

HIC Web-Based or In-Person Customer Satisfaction Survey for Quality and Content Text

Public reporting burden for this collection of information is estimated to average 4 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (759000.0). Do not return the completed form to this address.

Your opinion is important! Please take a moment to answer some questions about your experience.

1. How did you contact the National Heart, Lung, and Blood Institute Health Information Center?
 - a. Phone
 - b. Email
 - c. Mail
 - d. Live Chat
 - e. Online Catalog

2. Why did you contact us?
 - a. Ask a question
 - b. Request a publication through phone, email, mail, or Live Chat
 - c. Order a publication through the Online Catalog [Skip to Q6]
 - d. Other _____ (required if other is chosen)

3. How satisfied were you with how quickly the information specialist handled your request?
 - a. Extremely satisfied
 - b. Somewhat satisfied
 - c. Satisfied
 - d. Not very satisfied
 - e. Not at all satisfied

4. How satisfied were you with the response from the information specialist to your question or request?
 - a. Extremely satisfied
 - b. Somewhat satisfied
 - c. Satisfied
 - d. Not very satisfied
 - e. Not at all satisfied

5. Did you receive or find the information you were looking for?
- a. Yes
 - b. Partially
 - c. No. Why not? _____ (required if chosen)
6. What type of health information did you receive from the National Heart, Lung, and Blood Institute? (Select all that apply)
- a. Blood diseases and conditions
 - b. Clinical practice guidelines
 - c. Clinical trials
 - d. Healthy eating
 - e. Heart and vascular diseases and conditions
 - f. *The Heart Truth™* materials
 - g. Learn More Breathe Better materials
 - h. Lung diseases and conditions
 - i. Overweight and physical activity
 - j. Sleep disorders
 - k. Other. Please specify: _____ (required if other is chosen)
7. In addition to the information you received today, what other health information interests you? (Select all that apply)
- a. Anemia
 - b. Asthma
 - c. COPD
 - d. Disease prevention strategies
 - e. Heart disease
 - f. High blood pressure
 - g. Nutrition/physical activity or weight control
 - h. Sickle cell disease
 - i. Sleep apnea
 - j. Other. Please Specify: _____ (required if other is chosen)
8. Are you interested in reading or accessing health information in Spanish?
___ Yes ___ No

Please tell us about your overall impression of the National Heart, Lung, and Blood Institute.

9. How likely are you to recommend the National Heart, Lung, and Blood Institute's publications and services to others? Please select a number on a scale of 0 to 9, with 0 indicating very unlikely and 9 very likely.

Very Unlikely Very Likely
0 1 2 3 4 5 6 7 8 9

10. How likely are you to contact the National Heart, Lung, and Blood Institute again? Please select a number on a scale of 0 to 9, with 0 indicating very unlikely and 9 very likely.

Very Unlikely Very Likely
0 1 2 3 4 5 6 7 8 9

11. Overall, how helpful was the information you received?

- a. Very helpful
- b. Somewhat helpful
- c. Helpful
- d. Not very helpful
- e. Not helpful at all

12. Overall, was the information you received easy to understand?

- a. Yes
- b. No

13. Do you have any additional comments about your experience or the information you received from the National Heart, Lung, and Blood Institute? (Open ended)

Please tell us a little bit about you.

14. Were you seeking health information for yourself or to share with someone else?

- a. Self
- b. Others
- c. Both

15. Do you view or download health information from the Internet?

- a. Yes
- b. No (skip to question 19)

16. In the first column, please place a check beside all devices you have access to in your home or business. In the second column, check **the one** device you prefer for viewing/accessing online health information.

	Home (Check all that apply)	Preferred (Check one)
Desktop or laptop computer	€	€

Tablet or e-reader (iPad, Kindle, Nook, or other device)	€	€
Smartphone (such as an iPhone, Android, or similar phone with Internet access)	€	€
Cell phone without Internet access	€	€

17. How do you prefer to view or read health information? (Select all that apply)

- a. Audio or Video
- b. eBook
- c. Web-based health content on a computer
- d. Mobile health content on a phone or tablet
- e. PDF
- f. Printed copy
- g. Other _____ (required if other is chosen)

18. Do you use social media to view, promote, share, discuss, or ask questions about health information?

___ Yes ___ No

If yes, please check all the social media sites or types you use regularly.

- a. Blogs
- b. Facebook
- c. Google+
- d. Health forums or listservs
- e. Instagram
- f. LinkedIn
- g. Pinterest
- h. Reddit
- i. Stumble Upon
- j. Tumblr
- k. Twitter
- l. You Tube
- m. Other _____ (required if other is chosen)

19. What is your background?

- a. Health care provider
- b. Health consumer/general public
- c. Health educator (except teacher/professor)
- d. Government staff
- e. Researcher
- f. Social worker or other community service worker
- g. Student

- h. Teacher/professor (elementary through college)
- i. Other. Please list _____

Thank you for completing our survey. Your opinion is important to the National Heart, Lung, and Blood Institute.