

National Heart, Lung, and Blood Institute Online Survey

Thank you for visiting the National Heart, Lung, and Blood Institute's (NHLBI) Web site and agreeing to participate in this survey. The survey should take less than 5 minutes to complete and all responses are completely anonymous. We greatly appreciate your participation.

1. Approximately how often do you visit the NHLBI Web site?

- This was my first visit
- A few times a year
- A few times a month
- A few times a week
- Once a day
- More than once a day

2. How did you find out about the NHLBI Web site? *Please check all that apply.*

- Physician, nurse, health care provider, hospital, or clinic
- Friend or family member
- Co-worker or colleague
- School or college
- The NHLBI Health Information Network
- Professional health organization, association, society, or foundation (for example, American Heart Association, American Thoracic Society)
- Magazine or newspaper
- Results from an Internet search engine (for example, Google, Yahoo, MSN, AOL)
- Link from another Web site brought me here
- Other Please specify (Comment box)

3. What were you seeking on the NHLBI Web site today?

- Information about a disease or condition (for example, heart failure, high blood pressure, asthma, sickle cell anemia, or sleep apnea)
- Weight control information
- Research funding information
- Grant policy information
- Clinical trial information
- Job vacancies
- Training programs and training grants
- Research conducted in labs at the NHLBI
- Research results and how they affect my health
- Press releases
- Information on meetings
- Nothing specific, just browsing
- Other Please specify (Comment box)

9. Would it be helpful to you if the information on this Web site was presented in a second language? If Yes, please specify:

Yes

Spanish

Mandarin

Arabic

Hindi

Portuguese

Other

Please specify (Comment box)

No

10. Which of the following best describes you? *Please check all that apply.*

Health consumer

Person diagnosed with a heart, lung, or blood related condition

Family or friend of a diagnosed person

Scientist or researcher

Clinician

Student

Parent

Health care provider

Pharmacist or someone in the pharmaceutical industry

Public health official

Journalist or Media professional

Other

Please specify (Comment box)

11. What is your age?

16 or under

17-25

26-35

36-45

46-55

56-65

66 or over

12. Approximately how often do you use the Internet?

Once a month

A few times a month

Once a week

A few times a week

Once a day

More than once a day

13. What are your most frequent activities on the Internet? *Please check all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Bank online | <input type="checkbox"/> Instant messaging |
| <input type="checkbox"/> Build personal Web sites | <input type="checkbox"/> Obtain fitness information |
| <input type="checkbox"/> Check news or current events | <input type="checkbox"/> Obtain general health information |
| <input type="checkbox"/> Download music or software | <input type="checkbox"/> Obtain information related to specific diseases or conditions |
| <input type="checkbox"/> Email | <input type="checkbox"/> Play games |
| <input type="checkbox"/> Find educational information | <input type="checkbox"/> Purchase products |
| <input type="checkbox"/> Find information and/or people | <input type="checkbox"/> Read online magazines |
| <input type="checkbox"/> Find recipes | <input type="checkbox"/> Share information (photos, articles, etc.) with friends and family |
| <input type="checkbox"/> Get stock information and/or trade stocks | <input type="checkbox"/> Other, please specify (Comment box) |

14. What are your favorite Web sites? (Comment box)

15. What things do you like about your favorite sites? (Comment box)

16. What Web sites do you visit frequently? (Comment box)

17. Where are you? If you are inside the U.S., please list the state, if not, please list the country. (Comment box)

18. We would greatly appreciate any additional comments or suggestions to improve the NHLBI Web site: (Comment box)

19. Would you be interested in answering additional questions to ensure that the NHLBI Web site meets your needs? If so, please provide the following information so we can contact you in the future.

Name: _____

Phone: _____

Email: _____

Again, thank you for your time and we greatly appreciate your participation in this survey.

Public reporting burden for this collection of information is estimated to average 5 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.