# Web Screener Survey

Form Approved

OMB No. xxxx-xxxx

Exp. Date xx/xx/22

## Toaster Text (Toaster message on website)

Help us improve our website with this 3-minute survey.

Buttons:

* “I’ll Help” - this will open the survey in a new window
* “No Thanks” - this will close the toaster

## Welcome Message

Thank you for helping with our short survey. We are interested in hearing your feedback on the site!

Questions

* What is your profession?
	+ Administrator or Manager of Hospital, Health Plan, or Medical Group
	+ Allied Health Professional (OT, PT, Social Worker, etc.)
	+ Federal/State Policymaker
	+ Nurse/Nurse Practitioner
	+ Patient Safety Educator
	+ Patient safety Officer
	+ Patient Safety Researcher
	+ Patient
	+ Quality Improvement Professional
	+ Risk management Professional
	+ Physician/ Physician Assistant
* Which of the following best represents your **primary affiliation**?

### Academic institution, university, or medical school

### Hospital or health care system

### Ambulatory care

### Federal government agency

### Insurance company

### Quality/patient safety organization (excluding federal, state, or local government)

### State or local government agency

### Other (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How many years of experience do you have in the Patient Safety field?
	+ 1-4
	+ 5-14
	+ 15-24
	+ 25+
* Approximately how often do you visit the AHRQ PSNet site?

### First time

### Daily

### Weekly

### Monthly

### Less than once a month

* What brings you to PSNet today?
	+ Text Box
* Would you be willing to help us further with our research study to make the website even better?
	+ Yes
	+ No
	+ If Yes
	Please provide your contact information.
		- Name (text box)
		- Email (text box)

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| --- |
| Public reporting burden for this collection of information is estimated to average 3 to complete the survey and, if volunteered and selected, 60 minutes for a follow-up conversation. All information collected will be kept confidential (42 U.S.C. 299c-3(c)) and included as part of the assessment of participant experience and implementation of best practices. An individual’s name will not be shared and responses will not be attributed to a specific individual. 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 (0935-0179) AHRQ, 5600 Fishers Lane, Mail Stop Number 07W41A, Rockville MD 20857 |

## Thank you Text

Thank you again for your participation. Your feedback is incredibly useful, and we appreciate all your time and effort. If you are eligible for a follow-up interview, we will contact you by email.

You may now close this window or navigate to another web page.