

# CST USER SURVEY

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## Survey Text and Questions.

### Introduction Text:

You have been invited to complete this survey because you have used and ordered one or more of the Clinical Support Tools (CSTs) housed on the PHCoE's and MEDCOM's websites.

This voluntary feedback survey has been created to assess your satisfaction with on the value and use of various CSTs. Along with the monthly number of ordered CSTs from MEDCOM's website. Data provided by the survey will help answer questions regarding utilization and perception of CSTs as part of a Post-Implementation Review effort to determine the effectiveness of CSTs in meeting user needs, and to identify opportunities for improving CSTs.

Please complete the survey below and provide your candid feedback. All responses will be anonymous and not shared with anyone outside the PHCoE Review Team.

Thank you for taking the time to provide your feedback.

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OMB EXPIRATION DATE: XX/XX/XXXX

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553 is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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## CLINICAL SUPPORT TOOL (CST) FEEDBACK QUESTIONNAIRE

### Question 1:

What is your age? (*Below 17; 17-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75 years or older*)

### Question 2:

What is the highest degree or level of school you have completed? (*No High school diploma; High school diploma or GED; Some college; Associates degree; Bachelor's degree; Master's degree; Professional Degree (JD, MD, etc); Doctoral degree (PhD, EdD, etc)*)

### Question 3:

In what capacity are you using this product? (*Service member; Family of a Service member; Veterans; Medical Healthcare Provider; Behavioral Health Provider; Researchers; Other; NA*)

**Question 4:**

Do you work in the Military Health System (MHS)? *(Yes/No/Uncertain)*

- A. *If yes: What military organization are you a member of? (Army; Air force; Navy; Marines; Coast Guard; US Public Health; Department of Health Affairs; Other)*
- B. *If yes: What job category do you best fit into in the MHS? (Active Duty military; Retiree; National Guard/Reserve; Government Civilian/Contractor; Other; NA)*
  - a. *If they select ADM: How long have you been in the military? (Less than 1 year; 1-5; 6-10; 11-15; 16-20; 21+; NA)*

**Question 5:**

What product did you order, download, or use MOST RECENTLY? (Please select from the following list)

**General Tools**

\_\_\_\_\_ Psychological Health Clinical Support Tools Brochure

**Depression**

- \_\_\_\_\_ Management of MDD Patient Guide
- \_\_\_\_\_ Management of MDD Pocket Card
- \_\_\_\_\_ Depression: Fast Facts for Families
- \_\_\_\_\_ Understanding Depression: A Resource for Providers and Patients
- \_\_\_\_\_ VA/DoD Clinical Practice Guidelines Summary
- \_\_\_\_\_ Taking control of depression
- \_\_\_\_\_ Dyslipidemia Patient Poster
- \_\_\_\_\_ Dyslipidemia Provider Poster

**PTSD**

- \_\_\_\_\_ Management of PTSD and ASD 2017
- \_\_\_\_\_ Recommended Medication for the Treatment of PTSD (PHCoE website only)
- \_\_\_\_\_ A Patient's Guide: Understanding PTSD and ASD
- \_\_\_\_\_ A Family's Guide to PTSD (Understanding PTSD Family Guide)
- \_\_\_\_\_ PTSD and ASD Pocket Card
- \_\_\_\_\_ PTSD and ASD Pocket Guide
- \_\_\_\_\_ Health Care Provider's Guide to Trauma-informed Care
- \_\_\_\_\_ PTS Clinical practice guideline summary

**Suicide**

- \_\_\_\_\_ Assessment and Management of Patients at Risk for Suicide
- \_\_\_\_\_ Suicide Prevention: Risk Factors and Warning Signs for Family Members and Caregivers (Family Guide)
- \_\_\_\_\_ A guide for Military and Veteran Families
- \_\_\_\_\_ Patient safety plan worksheet
- \_\_\_\_\_ Safety Plan Worksheet
- \_\_\_\_\_ Safety plan worksheet (digital version)
- \_\_\_\_\_ Safety Plan worksheet: Brief Instructions for Providers
- \_\_\_\_\_ Crisis Response Plan
- \_\_\_\_\_ Lethal Means Counseling: Recommendations for Providers

- \_\_\_\_\_ Reducing Access to Firearms: A suicide Prevention Guide for Military Leaders
- \_\_\_\_\_ Suicide Risk Provider Pocket Guide
- \_\_\_\_\_ Suicide Prevention Pocket Card
- \_\_\_\_\_ Guide summary
- \_\_\_\_\_ Suicide Prevention: Overcoming suicidal Thoughts and Feelings
- \_\_\_\_\_ Suicide Prevention trifold

