

Attachment K: Web Survey Questions

Form Approved
OMB No: 0920-0956

Public reporting burden (completion time) for this collection of information is estimated to average 20 minutes per session. This includes the time it takes to review instructions, and gather and maintain the data needed. An agency can 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. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta Georgia 30333; ATTN : PRA (0920-0956)

Exp. Date: March 13, 2016

The Centers for Disease Control and Prevention (CDC) is interested in getting your feedback on its public information that will be presented to you during the survey. Your participation in this survey is voluntary. You can choose to end your participation at any time.

Please tell us about yourself.

Screener.

- I. In which of the following categories does your age fall?
 - a. under 18 years of age (TERMINATE)
 - b. 18-24 years of age (CONTINUE)
 - c. _ 25-34 years of age (CONTINUE)
 - d. _ 35-44 years of age (CONTINUE)
 - e. _ 45-54 years of age (CONTINUE)
 - f. _ 55-64 years of age (CONTINUE)
 - g. _ 65-74 years of age (CONTINUE)
 - h. _ 75 years of age or older (CONTINUE)

- II. Gender

- a. Male
- b. Female

Programming note: 50/50 male/female split

- III. a. What is your ethnicity?

- Hispanic or Latino
- Black or African American

- b. What is your race? Mark all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

- IV. Which of the following most closely describes your field of work?

- a. Physician
- b. Nurse
- c. Health policy
- d. Public health department
- e. Other public health professional
- f. None of the above [Terminate]

Quotas: Physician = 56, nurse = 56, Health Policy = 20, public health department = 20, Other public health professional = 20

V. What is your area of specialty?

ASK if Q4 = Physician

Programming note: Insert drop down menu

Allergy and Immunology

Anesthesiology/Pain medicine

Cardiology

Colon and Rectal Surgery

Dermatology

Emergency Medicine

Family Medicine

Gastroenterology

General Practice

Geriatric Medicine

Gynecology

Gynecologic Oncology

Hematology

Infectious Diseases

Internal Medicine

Genetics

Neurology

Nephrology

Neonatology

Nuclear Medicine

Obstetrics and Gynecology

Oncology (all subspecialties)

Ophthalmology

Orthopedic Surgery

Otolaryngology

Pathology-

Pediatrics

Physical Medicine and Rehabilitation

Plastic Surgery

Radiation Oncology

Radiology, Nuclear

Rheumatology

Occupational Medicine

Surgery (all subspecialties)

Public Health and General Preventive Medicine

Psychiatry

Neurology

Diagnostic Radiology

Medical Physics
Urology
Other – Terminate

VI. What type of nurse are you?

ASK if Q4 = Nurse

VII. What is your job title?

[ASK if Q4 = Health policy, public health department, other public health professional]:

VIII. How many years have you worked in your field?

- a. Less than 4 years
- a. 5 – 10 years
- b. 11- 20 years
- c. Over 20 years

Do you agree to participate in the study?

- Yes
- No (Terminate)

Please read this page on [insert material topic] and answer the next set of questions. The links on the page do not work because we want your feedback on this page only.

1. Who do you think this document is written for?
2. What is the main message in [insert material description]? *Please type in your answer below.*
3. Does this page use any words or phrases that would be confusing or unclear to your colleagues, or others like you?
 - Yes → If yes, please highlight these words on the page
 - No
4. Does this page use any numbers that would be confusing or unclear to your colleagues, or others like you?
 - Yes → If yes, please highlight these numbers on the page
 - No

5. How difficult or easy is it to find information on these pages that is most important to you?

1	2	3	4	5
Very difficult				Very easy

a. Please highlight the information that is most useful to you.

6. In your opinion, how useful is this information for learning about [the issue]?

1	2	3	4	5
Not at all useful				Very useful

7. How difficult or easy is it to understand this information?

1	2	3	4	5
Very difficult				Very easy

8. Would you recommend this information to others who need information about [the problem].

- Yes
- No --> If no, why not?

9. What do you think of the length of the material you just reviewed?

1	2	3	4	5
Too long				Too short

10. What do you think about the amount of material you just reviewed?

1	2	3	4	5
Too much				Too little

11. After someone reads this document, what does CDC want them to know or do?

12. In your opinion, what would have made this information easier to understand?

13. How frequently do you use CDC's web site?

- a. Daily
- b. Weekly
- c. Monthly
- d. A couple of times a year
- e. About once a year
- f. I've never visited the CDC web site [→ If "f", survey ends here.]

14. I would rate the readability of the pages on CDC's website as:

1	2	3	4	5	6	7	8	9	10
Poor									Excellent

15. I can find information easily on CDC's web site.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

16. I usually spend too much time looking for information I need on CDC's web site.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

You have completed the survey. Thank you for participating!

