## NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES CUSTOMER SATISFACTION SURVEY

We are interested in learning more about your experience with the Clearinghouse(s) and our materials. Please complete this form and mail it back—no postage is required. If you prefer to complete this survey online, go to www.catalog.niddk.nih.gov/custsat.

1.	Which Clearinghouse(s) did you contact? (check all that apply)		7. Overall, how would you rate the usefulness of the information you received?
	National Diabetes Information	rmation Clearinghouse (NDIC)	☐ Excellent ☐ Below average
	National Digestive Dise	ases Information	☐ Above average ☐ Poor
	Clearinghouse (NDDIC	2)	☐ Average
	<ul><li>□ National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)</li><li>□ Not some</li></ul>		8. If you received material in the mail, how soon did you receive it after ordering?
	□ Not sure		Less than 3 weeks
2.	How did you first hear abou	ut the Clearinghouse(s)?	☐ 3–5 weeks
	(check all that apply)		☐ Longer than 5 weeks
	☐ Health professional	☐ Internet or email	
	(physician, nurse,	□ NIDDK	9. If you requested information by email, how soon did you get
	dietitian, etc.)	publications	a response?
	☐ Newspaper or magazine	Friend or family	☐ 1–4 business days
	Professional meeting	Other (please specify)	□ 5–8 business days
			□ 9 or more business days
3.	How did you contact the Clearinghouse(s)? (check all that apply)		10. If you used the NIDDK website, how easy was it to access information?
	☐ Phone	☐ Mail	☐ Very easy ☐ Somewhat difficult
	□ Email	☐ Conference/Exhibit	☐ Somewhat easy ☐ Very difficult
	□ NIDDK website	☐ Fax	☐ Average
4.	Including this most recent contact, how many times have you contacted the Clearinghouse(s) in the last 12 months?		11. Do you have additional comments or suggestions?
	Once		
	☐ Twice		
	☐ Three or more times		
5.	Dlagge rate the helpfulness	of the person with whom you	12. Please check which category best describes you in your search for health information.
٥.	mostly recently spoke.	of the person with whom you	☐ Dietitian ☐ Patient
	□ Excellent	☐ Below average	☐ Educator ☐ Physician
	☐ Above average	□ Poor	☐ Friend or family ☐ Student
	☐ Average	□ Not applicable	☐ Nurse/Nurse Practitioner ☐ Writer/Editor
			☐ Other health professional ☐ Other (please specify)
6.	What products or services of (check all that apply)	did you receive?	
	Booklets	☐ Information over the phone	13. I am
	☐ Fact sheets	☐ Other (please specify)	☐ 19–30 years old
	Photocopied articles		□ 31–55 years old
	☐ Referral to other		□ 56–75 years old
	organizations	☐ Did not receive products or services	☐ 76 years old or older





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Fold along the dotted line and tape closed. Please do not use staples.

Public reporting burden for this collection of information is estimated to average 10 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 Office of Management and Budget (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 (0925–0480).

OMB No. 0925-0480; Expires 11/30/06

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Do <u>not</u> return the completed form to the NIH Project Clearance Branch.