OMB Number	
Expiration Date	

CDER Health Information Survey

You have accessed this survey through a certain FDA web-based publication. Your response to this brief survey should take only a few minutes of your time and should relate to the specific FDA web-based publication. Completion of the survey is voluntary, and your responses will be kept confidential and anonymous.

1) What is your overall impression of the *format or presentation* of the information in this FDA publication on a scale from 1 to 5 where 1 is poor, 3 is average and 5 is excellent?

	Poor 1	2	Average 3	4	Excellent 5
Easy to read	m	m	m	m	m
Easy to find what I need	m	m	m	m	m
Organization of information	m	m	m	m	m
Font and font size	m	m	m	m	m
Length	m	m	m	m	m

2)	What about the format or presentation of this FDA publication do you like?
3)	What about the format or presentation of this FDA publication do you dislike?

4) What is your overall impression of the *content* of this FDA publication on a scale from 1 to 5 where 1 is poor, 3 is average and 5 is excellent?

	Poor		Average		Excellent
	1	2	3	4	5
Relevance to	m	m	m	m	m

your specialty or area of expertise					
Understandable	m	m	m	m	m
Timeliness	m	m	m	m	m
Helpful	m	m	m	m	m
Amount of background information	m	m	m	m	m

IIIIOIIIIa	illon					
5) Do y	ou ever sh	are the informa	ntion (content) of	this nublication y	vith others?	
3) D 0 y	m Yes	are the informa	mon (comem) of	ims publication v	vitii otiicis.	
	m No					
6) Hov	v do you sl	nare it with oth	ers?			
	e you sou inication?	ght additional i	nformation on a	particular topic a	ifter reading the I	FDA
	m Yes m No					
8) Whi	ch sources	s did you consu	ult for additional	information?		
						
		escriber, did yo ns for your pati		mmunication of i	nformation helpfu	ıl in making
	m Yes					
	m No m Not A	Prescriber				
	ou are a pod from the		e you changed p	rescribing behav	vior based on the	information you
	m Yes m No					
11) WI	nich, if any	, describes the	change in your	prescribing beha	avior?	
	q Spen		sk information to ne counseling pa erently			

	q Prescribe a different drug q Other (please specify)
If yo	ou selected other, please specify
12)	Which FDA publication did you select that brought you to this survey?
	m Early Communication about an Ongoing Safety Review (Early Communications) m Public Health Advisories (PHAs) m Information for Healthcare Professionals (HCP sheets) m Drug Safety Newsletter
13)	Was it easy to find this FDA publication?
	m Yes m No
14)	What difficulties did you encounter accessing this FDA publication?
15)	Through which other ways or sources do you receive or access drug safety information? Q Subscription to FDA materials (e.g., MedWatch E-list, FDA email updates, other) Q Internet Searches Q Newspaper articles Q Word of mouth Q Professional Newsletter Q All of the above Q Other (please specify)
If yo	ou selected other, please specify
16)	Please specify:
	q Early Communication about an Ongoing Safety Review (Early Communications) q Public Health Advisories (PHAs) q Information for Healthcare Professionals (HCP sheets) q Drug Safety Newsletter q Other (please specify)
If yo	ou selected other, please specify
 17)	My occupation is:

m Medical doctor

- m Pharmacist
- m Nurse
- m Nurse Practitioner
- m Dentist
- m Other (please specify)

If you selected other, please specify

18) My work setting is

- m Solo practitioner
- m Group practice
- m Hospital/medical center
- m Other (please specify)

If you selected other, please specify

19) My age is:

m Less than 18 years

m 18-24 years old

m 25-34 years old

m 35-49 years old

m 50-64 years old

m 65 years old or older

m No answer

Thank you for providing feedback on the various communication tools used by the FDA to communicate drug safety information to the public. FDA continuously evaluates its communication efforts to enhance their accessibility and effectiveness. Your response to this brief survey will help us improve our communication about drug safety issues. Please click below to submit your survey responses.