

Health Planner User Survey

English Survey Monkey Version

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Survey for the "Health Through Hope" Planner (1-2) Exit this survey

Welcome

Thank you for giving us your feedback on the health planner you received. Your responses will help us improve the health planner in the future.

Burden Disclosure Statement
Public reporting burden for this collection of information is estimated to average 20 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 7934, Bethesda, MD 20892-7934, ATTN: PRA (0925-0648). Do not return the completed form to this address.

OMB Control Number: 0925-0648



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*** 1. How did you get the health planner?**

Given to me by an outreach worker (Community Health Representative/promoters/other)

Picked it up at a health fair or other location

Received it in the mail

Other (please specify)

*** 2. Have you had the chance to use the health planner?**

Yes

No

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3. If yes, please describe how you used it.

4. If no, is there a reason why you did not use it yet? Do you plan to?

*** 5. Overall, do you like the health planner?**

Yes

No

*** 6. Is the health planner easy to read?**

Yes

No

*** 7. Do you like the colors used in the health planner?**

Yes

No

*** 8. Are the photographs in the planner appropriate?**

Yes

No

*** 9. Have you (or would you) use the reminder stickers in the health planner?**

Yes

No

*** 10. Are the quotes in the health planner believable?**

Yes

No

*11. Are the scientific facts in the health planner useful?

- Yes
- No

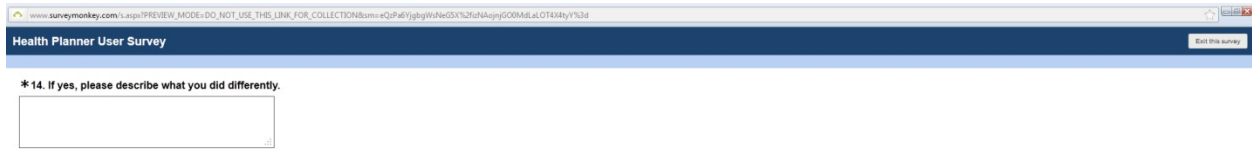
*12. Is it (or would it be) easy to write notes in the health planner?

- Yes
- No

*13. Have you done anything differently as a result of the information in the health planner?

- Yes
- No

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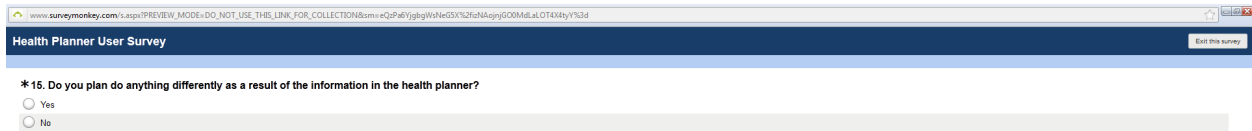


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*14. If yes, please describe what you did differently.

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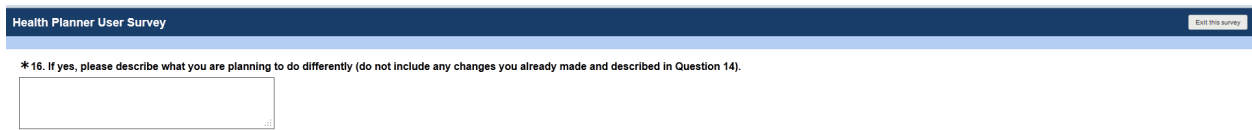
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*15. Do you plan do anything differently as a result of the information in the health planner?

- Yes
- No

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*16. If yes, please describe what you are planning to do differently (do not include any changes you already made and described in Question 14).

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*17. Did you call the toll-free number or go to the NIAMS website for more information?

- Yes
- No

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*18. If yes, please describe the type of information you were looking for.

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* 19. Did you share information from the health planner with family or friends?

- Yes
- No

* 20. What topics in the health planner are most important to you?

* 21. What do you like most about the health planner?

* 22. What do you like least about the health planner?

* 23. How do you think we could improve the health planner in the future?

* 24. Who do you think created the health planner?

* 25. Have you heard about the National Institutes of Health (NIH) before?

- Yes
- No

* 26. Have you heard about the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) before?

- Yes
- No

* 27. Have you or would you ever contact the NIH or NIAMS?

- Yes
- No

* 28. How would you most likely contact the NIH or NIAMS:

- Email
- Toll-free Telephone Call
- Regular Mail
- NIAMS or NIH website

29. Additional comments:

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29. Additional comments:

Thank you!