

# Needs assessment survey

We are planning what to offer next and want to start from what you need. Answer for yourself; no name needed.

Organisation or group

Date

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

**1 Overall, how well does the support we offer meet your needs today?**

☐ Not at all ☐ A little ☐ Partly ☐ Mostly ☐ Fully

| STATEMENT                                                       | STRONGLY DISAGREE          |                            |                            |                            | STRONGLY AGREE             |
|-----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>2</b> I can get the information I need when I need it.       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <b>3</b> I have the skills to do what I am trying to do.        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <b>4</b> Support is available at times and places that suit me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <b>5</b> Cost does not stop me getting the help I need.         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <b>6</b> I know where to turn when a problem comes up.          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <b>7</b> The help on offer fits my situation.                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**8 Which of these would help you in the next year? (tick all that apply)**

☐ Information ☐ Skills or training ☐ Practical help ☐ Easier access ☐ Lower cost  
☐ Someone to talk to

**9 What gets in the way of getting the help you need? (tick all that apply)**

☐ Cost ☐ Time ☐ Travel ☐ Not knowing where to go ☐ Waiting times ☐ Nothing does

**10 How urgent is your most pressing need?**

☐ It can wait ☐ Within a year ☐ Within a month ☐ This week

**11 What is the one thing that would make the biggest difference for you right now?**

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**12 What do you need that nobody around you offers yet?**

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## Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

### Skills gaps: importance and current skill (staff or learners answer)

| STATEMENT                                               | NOT<br>AT ALL<br>IMPORTANT     |                                |                                |                                | EXTREMELY<br>IMPORTANT         |
|---------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 13 How important is handling complaints in your role?   | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| 14 How important is planning your work in your role?    | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| 15 How important is your main software in your role?    | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| 16 How important is writing clear reports in your role? | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |

| STATEMENT                                           | VERY<br>POOR                   |                                |                                |                                | EXCELLENT                      |
|-----------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 17 How good are you at handling complaints today?   | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| 18 How good are you at planning your work today?    | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| 19 How good are you with your main software today?  | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| 20 How good are you at writing clear reports today? | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |

### 21 How would you most like to learn a new work skill?

☐ Short workshop ☐ Online course ☐ Coaching ☐ From a colleague ☐ Video or reading

### 22 Which task takes you longer than it should?

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### Client and customer needs (clients answer)

#### 23 What problem were you hoping we could solve when you first contacted us?

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#### 24 How long have you had this need?

☐ Under a month ☐ 1 to 6 months ☐ 6 to 12 months ☐ Over a year

#### 25 What matters most to you when choosing a provider? (tick all that apply)

☐ Price ☐ Speed ☐ Quality ☐ Being listened to ☐ Location ☐ Reputation

## Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

### Client and customer needs (clients answer) (continued)

26 What would you do if we were not here?

☐ Use another provider   ☐ Do it myself   ☐ Ask family or friends   ☐ Go without   ☐ Not sure

| STATEMENT | STRONGLY<br>DISAGREE |  |  |  | STRONGLY<br>AGREE |
|-----------|----------------------|--|--|--|-------------------|
|-----------|----------------------|--|--|--|-------------------|

27 We understand what you are trying to achieve.

| STATEMENT | VERY<br>DIFFICULT |  |  |  | VERY<br>EASY |
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|-----------|-------------------|--|--|--|--------------|

28 How easy was it to find a service like ours?

29 What have you already tried, and what did not work?

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### Continuing medical education (clinicians answer)

30 Which topics do you want more education on this year? (tick all that apply)

☐ New guidelines   ☐ Prescribing safety   ☐ Chronic disease care   ☐ Mental health  
☐ Talking with patients   ☐ Practice systems

31 Describe a recent case where you were unsure of the best next step.

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| STATEMENT | NOT<br>AT ALL<br>CONFIDENT |  |  |  | EXTREMELY<br>CONFIDENT |
|-----------|----------------------------|--|--|--|------------------------|
|-----------|----------------------------|--|--|--|------------------------|

32 How confident are you applying the latest guidelines in your field?

33 Which format fits your schedule best?

☐ Live conference   ☐ Online module   ☐ Case discussion   ☐ Journal club   ☐ Grand rounds

34 What stops you changing practice after a course? (tick all that apply)

☐ Time with patients   ☐ System or EHR limits   ☐ Cost   ☐ Patient preferences   ☐ Team buy-in  
☐ Nothing

## Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

### Continuing medical education (clinicians answer) (continued)

35 What is your profession?

☐ Physician ☐ Nurse or NP ☐ Pharmacist ☐ Physician assistant ☐ Other

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### About you (optional)

36 How are you connected to our organisation?

☐ Member ☐ Client or customer ☐ Staff ☐ Volunteer ☐ Other

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37 How long have you used our support?

☐ Under 6 months ☐ 6 to 24 months ☐ 2 to 5 years ☐ Over 5 years ☐ Not yet

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38 What is your age group?

☐ Under 25 ☐ 25 to 44 ☐ 45 to 64 ☐ 65 or older ☐ Prefer not to say

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Thank you. Your answers are anonymous.

[poll-maker.com/needs-assessment-survey-questions](https://poll-maker.com/needs-assessment-survey-questions)