

NCCAM E-mail Response Survey
Draft Questions

A link to the following questions shall be attached to the bottom of e-mail responses sent from info@nccam.nih.gov.

We are interested in obtaining your feedback regarding NCCAM's e-mail response to your inquiry. This brief customer satisfaction survey contains 10 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. How did you first find the NCCAM Web site (<http://nccam.nih.gov>) to send an e-mail? (*Select one.*)
 - Search engine (for example, Google, Yahoo, Alta Vista, etc.)
 - Link from another Web site
 - Conference or scientific meeting
 - Referred by friend/family
 - Referred by health care provider
 - Referred by a co-worker or colleague
 - NCCAM Clearinghouse
 - Media (magazine, newspaper, television, radio)
 - Other (specify) _____

2. What type of information were you looking for? (*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) _____

3. Did you research your question on the NCCAM Web site before e-mailing your question?
 - Yes
 - No

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

	Strongly Agree	Disagree	Neither disagree nor agree	Disagree	Strongly disagree	Not applicable
The e-mail response arrived quickly (within 5 days).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The e-mail answered my questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The e-mail provided helpful resource links.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was satisfied with the e-mail response I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you have any suggestions for improving e-mail responses?

- Yes
- No

5a. If yes, what are your suggestions?
(text)

6. 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) _____

7. What is your age?

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

- 71 or over

8. Are you:

- Female
- Male

9. 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

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

Submit

Thank you for your time and participation. Your input will help us improve our e-mail responses 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 (0925-0486). Do not return the completed form to this address.