

Appendix A: Usability Testing Participant Screener for In-Person Testing

INTRODUCTION:

Hello, my name is _____ and I am calling on behalf of the CDC's National Institute for Occupational Safety and Health, also known as NIOSH. I want to assure you that this is not a sales call. NIOSH is a part of the federal government that conducts health hazard evaluations at work sites across the United States.

We're conducting a usability study that measures employee and employer performance and preferences when using the NIOSH Health Hazard Evaluation Program website. The HHE Program responds to requests from employees, employers, and unions throughout the U.S. As an employer (or employee), we consider your input critical in helping to improve the design and usability of the website. Would you be interested in participating in an individual testing session, which would last 45 to 60 minutes? We would provide an incentive of \$40.00 for your participation.

RECRUITING FOR IN-PERSON TESTING IN BALTIMORE, MD:

(2 employers, 2 employees; one of the employee users should not have much experience using computers.)

The testing location will be at the University of Baltimore (1420 N Charles St, Baltimore, MD 21201).

Would you be interested in participating?

- Yes (*proceed to next paragraph*)
- No – not interested (*try and convince them how important their opinion is. If cannot be swayed, thank them for their time and end call*)
- No – (*thank them for their time and end call*)

(Q & A if needed) How do I know this is legitimate? Please call _____ at NIOSH **(513-222-2733)** to confirm the sponsor of this website usability test.

I need to ask you a few questions now to make sure that you meet the criteria that NIOSH is looking for.

1. Have you participated in a web usability test before? If so, was it:
 - In the last 6 months (thank and terminate)
 - Over 6 months ago
 - Never

Public reporting burden of this collection of information is estimated to average 60 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 CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA, 30333, ATTN: PRA (0920-0940).

- Yes
3. Are you an employee or an employer?
 - Employee (recruit 2 participants for in-person testing) (CONTINUE TO Q4)
 - Employer (recruit 2 participants for in-person testing) (SKIP TO Q5)
 4. Do you belong to a union?
 - No (SKIP TO Q7)
 - Yes (recruit at least one union official for the employee group; CONTINUE TO Q5)
 5. What union office do you hold? (SKIP TO Q7)
 - International President
 - Local President
 - International Vice President
 - Local Vice President
 - International Director of Health and Safety
 - Local Chief Steward
 - Business Agent
 6. What is your job title? (Recruit a mix for the employer group)
 - Owner/operator
 - Plant manager/Office manager
 - President
 - Health and safety officer
 - Chief Executive Officer (CEO)/Chief Financial officer (CFO)
 - Other (specify)
 7. What is the total number of employees where you work? Would you say:
 - Less than 20
 - 20-49
 - 50 to 99
 - 100 or more
 8. Which of the following industries/agencies applies to your work? Would you say:
 - Manufacturing
 - Food and beverage
 - Service sector (specify) _____
 - Health care and social services
 - Other (specify) _____

ARTICULATION QUESTION:

And now a quick question just for fun. If you could invite any person to dinner, living or deceased, who would it be and why? [RECORD VERBATIM RESPONSE]

→ USE ARTICULATION QUESTION TO ASSESS RESPONDENTS ABILITY TO ARTICULATE AND TO BE CREATIVE. IF RESPONDENT SAYS THEY 'DO NOT KNOW', OR GIVES A SHORT RESPONSE WITHOUT ELABORATING, THANK and TERMINATE.

→IF RESPONDENT HAS DIFFICULTY HEARING, IS HARD TO UNDERSTAND, HAS POOR LANGUAGE OR HAS AN EXTREMELY HEAVY ACCENT, OR YOU HAVE THE SLIGHTEST DOUBT AS TO HIS/HER ABILITY TO COMMUNICATE, THANK AND TERMINATE.

9. Generally, how concerned are you about health hazards at your workplace? Would you say:
(Recruit a mix)

- Not concerned at all
- A little concerned
- Fairly concerned
- Very concerned

10. Which of the following broad ranges includes your age? (*Recruit a mix of age levels in each group*)

- 18-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65 and older

11. Are you from a Hispanic, Latino, or Spanish speaking background? (*Recruit at least one in each group*)

- No
- Yes

12. What race would you classify yourself as? (*Recruit a mix in each group*)

- Black/African American
- White/Caucasian
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

13. Gender (*recruit half male and half female in each group*)

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STANDARD INVITATION

As I mentioned before, the usability testing session will last between 45 – 60 minutes and you will receive \$40.00 for your participation.

The usability testing will be held on:

- In-Person Testing Day 1 – Employees and Employers – Tuesday, <insert date>, at University of Baltimore (1420 N Charles St, Baltimore, MD 21201) from 4:00pm-8:00pm
- In-Person Testing Day 2 – Employees and Employers – Wednesday, <insert date>, at University of Baltimore (1420 N Charles St, Baltimore, MD 21201) from 4:00pm-8:00pm

If you wear glasses please be sure to bring them with you.

Please also note that we cannot provide childcare and children will not be allowed in the testing environment.

Will you be able to join us?

- Yes (*proceed to “address” paragraph at the end of this document*)
- No – not interested after all (*try and convince them how important their opinion is. If cannot be swayed, thank them for their time and end call*)
- No – (thank them for their time and end call)

If they are not interested, ask if we can re-contact them if the date or time of the web usability testing session changes.

Contact Info

So that we can send you directions and a letter to confirm your participation, may I please have (*or, confirm*) your name and address? We will use your name and address only to schedule the usability test. After your usability testing session is completed, we will destroy this personal information.

Name: (VERIFY CORRECT SPELLING) _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Email: _____

We will call you the day before the web usability test session to remind you about the session. Is it ok to call you at this number or is there a better phone number to reach you?

- YES, OK TO CALL THIS NUMBER
- NO, CALL DIFFERENT NUMBER -- > RECORD NUMBER BELOW

NUMBER TO CALL TO REMIND: _____

Thank you for agreeing to participate. We look forward to working with you.