

NCCAM Web Site Online Survey
Draft Questions

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We are interested in obtaining your feedback regarding the NCCAM Web site. This brief customer satisfaction survey contains 13 questions and should take no more than 3 minutes of your time to both read the instructions and enter your responses. Completion of the survey is strictly voluntary. Your responses will be kept confidential and anonymous. No personal identifiers will be attached to your responses (see www.nih.gov/about/privacy.htm). Thank you for taking the time to complete this survey.

1. On average, how often do you visit the NCCAM Web site?
 - This is my first visit
 - Monthly
 - Weekly
 - Once a day
 - More than once a day

2. How did you first find our site? (*Select one.*)
 - Search engine (for example, Google, Yahoo, Alta Vista, etc.)
 - Link from another Web site
 - Referred by friend/family
 - Referred by health care provider
 - Referred by a co-worker or colleague
 - Referred by NCCAM Clearinghouse
 - At a conference or scientific meeting
 - Media (magazine, newspaper, television, radio)
 - Other (specify) _____

3. What type of information were you looking for today? (*Select all that apply.*)
 - General information about complementary and alternative medicine
 - General information about NCCAM
 - Information about a specific disease
 - Information about a specific type of complementary and alternative medicine
 - Training opportunities
 - Research funding opportunities
 - Information about clinical trials
 - Information about upcoming meetings
 - Other (specify) _____

4. Did you find the information you were seeking?

- Yes
- No
- Not sure

5. Please rate your level of agreement with the following statements:

- | | | | | |
|---|----------------|-------|----------|-------------------|
| • It was easy to find what I was looking for. | Strongly agree | Agree | Disagree | Strongly disagree |
| • The information on the site was helpful and relevant to my interests. | Strongly agree | Agree | Disagree | Strongly disagree |
| • I like the Web site's appearance. | Strongly agree | Agree | Disagree | Strongly disagree |

6. What do you like best about the site?
(text)

7. Do you have any suggestions for how the site might be improved?

- Yes
- No

7a. If yes, what are your suggestions?
(text)

8. Which of the following best describes you? (*Select one.*)

- Patient
- Family or friend of patient
- General public
- CAM practitioner
- Other health care provider
- Researcher or grant applicant
- Journalist/media professional
- Student
- Other (specify) _____

9. Approximately how often do you use the Internet?

- This is my first visit
- Monthly
- Weekly
- Once a day
- More than once a day

10. What is your age?

- 20 or under
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 and over

11. Are you:

- Female
- Male

12. Race and Ethnicity

- I do not wish to provide this information.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: *(Select all that apply. Click here for [definitions.](#))*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

13. What is your home ZIP code? *(United States only.)*

Thank you for your time and participation. Your input will help us improve our Web site to better meet your needs. If you have any additional comments or questions, please contact us at info@nccam.nih.gov or toll-free at 1-866-644-6226.

Public reporting burden for this collection of information is estimated to average 3 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. **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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.