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?