**READER SURVEY: NCCAM NEWSLETTER**

OMB No 0925-0530-04

Exp. Date 06/30/2010

We value your comments on our redesigned newsletter, ***Complementary and Alternative Medicine: Focus on Research and Care*** (formerly ***CAM at the NIH: Focus on Complementary and Alternative Medicine)***. Please help us by taking a few minutes to answer the questions below. This NCCAM-sponsored survey is anonymous, and we cannot identify you (see [www.nih.gov/about/privacy.htm](http://www.nih.gov/about/privacy.htm)). Participation is voluntary, and you may decline to answer any or all of the questions.

[This paragraph for print survey only] To respond, just drop this postage-paid form in the mail. We’d like to hear from you by DATE. Thank you!

1. Please rate how much you agree with the following statements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The newsletter provides information that is useful and valuable to me. | Strongly agree | Agree | Disagree | Strongly disagree |
| I find the content easy to read. | Strongly agree | Agree | Disagree | Strongly disagree |
| I like the newsletter’s design and format. | Strongly agree | Agree | Disagree | Strongly disagree |

1. How interesting and useful do you find the following topics or features?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Topics related to CAM in medical practice  | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
| Topics related to research on CAM | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
| Topics related to NCCAM and NIH  | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
| Interviews with medical or scientific experts on CAM | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
|  “From the Director” column | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
| “Get the Facts” articles for consumers | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
| Coverage of major meetings on CAM | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
| Opportunities to apply for research funding  | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |
| Announcements of major grant awards | Very interesting and useful | Interesting and useful | Not interesting and useful | N/A, do not read |

1. How interested are you in reading more about the following topic areas?

|  |  |  |  |
| --- | --- | --- | --- |
| General information on CAM therapies  | Very interested  | Interested | Not interested |
| CAM treatments for specific conditions/ illnesses | Very interested  | Interested | Not interested |
| Integrative medicine | Very interested  | Interested | Not interested |
| information on interpreting research studies and their results | Very interested  | Interested | Not interested |
| News from NCCAM and NIH  | Very interested  | Interested | Not interested |

1. Are there other topics you would like to read about? If so, please specify:
2. How would you prefer to receive the newsletter?
* PDF by email
* Completely web-based in HTML format
* Hard copy sent to me by postal mail
* Other format (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Do you share the newsletter with others?
* Yes
* No
1. Which of the following best describes you? (Select only one)
* Patient
* Family or friend of a patient
* Public
* CAM practitioner
* Other health care provider
* Researcher or grant applicant
* Journalist/media professional
* Student
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. If you are a CAM practitioner, please indicate your specialty:
* Chiropractic
* Traditional Chinese Medicine, including acupuncture
* Naturopathy
* Homeopathy
* Massage Therapy
* Energy Medicine
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. If you are another type of health care provider, please specify: maybe physician, nurse, PT, etc. rather than area of specialty?
* M.D. or D.O.
* Nurse
* Nurse Practitioner
* Physician Assistant
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you again. If you wish to provide further comments, please e-mail them to info@nccam.nih.gov or write the NCCAM Clearinghouse, P.O. Box 7923, Gaithersburg, MD 20898-7923.

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 (0925-0530). Do not return the completed form to this address.