

Attachment 2. Recruitment Screener

OMB No.: XXXX-XXXX Expiration Date: XXXXXXXXX

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by phone to complete this instrument so that we can find volunteers to help improve the website.

Public reporting burden for this collection of information is estimated to average 5 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 (0925-0642). Do not return the completed form to this address.

Hi, thank you for responding to our earlier email. We would like to know just a bit about your experience with the Division of Cancer Prevention website.

[These questions are to be asked to understand the individual's experience with the website.]

1. How long have you been using the Division of Cancer Prevention website?

A month or less

Several months

Around half a year

About a year

Between one and three years

Over three years

2. When was the last time you used the website? _____

The following questions are to set up a specific type of usability test and the date and time for it.

3. In the email that you returned to us, you said that you could come to the lab on [date]. Let's set up a time for that. We will send you directions to the lab via email.

We look forward to seeing you at the lab at that time.

OR

3. In the email that you returned to us you indicated that [date and times] would be convenient for you to be available to test the website. Can we set up a specific time now?

Later you will receive a GoToMeeting invitation from us giving you contact information so we can conduct a remote usability test.

We look forward to meeting you remotely at that time.