Appendix E

NPIN Products and Services User Survey

Form Approved OMB No. 0920- XXXX Exp. Date: __xx/xx/20xx___

NPIN Products and Services User Survey

Public reporting burden of this collection of information is estimated to average 15 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Please respond to all survey items. This survey will take on average 15 minutes to complete.

Your Expectations and Satisfaction

- 1. Before you started to use NPIN products/services, what expectations did you have for the overall quality of the products/services?
 - □ Very high expectations
 - □ High expectations
 - □ Neutral
 - □ Low expectations
 - \Box Very low expectations
- 2. Now, after having used NPIN products/services, how would you rate their overall quality?
 - □ Excellent
 - \Box Good
 - □ Average
 - □ Below Average
 - □ Poor
- 3. How satisfied are you with the products/services?
 - \Box Very satisfied
 - \Box Satisfied
 - □ Neutral
 - □ Dissatisfied
 - □ Very dissatisfied
- 4. Considering your expectations and experiences with NPIN, to what extent has the products/services met your expectations?
 - \Box Exceeds expectations
 - □ Meets expectations
 - □ Neutral
 - \Box Somewhat meets expectations
 - \Box Does not meet expectations

NPIN Customer Service

- 5. In the past 12 months, how often have you ordered products from NPIN?
 - □ Daily
 - \Box Weekly
 - \Box Monthly
 - □ Annually
 - $\hfill\square$ Occasionally
 - □ Once
 - □ Never
- 6. What methods do you use to order products from NPIN? (Select all that apply.)
 - □ Mail
 - □ Internet
 - \Box Over the phone
 - □ Fax
 - 🗆 Email
 - $\hfill\square$ Live Chat
 - $\Box \quad \text{Other (Specify } _)$
 - \Box N/A
- 7. How satisfied are you with the delivery of your order(s)?
 - □ Very Satisfied
 - □ Satisfied
 - □ Neutral
 - □ Dissatisfied
 - □ Very Dissatisfied
 - □ N/A
- 8. How satisfied are you with the customer service you receive from NPIN?
 - \Box Very Satisfied
 - \Box Satisfied
 - □ Neutral
 - □ Dissatisfied
 - □ Very Dissatisfied
 - \Box N/A
- 9. How responsive is NPIN staff to meeting your request(s)?
 - \Box Very responsive
 - □ Responsive
 - □ Neutral
 - □ Somewhat responsive
 - \Box Not responsive
 - \Box N/A

Use of NPIN Products/Services

- 10. In the past 12 months, how often have you used NPIN products/services?
 - □ Daily
 - □ Weekly
 - \Box Monthly
 - \Box Annually
 - \Box Occasionally
 - □ Once
- 11. In the past 12 months, what types of NPIN products/services have you used? (Please mark all that apply.)
 - □ Prevention/educational materials
 - □ Treatment information
 - \Box Research information
 - □ Statistics (fact sheets, glossaries, surveillance reports, MMWR)
 - □ CDC information/guidelines
 - □ News/features
 - \Box Conference information
 - □ Reference and referral of organizations/service providers
 - □ Funding information
 - □ Spanish language materials
 - □ Non-English language materials other than Spanish
 - □ Communication tools (e.g., listservs, mailing lists)
 - □ Other communication tools (e.g., instant messaging, chat rooms, blogs, etc.)
 - Downloads (PDA format, slide sets, software)
 - □ Searchable databases
 - □ Live help from NPIN information specialists
 - □ Satellite broadcast ordering information
 - □ Other (Specify _____)

- 12. Which products/services do you use most frequently? (Please mark all that apply.)
 - □ Prevention/educational materials
 - □ Treatment information
 - □ Research information
 - □ Statistics (fact sheets, glossaries, surveillance reports, MMWR)
 - □ CDC information/guidelines
 - \Box News/features
 - \Box Conference information
 - □ Reference and referral of organizations/service providers
 - □ Funding information
 - □ Spanish language materials
 - □ Non-English language materials other than Spanish
 - □ Communication tools (e.g., listservs, mailing lists)
 - □ Other communication tools (e.g., instant messaging, chat rooms, blogs, etc.)
 - □ Downloads (PDA format, slide sets, software)
 - \Box Searchable databases
 - □ Live help from NPIN information specialists
 - □ Satellite broadcast ordering information
 - Other (Specify _____)

