

Clinician Survey on App Value and Feasibility

The purpose of this survey is to gather feedback on the Major Depression Outcomes app that you accessed as part of the ‘Implementation of Harmonized Depression Outcome Measures in a Health System to Support Patient-Centered Outcomes Research’ study (NCT04235712). The survey should take 5 minutes or less to complete, and your participation is voluntary.

Your responses to the survey questions will be used to assess the usefulness of the app and the harmonized depression outcome measures for informing clinical decision-making and the feasibility of using the app within your routine workflow. Your responses will be summarized in a report to the funding agency, the Agency for Healthcare Research and Quality, to help the agency understand the value of the app and the feasibility of implementation in other care settings. Information that could identify you will not be disclosed unless you have consented to that disclosure.

***Required**

How easy was it to launch the app? *											
	1	2	3	4	5	6	7	8	9	10	
Very difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very easy


How easy was it to use the app? *											
	1	2	3	4	5	6	7	8	9	10	
Very difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very easy

Attachment C: Clinician Survey

Did the available training provide sufficient information on how to access and use the app? *

Yes

No

Other: _____ 

How much did use of the app disrupt your workflow? *

1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

How much time, on average, did you spend in the app? *

Less than 1 minute

1 - 2 minutes

3 - 4 minutes

5 or more minutes

Other: _____

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Did the app improve your engagement with patients? *

1 2 3 4 5 6 7 8 9 10

Not at all Very much

Did you use the information presented in the app to inform decisions about patient care? *

Yes

No

Somewhat

Other: _____

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How useful were the measures shown in the app? (Note, this will be set up as a rank order question in the final survey.) *

Column 1

Depression Response

Depression Remission

Depression Recurrence

Adverse Events

Suicide Ideation and Behavior

Death from Suicide

Should the app include any other depression outcome measures? *

Your answer

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If available, would you use this app after the pilot project has ended? *

1 2 3 4 5 6 7 8 9 10

Unlikely Very likely

Please share any other comments about the app.

Your answer

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. 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-XXXX) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857