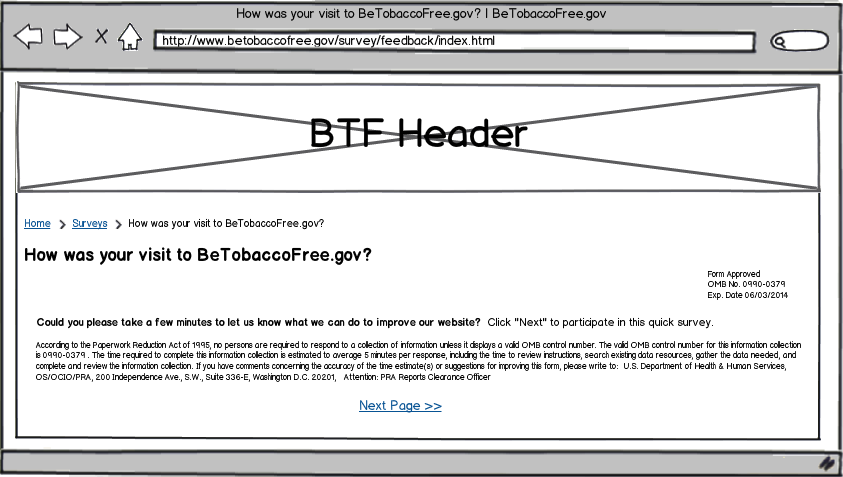
Voice-of-Customer Surveys

for BeTobaccoFree.gov

# Site-Level Survey for Visitor Feedback

## Introductory Text



## Questions

1. What were you looking for on BeTobaccoFree.gov today?
   * To find information on quitting
   * To find information on health effects and diseases caused by smoking and tobacco use
   * To learn about the latest research on smoking and tobacco use
   * To find resources on preventing smoking and tobacco use
   * To find out about the latest tobacco control laws and policies
   * To see the latest educational campaigns about smoking and tobacco use
   * To find out facts about smoking and tobacco use
   * I had no agenda in mind when I came to the website today.
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. For whom were you looking for information on BeTobaccoFree.gov?
   * Myself
   * My spouse, partner or significant other
   * My child(ren)
   * My parents
   * A relative
   * A friend
   * No one in particular
3. Were you able to find what you were looking for?
   * Yes
   * Partially
   * No

**[If Q3 response is YES]**

1. How long did it take to find the information?
   * Immediately
   * Few minutes
   * A long time
2. Did you find the information helpful?
   * Yes
   * Partially
   * No

**[If Q5 response is YES]**

1. What did you like best about the content?
2. Based on today’s visit, how would you rate the following?
   * Overall site experience
   * Site design
   * Ease of navigation
3. How can we improve BeTobaccoFree.gov?
4. Would you recommend BeTobaccoFree.gov to a family member or friend?

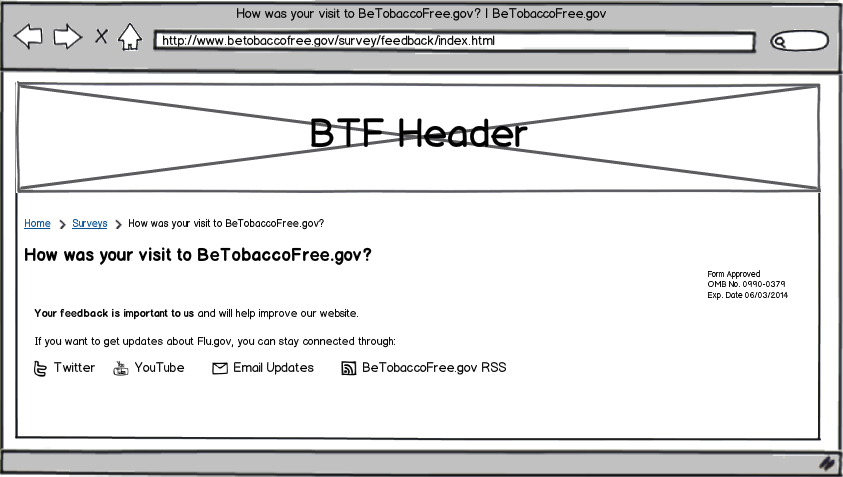
**[If Q5 response is PARTIALLY or NO]**

1. What can we do to make the information more helpful?
2. Based on today’s visit, how would you rate the following:
   1. Overall site experience
   2. Site design
   3. Ease of navigation
3. What can we do to make BeTobaccoFree.gov better?
4. Would you recommend BeTobaccoFree.gov to a family member or friend?

**[If Q3 response is PARTIALLY or NO]**

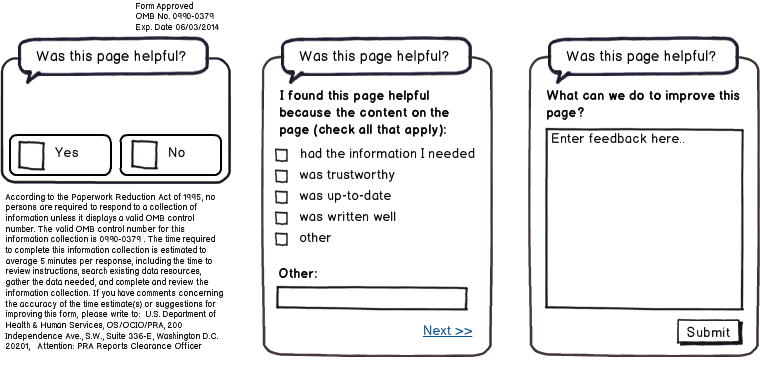
1. Are there questions about smoking or tobacco in general you didn’t find the answer to?
2. Based on today’s visit, how would you rate the following:
   1. Overall site experience
   2. Site design
   3. Ease of navigation
3. What can we do to make BeTobaccoFree.gov better?
4. Would you recommend BeTobaccoFree.gov to a family member or friend?

## Thank You Text



# Page-Level Survey

## Layout



## Questions

1. Was this page helpful?
   * Yes
   * No

**[IF Q1 RESPONSE is YES]**

1. I found this page helpful because the content on the page: (check all that apply)
   * Had the information I needed
   * Was trustworthy
   * Was up-to-date
   * Was written clearly
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What can we do to improve this page?

**[IF Q1 RESPONSE is NO]**

1. I did not find this page helpful because the content on the page: (check all that apply)
   1. Had too little information
   2. Had too much information
   3. Was confusing
   4. Was out-of-date
   5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What can we do to improve this page?