) 4. I don't know 5. Other [CAPTURE RESPONSE]
DEM12	<p>(Group 1 ONLY) Is your clinic...</p> <ol style="list-style-type: none"> 1. The originating site (where the patient is located) 2. The distant site (where the clinician is located) 3. Both the originating site and distant site
DEM13	<p>(Group 1 ONLY) Do you use any form of telehealth to provide care in your practice?</p> <ol style="list-style-type: none"> 1. Yes 2. No
DEM14	<p>(Group 1 ONLY) [If DEM10=YES, DEM12=BOTH and DEM13=Yes] Are you...</p> <ol style="list-style-type: none"> 1. the clinician at the distant site providing the care 2. the clinician at the originating site assisting with the care 3. other [CAPTURE RESPONSE]
DEM15	<p>(Group 1 ONLY) [If DEM13=YES] What percentage of your clinical practice is spent providing telehealth services?</p> <ol style="list-style-type: none"> a) <10% b) 10-25% c) 26-49% d) 50%> e) I don't know
DEM16	<p>(Group 1 ONLY) What would you consider to be the optimal percentage of time spent providing telehealth services, assuming you had the opportunity to do so?</p> <ol style="list-style-type: none"> 1. 0% 2. 25% 3. 50% 4. 75% 5. 100% 6. Other [CAPTURE RESPONSE]
DEM17	<p>[If DEM13=NO] Why don't you use telehealth in your clinical practice?</p> <p>[CAPTURE RESPONSE]</p>

DEM18	<p>[If DEM10=NO] Why doesn't your site use some form of telehealth? (Select all that apply)</p> <ol style="list-style-type: none">1. Costs too high2. Lack technical knowledge3. Resistance among staff4. Licensing barriers5. Connectivity/bandwidth6. I don't know7. No Demand for telehealth8. Other [CAPTURE RESPONSE]
DEM19	<p>(Group 1) From the list below, please select the option that best describes where you currently practice:</p> <ol style="list-style-type: none">1. Federally Qualified Health Center (FQHC)2. FQHC Look-Alike3. Rural Health Clinic4. Hospital Affiliated Primary Care Outpatient Clinic5. Indian Health Service6. Tribal Clinic7. Urban Indian Health Clinic8. Correctional Facility9. Private Practice (Solo/Group)10. Community Mental Health Facility11. Community Outpatient Facility12. Critical Access Hospital13. Free Clinic14. Immigration and Customs Enforcement (ICE) Health Service Corps15. Mobile Unit16. School-based Health Program17. State and County Department of Health Clinic

DEM20	<p>(Group 2 only) From the list below, please select the NHSC site that best describes where you were working when you finished your service obligation.</p> <ol style="list-style-type: none"> 1. Federally Qualified Health Center (FQHC) 2. FQHC Look-Alike 3. Rural Health Clinic 4. Hospital Affiliated Primary Care Outpatient Clinic 5. Indian Health Service 6. Tribal Clinic 7. Urban Indian Health Clinic 8. Correctional Facility 9. Private Practice (Solo/Group) 10. Community Mental Health Facility 11. Community Outpatient Facility 12. Critical Access Hospital 13. Free Clinic 14. Immigration and Customs Enforcement (ICE) Health Service Corps 15. Mobile Unit 16. School-based Health Program 17. State and County Department of Health Clinic
DEM21	<p>(Group 2 only) Where are you practicing now? Please select from the list below.</p> <ol style="list-style-type: none"> 1. No longer providing direct patient care (Skip to end) 2. Private Practice (Solo/Group) 3. Federally Qualified Health Center (FQHC) 4. FQHC Look-Alike 5. Rural Health Clinic 6. Hospital Affiliated Primary Care Out-Patient Clinic 7. Indian Health Service 8. Tribal Clinic 9. Urban Indian Health Clinic 10. Correctional Facility 11. Community Mental Health Facility 12. Community Outpatient Facility 13. Critical Access Hospital 14. Free Clinic 15. Immigration and Customs Enforcement (ICE) Health Service Corps 16. Mobile Unit 17. School-based Health Program 18. State and County Department of Health Clinic 19. Other, please specify [CAPTURE RESPONSE]
DEM22	<p>[Groups 1 & 2] What is your current panel size?</p> <p>[Free response - validate that entry is whole number (0 allowed)]</p>

DEM23	[Groups 1 & 2 - ONLY IF THEY SELECTED MENTAL AND BEHAVIORAL HEALTH DISCIPLINE] Does your site provide mental and behavioral health services? 1. Yes 2. No
DEM24	(Groups 1 and 2) Please list the ZIP code of the site where you practice. If you practice at more than one site, please list the ZIP code for the site where you spend the majority of your time practicing. (Capture numerical response)
DEM25	(Group 3) From the drop-down box below, please select the state where you are currently attending or have attended health professions school or residency.