**Opioid**

- \_\_\_\_\_ Opioid Therapy Pocket (Patient) Guide
- \_\_\_\_\_ Opioid Therapy Provider Pocket Guide
- \_\_\_\_\_ Patient Information Guide: Long-Term opioid Therapy for Chronic Pain
- \_\_\_\_\_ Managing Side Effects and Complications of Opioid Therapy for Chronic Pain
- \_\_\_\_\_ Opioid Therapy for Chronic Pain Pocket Guide
- \_\_\_\_\_ Opioid Therapy Summary Guideline VA/DoD
- \_\_\_\_\_ Tapering and Discontinuing Opioids

**SUD**

- \_\_\_\_\_ Management of SUD (2015)
- \_\_\_\_\_ SUD Affects Families
- \_\_\_\_\_ Is Your Body Ready for Pregnancy? Pregnancy and SU: It's Not Worth The Risk
- \_\_\_\_\_ Medications for the Treatment of AUD
- \_\_\_\_\_ Screening and Treatment Pocket Card
- \_\_\_\_\_ SUD Pocket Cards (A&B)
- \_\_\_\_\_ Stabilization Pocket Card
- \_\_\_\_\_ SUD: What line Leaders Need to Know
- \_\_\_\_\_ Alcohol Misuse: Facts about risky drinking fact sheet
- \_\_\_\_\_ Standard Drink Calculator Guide
- \_\_\_\_\_ VA/DoD Clinical Practice Guidelines Summary
- \_\_\_\_\_ Anger Management for substance abuse and mental health clients
- \_\_\_\_\_ Managing Chronic pain in Adults with SUD/SAMHSA
- \_\_\_\_\_ Buprenorphine in the treatment of Opioid Addiction

**Insomnia**

- \_\_\_\_\_ Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea- Pocket Card

**Pregnancy**

- \_\_\_\_\_ Management of Pregnancy- Pocket Card

**Question 6:**

What other product have you ordered, downloaded, or used? (Please select from the following list)

**General Tools**

- \_\_\_\_\_ Psychological Health Clinical Support Tools Brochure

## **Depression**

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- \_\_\_\_\_ Understanding Depression: A Resource for Providers and Patients
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## **Insomnia**

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## **Pregnancy**

- \_\_\_\_\_ Management of Pregnancy- Pocket Card

### **Question 7:**

Who did you order or download this Brochure products from: (*PHCoE; MEDCOM; VA*)

### **Question 8:**

How did you learn about this product? (*Conference; Colleague; DHA social media; VA social media; MEDCOM social media; DHA website; Factsheet VA website; MEDCOM website; DHA presentation; VA presentation; MEDCOM presentation; Email from community of interest; Family member/friend; Flier/advertisement; Internet; Journal; Link in website; Newsletter; Professional organization; Provider; Training/webinar; Word of mouth; other*)

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### **Likert Scale for all of the below:**

**Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA**

### **Question 9:**

It is easy to access the product online: (*Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA*)

### **Question 10:**

It is easy to order or download the product: (*Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA*)

### **Question 11:**

The product is formatted for easy reference: *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

**Question 12:**

The product content is easy to understand: *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

**Question 13:**

I learned new information from the material: *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

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**QUESTIONS FOR PROVIDERS ONLY**

**Question 14:**

Please rate how much you agree that the product has contributed to your professional effectiveness and ability to execute the following:

- a. Treat and/or manage my patients: *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*
  
- b. Manage my clinical practice: *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*
  
- c. Communicate with patients: *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*
  
- d. Patient's communication with their family about their condition: *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

**Question 15:**

This product has helped improve my patient care. *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

**Question 16:**

This product was useful to use in my practice. *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

**Question 17:**

This product has positively affected patient outcome or my professional performance in the following ways. *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

**Question 18:**

My knowledge of the content in this product has increased after reading it. *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

**Question 19:**

My patient's knowledge of the content in this product has increased after reading it. *(Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; NA)*

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## QUESTIONS FOR ALL SURVEY PARTICIPANTS:

### Question 20:

In the past 30 days, how often did you refer or use this product? (*Daily; A few times a week; Once or twice; Never; NA*)

### Question 21:

Please rate how likely you are to use this product again: (*Very Likely; Likely; Not sure; Unlikely; Very unlikely; NA*)

- A. (For 'Not sure' to 'very unlikely' responses) What would make you more likely to use this product?  
(*Free text*)

### Question 22:

How likely are you to recommend this product to someone else: (*Very Likely; Likely; Not sure; Unlikely; Very unlikely; NA*)

### Question 23:

Please rate your overall satisfaction with this product: (*Very satisfied; Satisfied; Neutral; Dissatisfied; Very dissatisfied; NA*)

### Question 24:

What did you like about this product? (*Easy to understand; Relevant information; Good format; Graphics; Resource links; Relevant to my work; Other (Free text)*)

### Question 25:

What would you change about this product? (*Format; Language; Organization; Content; Graphics; Resource links; Make available online; Nothing to change; Other (Free text)*)

### Question 26:

Please provide recommendations to improve this product? (*Other (Free text)*)

### Question 27:

Please provide suggestions for new products to accompany and/or enhance your treatment services. (*Free text*)