

Survey Questions for OMH Emails

The following survey will help the Office of Minority Health at the Food and Drug Administration (FDA) improve their communications by gaining an understanding of the needs, preferences, and uses of the current health information they provide to subscribers. The survey includes questions asking for your feedback on current email communications sent by OMH and will take less than ten minutes to complete. Your participation is voluntary and you may stop taking the survey at any time. Your identity and information will remain private to the extent permitted by law. We thank you for your time and appreciate your feedback.

1. How often do the Office of Minority Health emails include the following? [always, sometimes, never]:
 - a. Helpful images
 - b. Confusing words or jargon
 - c. Trusted information
 - d. Information that is easy to understand
 - e. Information that is important to me
 - f. Information tailored to the appropriate audience
 - g. Enough information for me to take action (if necessary)

2. Overall, would you consider the OMH emails to be too short, just the right length, or too long?
 - a. Too short
 - b. Just the right length
 - c. Too long

3. Overall, how satisfied are you with the Office of Minority Health emails? [very satisfied, satisfied, dissatisfied, very dissatisfied]

4. How do you use information from the Office of Minority Health emails? Select all that apply.
 - a. To stay current on minority health issues
 - b. To stay current on minority health-related research
 - c. To make health decisions for myself or my family
 - d. To inform colleagues in my work group
 - e. To share with the patients, students, or people that I serve
 - f. To publish the information in professional newsletters
 - g. To add content to my organization's website
 - h. Other (please specify)

5. Would you like to know more about any of the following topics? Mark Yes or No for each item.
 - a. Diabetes
 - b. HIV/AIDS

- c. Dietary supplements
 - d. Hepatitis
 - e. Clinical trials
 - f. Cancer
 - g. Veterans' issues
 - h. Disabilities
 - i. Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) health issues
 - j. Other (please specify)
6. In addition to emails, how else would you like to receive information from the Office of Minority Health? Select all that apply.
- a. Text messaging
 - b. Audio (such as Podcast)
 - c. Video (such as YouTube)
 - d. Blogs
 - e. Facebook
 - f. Twitter
 - g. LinkedIn
 - h. Other (please specify)

Demographics:

7. What is your age?
- a. 18-26 years old
 - b. 27-34 years old
 - c. 35-49 years old
 - d. 50-64 years old
 - e. 65-74 years old
 - f. 75 or older
8. Which of the following **best** describes your role as a subscriber of the Office of Minority Health emails?
- a. Regulated industry
 - b. Consumer/patient
 - c. Caregiver, family member, or friend of a patient
 - d. Healthcare provider (includes physician, nurse, physician's assistant, nurse practitioner, or pharmacist)
 - e. Health educator
 - f. Public health professional
 - g. Government agency
 - h. Scientist, researcher
 - i. Professor or teacher
 - j. Student

- k. Other – please specify
9. Which of the following best describes your level of education?
- a. Did not complete high school
 - b. High school graduate or equivalent
 - c. Technical or vocational school
 - d. Some college
 - e. Bachelor’s degree
 - f. Master’s, doctoral, or professional school degree
10. Where do you live? [provide list of all states, territories, and non-U.S. option]
11. What language do you speak most at home?
- a. English
 - b. Chinese (traditional and simplified)
 - c. Korean
 - d. Spanish
 - e. Tagalog
 - f. Vietnamese
 - g. French
 - h. Russian
 - i. Other, please specify
12. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.
- a. No, not of Hispanic, Latino/a, or Spanish origin
 - b. Yes, Mexican, Mexican American, Chicano/a
 - c. Yes, Puerto Rican
 - d. Yes, Cuban
 - e. Yes, another Hispanic, Latino/a, or Spanish origin
13. What is your race? One or more categories may be selected.
- a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
14. Please provide any other thoughts on how to improve the Office of Minority Health email communications. Please do not supply any personal information.

Thank you for your time. Your feedback is useful and appreciated. If you have questions about this survey, you can contact the Office of Minority health at OMH@fda.hhs.gov.