**OADC Message and Material Feedback Surveys — Health Material Questions (text)**

Form Approved

 OMB No. 0920-0572

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**Review Material**

The next questions are about this health material. Please take a few minutes to read it entirely. **After 90 seconds** you’ll be able to continue to the next page (you may stay on this page as long as you like).

As you read, please write down any **words, phrases, or numbers** that you think would be **unclear** to a family member or friend. [*Participants will review the health material — See* ***Attachment B*** *for screenshots.*]

1. One quick question before you get started: Do you see the health material above this question on your screen?
* Yes
* No [End survey]

[*After 90 seconds, Continue button will allow participant to proceed*]

**Main Audience, Message, & Intended Behavioral Recommendation**

Now, we’d like to ask you a few questions about the information you read in the health material.

Note: If you want to look at the health material again, click the Previous button. If you've answered any questions on this page click Next, then click Previous. Answers on previous pages are already saved.

1. Please list **any words, phrases, or numbers** you think would be **unclear** to a family member or friend. (Your answer may be “none.”) [open-ended response]
2. Who do you think this material is **written for**? [open-ended response]
3. What is the **main message** of this material? [open-ended response]

[*new survey page*]

1. What is this material **asking you to do**? [open-ended response]
2. How **likely** are you to do this?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very unlikely (1) | (2) | Unsure (3) | (4) | Very likely (5) |

1. How **confident** are you that you can do this?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all confident (1) | (2) | Neutral (3) | (4) | Very confident (5) |

1. How **important** is this information to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Not important to me (1)
 | * (2)
 | * Neutral (3)
 | * (4)
 | * Very important to me (5)
 |

**Modified Consumer Information Rating Form (CIRF)**

Next, we'd like to ask you **what you thought about this material**. For each of the following questions, please select the answer that most closely reflects **your opinion**.

To jog your memory, here's the material again. (Use your mouse to scroll through the material.)

1. Overall, how **easy or hard** would you say it is to…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very easy (1) | Pretty easy (2) | In between (3) | Pretty hard (4) | Very hard (5) |
| **Read** this information |  |  |  |  |  |
| **Understand** this information |  |  |  |  |  |
| **Remember** this information |  |  |  |  |  |
| **Find** important information |  |  |  |  |  |

1. In your opinion, what would make this material **easier to understand**? [open-ended response]
2. Please indicate your opinion about **how much information** was provided in this material.
	* Not enough
	* Just right
	* Too much

**Modified Consumer Information Rating Form (CIRF), continued**

1. If you came into contact with this material for the first time and received this information, **how likely** is it that you would…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely (1) | Somewhat likely (2) | Unsure (3) | Somewhat unlikely (4) | Very likely (5) |
| **Read** the material |  |  |  |  |  |
| **Use** the information  |  |  |  |  |  |
| **Keep** the material |  |  |  |  |  |

1. In your opinion, what would make this material **more useful**? (Your answer may be “nothing.”) [open-ended response]

**Modified Consumer Information Rating Form (CIRF), continued**

Finally, we would like to ask you about how the material **looks and sounds**. Please select the choice that best describes **your opinion**.

To jog your memory, here's the material again. (Use your mouse to scroll through the material.)

[*new survey page*]

1. **Organization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1 – Poorly organized
 | * 2
 | * 3
 | * 4
 | * 5 – Well organized
 |

1. **Attractiveness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1 – Unattractive
 | * 2
 | * 3
 | * 4
 | * 5 – Attractive
 |

1. **Text Size**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1 – Poor
 | * 2
 | * 3
 | * 4
 | * 5 – Excellent
 |

1. **Tone**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1 – Alarming
 | * 2
 | * 3
 | * 4
 | * 5 – Comforting
 |

1. **Helpfulness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1 – Unhelpful
 | * 2
 | * 3
 | * 4
 | * 5 – Helpful
 |

1. **Bias**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1 – Biased
 | * 2
 | * 3
 | * 4
 | * 5 – Unbiased
 |

1. **Spacing between text and graphics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1 – Poor
 | * 2
 | * 3
 | * 4
 | * 5 – Excellent
 |

1. In your opinion, what could improve the overall **look and feel** of this material? (Your answer may be “nothing.”) [open-ended response]

**Thank You & End of Survey**

Thank you for sharing your opinions with us. Please click Next to submit your response.