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Public reporting burden for this collection of information is estimated to average 2.0 minutes per response for initial response. This estimate includes the time for reviewing instructions 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 (0925-0586). Do not return the completed form to this address.

National Institute of Diabetes and Digestive and Kidney Disease Customer Satisfaction Survey Submission Questions

1. **Which Clearinghouse(s) did you contact? (check all that apply)**
	1. National Diabetes Information Clearinghouse (NDIC)
	2. National Digestive Diseases Information Clearinghouse (NDDIC)
	3. National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)
	4. Not sure
2. **How did you first hear about the Clearinghouse(s)? (check all that apply)**
	1. Health professional (physician, nurse, dietitian, etc.)
	2. Newspaper or magazine
	3. Professional meeting
	4. Internet or email
	5. NIDDK publications
	6. Friend or family
	7. Other (please specify)\_\_\_\_\_\_\_
3. **How did you contact the Clearinghouse(s)? (check all that apply)**
	1. Phone
	2. Email
	3. NIDDK website
	4. Mail
	5. Conference / Exhibit
	6. Fax
4. **Including this most recent contact, how many times have you contacted the Clearinghouse(s) in the last 12 months?**
	1. Once
	2. Twice
	3. Three or more times
5. **Please rate the helpfulness of the person with whom you most recently communicated**.
	1. Excellent
	2. Above average
	3. Average
	4. Below average
	5. Poor
	6. Not applicable
6. **What products or services did you receive? (check all that apply)**
	1. Booklets
	2. Fact sheets
	3. Photocopied articles
	4. Referral to other organizations
	5. Information over the phone
	6. Other (please specify)\_\_\_\_\_\_\_\_
	7. Did not receive products or services
7. **Overall, how would you rate the usefulness of the information you received?**
	1. Excellent
	2. Above average
	3. Average
	4. Below average
	5. Poor
8. **If you received material in the mail, how soon did you receive it after ordering?**
	1. Less than 3 weeks
	2. 3-5 weeks
	3. Longer than 5 weeks
9. **If you requested information by email, how soon did you get a response?**
	1. 1-4 business days
	2. 5-8 business days
	3. 9 or more business days
10. **If you used the NIDDK website, how easy was it to access information?**
	1. Very easy
	2. Somewhat easy
	3. Average
	4. Somewhat difficult
	5. Very difficult
11. **Do you have additional comments or suggestions?**
12. **Please check which category best describes you in your search for health information.**
	1. Dietitian
	2. Educator
	3. Friend or family
	4. Nurse / Nurse practitioner
	5. Other health professional
	6. Patient
	7. Physician
	8. Student
	9. Writer / Editor
	10. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. **I am**
	1. 18 years old or younger
	2. 19-30 years old
	3. 31-55 years old
	4. 56-75 years old
	5. 76 years old or older