Relevance to Your Work

- 13. On a scale of 1 to 5, how useful are the following NPIN products/services to your work? (1=not at all helpful, 5=very helpful; N/A=not applicable)
 - _ Prevention/educational materials
 - Treatment information
 - _____ Research information
 - _ CDC information/guidelines
 - _ News/features
 - _ Conferences
 - _ Reference and referral of organizations/services providers
 - _ Funding information
 - _ Spanish language materials
 - _ Non-English language materials other than Spanish
 - _ Communication tools (e.g., listservs, mailing lists)
 - _ Other communication tools (e.g., instant messaging, chat rooms, blogs, etc.)
 - _ Downloads (PDA format, slide sets, software)
 - _ Searchable databases
 - _ Live help from NPIN information specialists
 - _ Satellite broadcast ordering information
 - _ Statistics (fact sheets, glossaries, surveillance reports, MMWR)
- 14. Do you find the information provided by NPIN to be current?
 - □ Yes
 - \square No

- 15. How accurate do you consider the information provided by NPIN to be?
 - □ Extremely Accurate
 - □ Accurate
 - □ Neutral
 - □ Somewhat Accurate
 - □ Not Accurate
- 16. How have NPIN's products/services facilitated your work?

Future Use of NPIN Products and Services

- 17. How likely are you to use NPIN products/services in the future?
 - \Box Very likely
 - □ Likely
 - □ Neutral
 - □ Somewhat likely
 - \Box Not likely
- 18. How likely are you to order products from NPIN again?
 - \Box Very likely
 - □ Likely
 - □ Neutral
 - □ Somewhat likely
 - \Box Not likely
- 19. Would you recommend NPIN products/services to a colleague or friend?
 - □ Yes
 - \square No

How to Better Meet Your Needs

- 20. To what extent do you rely on NPIN for products/services about the prevention and treatment of HIV/AIDS, STDs, TB, and viral hepatitis compared to other sources of similar products/services?
 - \Box I rely solely on NPIN.
 - \Box I rely heavily on NPIN.
 - □ I rely moderately on NPIN.
 - □ I rely very little on NPIN.
 - \Box I do not rely at all on NPIN.
- 21. What other sources of products/services about the prevention and treatment of HIV/AIDS, STDs, TB, and viral hepatitis do you frequently use?

22. Using the following 5-point scale, please rate how NPIN compares to the sources of products/services specified in Question #21 on the following characteristics.

NPIN is better	1
NPIN is somewhat better	2
All the sources of information are about the same	3
NPIN is somewhat worse	4
NPIN is worse	5
I don't have an opinion	6
	0

- a. ____Ordering products/services
- b. ____Usefulness of products/services
- c. ____Accuracy of products/services
- d. _____Responsiveness to the customer
- e. _____Timeliness of product/service delivery
- 23. Please list your suggestions to enhance NPIN's products/services.
- 24. What products/services would be useful to your work but are not currently available from NPIN?

Background Information

- 25. How did you first learn about NPIN?
 - □ Internet search engine
 - □ Link from a website
 - □ National Prevention Information Network booth/exhibit at conference
 - □ Word-of-mouth from professional colleague
 - □ CDC source
 - □ Seeing National Prevention Information Network products
 - □ Receiving forwarded NPIN listserv
 - □ Mentions of NPIN in newsletter or magazine
 - □ Blog/wiki/podcast/RSS/XML
 - □ Other (Specify _____)
- 26. For what type of organization do you work?
 - □ State health department
 - □ Local/county health department
 - □ Community-based organization
 - □ Private, for profit organization

- □ Clinical setting (health clinic or hospital)
- □ Other (Specify _____)
- 27. Which of the following populations/target audiences(s) does your organization serve? (Please mark all that apply.)
 - □ African American
 - □ Hispanic/Latino
 - □ Asian/Pacific Islander
 - □ American Indian/Alaska Native
 - □ White
 - □ Gay/Lesbian/Bisexual/transgender
 - □ Intravenous drug-user(s)/other drug/alcohol abuse
 - □ People with multiple sexual partners
 - □ Immigrant population(s)
 - □ Speakers of primary language other than English
 - □ Special communication needs, such as hearing-impaired or blind
 - \Box Other (Specify _____)

Thank you for completing the survey!

NPIN appreciates your assistance in determining your satisfaction with its products and services and how we can better serve you.