

## NCCAM Online Newsletter Survey

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Our readers are important to us, and we want to offer you a newsletter that best serves your needs and interests. Please tell us what you think about *Complementary and Alternative Medicine at the NIH (CAMNIH)* by taking a few minutes to answer the following 14 questions. Your responses will be kept confidential and anonymous (see <http://nccam.nih.gov/tools/privacy.htm>). Thank you.

1. Are you on the mailing list to be notified when a new issue of *CAMNIH* is posted?
- Yes
  - No

2. How did you first hear about *CAMNIH*? (*Select one.*)

- On the NCCAM Web site
- Through the NCCAM Clearinghouse
- At a conference or scientific meeting
- Through a friend or family member
- Through a co-worker or colleague
- Other (specify) \_\_\_\_\_

3. How much of the newsletter do you typically read?

- All of it
- More than half
- Less than half

4. Please rate how informative and useful the following regular features in *CAMNIH* are to you:

a. Lead (front-page) stories	Very informative and useful	Somewhat informative and useful	Not informative or useful
b. News for Researchers	Very informative and useful	Somewhat informative and useful	Not informative or useful
c. Calendar of Events	Very informative and useful	Somewhat informative and useful	Not informative or useful

5. Please finish the following statement, "In upcoming issues of *CAMNIH*, I would like to read about \_\_\_\_\_."

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

- |                                                                                    |                |       |          |                   |
|------------------------------------------------------------------------------------|----------------|-------|----------|-------------------|
| a. <i>CAMNIH</i> provides valuable and timely information that is important to me. | Strongly agree | Agree | Disagree | Strongly disagree |
| b. I find <i>CAMNIH</i> easy to understand.                                        | Strongly agree | Agree | Disagree | Strongly disagree |
| c. I like the newsletter's design and overall look.                                | Strongly agree | Agree | Disagree | Strongly disagree |

7. Do you have suggestions that would improve the newsletter's look, format, and/or delivery?

- Yes
- No

7a. If yes, what suggestions do you have?

8. Which of the following best describes why you are interested in *CAMNIH*?  
(*Select one.*)

I am a:

- 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. What is your age?

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

10. Are you:

- Female
- Male

11. What is your highest level of education? (*Select one.*)

- High school
- Some college-level education
- Two-year college degree
- Four-year college degree
- Some education beyond a four-year college degree
- Master's degree
- Doctoral degree
- Postdoctoral education

12. If you share your copy of *CAMNIH* with anyone else, please tell us whom:

- Family members or friends
- Coworkers or colleagues
- Patients (if you are a health care provider)
- Members of the public
- Other (please specify):
- I do not share my copy of *CAMNIH* with others

13. Race and Ethnicity *(If you would like to know how the Federal Government defines the terms below, see <http://www.whitehouse.gov/omb/fedreg/ombdir15.html>.)*

I do not wish to provide this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race *(Select all that apply.)*

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

14. What country do you live in?

- United States (specify home ZIP code) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Thank you for your time and participation. If you have any additional comments or questions, please contact the NCCAM Clearinghouse at [info@nccam.nih.gov](mailto: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 (0925-0520). Do not return the completed form to this address.