

Voice-of-Customer Surveys for BeTobaccoFree.gov

Site-Level Survey for Visitor Feedback

Introductory Text

How was your visit to BeTobaccoFree.gov? | BeTobaccoFree.gov

http://www.betobaccofree.gov/survey/feedback/index.html

BTF Header

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How was your visit to BeTobaccoFree.gov?

Form Approved
OMB No. 0990-0379
Exp. Date 06/03/2014

Could you please take a few minutes to let us know what we can do to improve our website? Click "Next" to participate in this quick survey.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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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: _____

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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]

4. How long did it take to find the information?
 - Immediately
 - Few minutes
 - A long time
5. Did you find the information helpful?
 - Yes
 - Partially
 - No

[If Q5 response is YES]

6. What did you like best about the content?
7. Based on today's visit, how would you rate the following?
 - Overall site experience
 - Site design
 - Ease of navigation
8. How can we improve *BeTobaccoFree.gov*?
9. Would you recommend *BeTobaccoFree.gov* to a family member or friend?

[If Q5 response is PARTIALLY or NO]

6. What can we do to make the information more helpful?
7. Based on today's visit, how would you rate the following:
 - a. Overall site experience
 - b. Site design
 - c. Ease of navigation
8. What can we do to make *BeTobaccoFree.gov* better?
9. Would you recommend *BeTobaccoFree.gov* to a family member or friend?

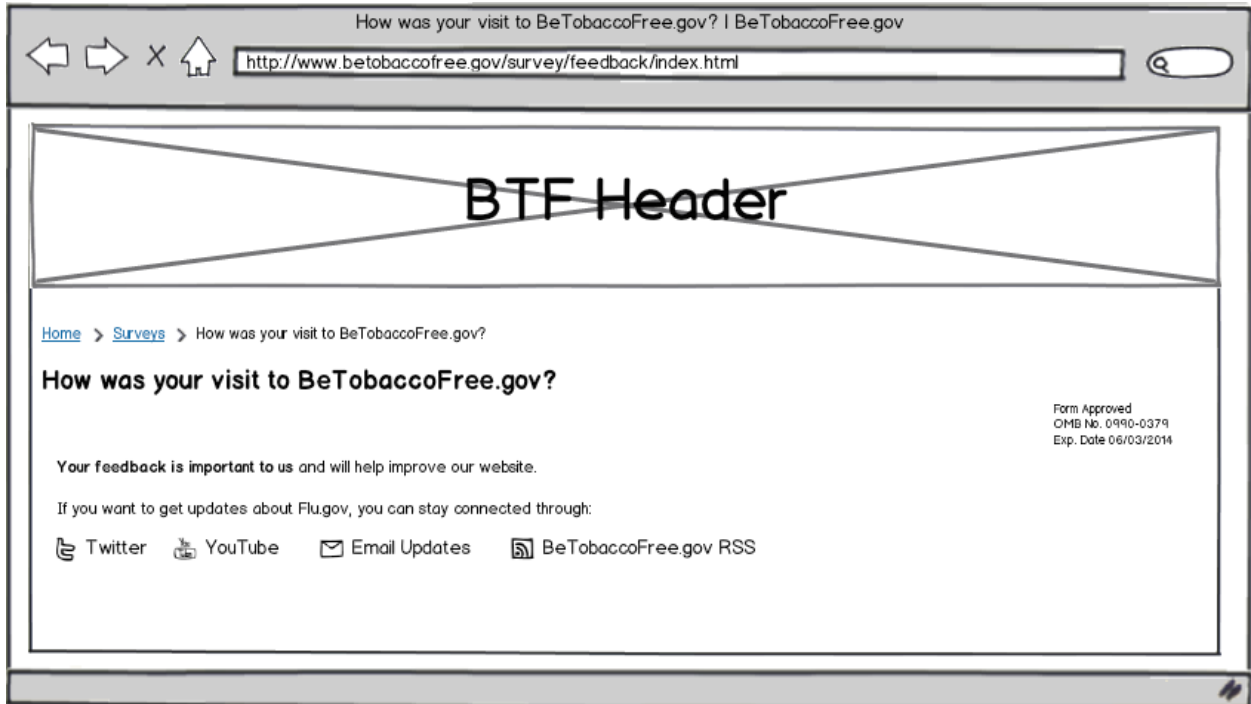
[If Q3 response is PARTIALLY or NO]

4. Are there questions about smoking or tobacco in general you didn't find the answer to?
5. Based on today's visit, how would you rate the following:
 - a. Overall site experience
 - b. Site design
 - c. Ease of navigation
6. What can we do to make *BeTobaccoFree.gov* better?

7. *Would you recommend BeTobaccoFree.gov to a family member or friend?*

8.

Thank You Text



Page-Level Survey

Layout

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Was this page helpful?

Yes No

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Was this page helpful?

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 well
 other

Other: _____

[Next >>](#)

Was this page helpful?

What can we do to improve this page?

Enter feedback here..

Submit

Questions

1. Was this page helpful?

- Yes
- No

[IF Q1 RESPONSE is YES]

2. 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: _____

3. What can we do to improve this page?

[IF Q1 RESPONSE is NO]

2. I did not find this page helpful because the content on the page: (check all that apply)

- a. Had too little information
- b. Had too much information
- c. Was confusing
- d. Was out-of-date
- e. Other: _____

3. What can we do to improve this page?