Form Approved

(OMB Control Number: #0935-0179)

Exp. Date \_\_\_\_\_\_\_\_\_

# Welcome

Welcome to this OptimalSort study, and thank you for agreeing to participate!

The activity shouldn't take longer than **15 minutes** to complete.

Your response will **help us to organize the content on our website.** Find out how on the next page...

# Instructions

### **Step 1**

Take a quick look at the list of terms/phrases to the left. {OMB please note- The “Cards to Be Sorted” list shown here on page 2 will appear on the left side of the participant’s screen}

We'd like you to sort them into groups that make sense to you.

There is no right or wrong answer. Just do what comes naturally.

### **Step 2**

Drag terms/phrases from the left to the category that fits best. {OMB please note- The “categories” list shown here on pages 2-4 will appear as individual boxes on the right side of the participant’s screen and the participant can drag and drop the terms onto the corresponding category to group them}

Use the groups provided or create your own by dragging and dropping an item from the left into the space on the right.

### **Step 3**

If you created your own groups, click the title to rename your new group.

### **Step 4**

Add more items to this group by dropping them on top of it.

Make more groups by dropping them in unused spaces.

When you're done click "Finished" at the top right. Have fun!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0935-0179. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

# **Categories**

* BEHAVIORAL HEALTH
* CARE/CARE SETTING
* CANCER
* GENERAL DISEASES/CONDITIONS
* INFECTIOUS DISEASE
* MEDICATION
* HEALTHCARE ASSOCIATED INFECTION
* HOSPITAL
* MULTIPLE CHRONIC CONDITIONS
* PATIENT SAFETY
* PRIORITY POPULATIONS
* PROCEDURES
* PROGRAMS/TOOLS
* COST
* PROVIDER
* PATIENT
* COVERAGE
* QUALITY
* HEALTH/HEALTHCARE

**Cards to be Sorted**

|  |
| --- |
| Term/Phrase |
| 1. Access to Care |
| 1. All-Payer Claims |
| 1. Ambulatory Care and Surgery |
| 1. Bedside shift report |
| 1. Bone Density Testing / Osteoporosis Screening |
| 1. BRCA / BRCA Gene |
| 1. Care Coordination |
| 1. Catheter-Associated Urinary Tract Infection (CAUTI) |
| 1. Cervical Cancer Screening / Pap Smear |
| 1. Challenges |
| 1. Cholesterol & Statins |
| 1. Clinician-Patient Communication |
| 1. Colorectal Cancer Screening |
| 1. Community Partnerships |
| 1. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) |
| 1. Culture of Safety |
| 1. Data |
| 1. Depression / Depression Screening |
| 1. Diagnostic Safety and Quality |
| 1. Digital Rectal Exam |
| 1. Disease Registries |
| 1. Emergency Severity Index (ESI) |
| 1. Evidence-based Research |
| 1. Gender-Based |
| 1. Human Papillomavirus (HPV) |
| 1. Imaging |
| 1. Implementation |
| 1. Innovations and Emerging Issues |
| 1. Learning Health Systems |
| 1. Managed Care |
| 1. Maternal Care |
| 1. Medication |
| 1. Organization and Administration: Change Agent |
| 1. Organization and Administration: Organizational Change |
| 1. Outcomes |
| 1. Organization and Delivery |
| 1. Patient Safety Indicators |
| 1. Patient Safety Learning Labs |
| 1. Patient Safety Organizations |
| 1. Patient-Centered Outcomes Research |
| 1. Physician Practice |
| 1. Practice Facilitation |
| 1. Practice Transformation |
| 1. Pressure Ulcers / Pressure Ulcer Prevention |
| 1. Prevention |
| 1. Primary Care: Patient Panels |
| 1. Primary Care: Models of Care |
| 1. Public Reporting |
| 1. Safety Net |
| 1. Simulation |
| 1. System Design |
| 1. Systematic Review Data Repository |
| 1. Teams |
| 1. US Health Information Knowledgebase |
| 1. Use of high-risk medications (Re: Beers criteria) |
| 1. Web Morbidity & Mortality (Web M&M) |
| 1. Access to Care |
| 1. All-Payer Claims |

## Post Study Questions

Thank you for helping us examine how the information on the site is structured and labelled.

We appreciate your time and just have a few more questions to help us learn more about your reactions to what you have seen.

1. **Which of the following would you use to describe yourself, please check all that apply.**
   1. Researcher
   2. Clinician
   3. Policy professional
   4. Patient or caregiver
   5. Other
2. **When did you last use or visit AHRQ.gov?**
   1. This week
   2. This month
   3. Within the last 2-3 months
   4. Within the last 4-6 months
   5. Over six months ago
   6. Over a year ago
   7. I have not used or visited AHRQ.gov
3. **In general, how easy or difficult was it to understand the types of information AHRQ.gov contains?**
   1. Very easy
   2. Easy
   3. Neither easy nor difficult
   4. Difficult
   5. Very difficult

Please tell us more about that.

1. **In general, how easy or difficult is it to find information on the AHRQ.gov website?**
   1. Very easy
   2. Easy
   3. Neither easy nor difficult
   4. Difficult
   5. Very difficult

Please tell us more about that.

1. **We have potential headings for categories of information on AHRQ below. Please select the term you prefer**

|  |  |  |
| --- | --- | --- |
| **A** | MEDICATION | DRUG |
| **B** | MULTIPLE CHRONIC CONDITIONS | CHRONIC CONDITIONS |
| **C** | PATIENT SAFETY | INJURY |
| **D** | PRIORITY POPULATIONS | SPECIAL POPULATIONS |
| **E** | PROCEDURES | PROCEDURES & SCREENINGS |

1. **Final comments AHRQ.gov website:**

Thank You

Thank you for taking the time to speak with us today. We appreciate your time and expertise. Your input will help us refine and improve the structure of AHRQ.gov.