

APPENDIX C
SURVEY INSTRUMENT: E-MAIL

OMB No 0925-0648
Exp. Date 03/31/2018

NCCIH Clearinghouse E-mail Survey

Public reporting burden for this federal government-sponsored collection of information is estimated to average 3 minutes, 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 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

We are interested in obtaining your feedback regarding NCCIH's e-mail response to your inquiry. This is a federal government sponsored activity. This brief customer satisfaction survey contains seven questions and should take no more than 3 minutes of your time to both read the instructions and enter your responses. Completion of the survey is strictly voluntary. Your responses will be kept anonymous and secure to the extent permitted by law. No personal identifiers will be attached to your responses (see www.nih.gov/about/privacy.htm). Thank you for taking the time to complete this survey.

1. What type of information were you looking for? *(Select all that apply.)*
 - General information about complementary and integrative medicine
 - General information about NCCIH
 - Information about a specific disease
 - Information about a specific type of complementary and integrative medicine
 - Training opportunities
 - Research funding opportunities
 - Information about clinical trials
 - Information about upcoming meetings
 - Other (specify) _____

2. Please rate your level of agreement with the following statements:

Strongly Agree	Disagree	Neither disagree nor agree	Disagree	Strongly disagree	Not applicable
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- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The email response arrived in a timely manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The e-mail answered my questions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The e-mail provided helpful resource links. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, I was satisfied with the e-mail response I received. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Do you have any suggestions for improving e-mail responses?

- Yes
- No

5a. If yes, what are your suggestions?
(text)

4. Which of the following best describes you? (*Select one.*)

- Patient
- Family or friend of patient
- General public
- Complementary health practitioner
- Other health care provider
- Researcher or grant applicant
- Journalist/media professional
- Student
- Other (specify) _____

5. What is your age?

- 20 or under
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 or over

6. Are you:

- Female
- Male

7. What is your preferred language for reading about health information?

- English
- Spanish
- Other (specify) _____

Submit

Thank you for your time and participation. Your input will help us improve our e-mail responses to better meet your needs. If you have any additional comments or questions, please contact us at info@nccih.nih.gov or toll-free at 1-866-644-6226.