

Organizational Readiness to Change

Instructions

This survey asks questions about how you see yourself as a team member and how you see your health clinic. It begins on the next page with a short demographic section that is for descriptive purposes only. The *Anonymous Linkage Code* is requested so that information you give now can be “linked” to your responses to similar questions you may be asked later.

To complete the form, please mark your answers by marking the appropriate circles. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement.

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

The anonymous linkage code below will be used to match data from different evaluation forms without using your name or information that can identify you.

Please complete the following items for your anonymous code:

First letter in mother's first name: |__|

First letter in father's first name: |__|

First digit in your social security number: |__|

Last digit in your social security number: |__|

Today's Date: |__| |__| || |__| |__| || |__| |__|
MO DAY YR

Are you: Male Female

Your Birth Year: 19 |__| |__|

Are you Hispanic or Latino?

No Yes

Are you: [MARK AS MANY AS APPLY]

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

- Black or African American
- White

Highest Degree Status: [MARK ONE]

- No high school diploma or equivalent
- High school diploma or equivalent
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree or equivalent
- Other (medical assistant, RN, post-doctorate)

Discipline/Profession: [MARK ALL THAT APPLY]

- Physician
- Physician's Assistant
- Nurse Practitioner
- Nursing (LVN, RN)
- PCT, NA
- Social Work/LCDC
- Other Human Services
- Resident
- Intern
- Student
- Administration
- Manager
- Clerk
- RT, PT, EKG
- Pharmacy
- Interpreter
- Other (specify) _____

If Appropriate, List Area of Specialization:

(Ex. Internal Medicine, OB-GYN, etc.) _____

How long have you been in your present job?

- less than 1 year
- 1 to 3 years
- over 3 years

EVIDENCE ASSESSMENT

Based on your assessment of the evidence basis for this statement, please rate the strength of evidence in your opinion:

Very Weak Weak Neither Weak nor Strong Strong Very Strong Don't Know/ Not applicable
○ ○ ○ ○ ○ ○

Now, please rate the strength of evidence basis for this statement based on how you think respected clinical experts in your institution feel about the strength of evidence:

Very Weak Weak Neither Weak nor Strong Strong Very Strong Don't Know/ Not applicable
○ ○ ○ ○ ○ ○

FACILITATION ASSESSMENT

INSTRUCTIONS: For each of the following statements, please rate the strength of your agreement with the statement.

				Don't know/ Not applicable		6
				Strongly Agree	5	
			Agree		4	
		Neither agree nor disagree		3		
	Disagree		2			
	Strongly Disagree	1				
(Evaluation) Plans for evaluation and improvement of this intervention include:						
35. Periodic outcome measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Staff participation/satisfaction survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Patient satisfaction survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Dissemination plan for performance measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Review of results by clinical leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your time and thoughtful responses. We value your input.