Form Approved

OMB No. 0990-0379

Exp. Date 08/31/2017

**Proposed Winter 2015 AIDS.gov Customer Satisfaction Surveys**

*(to be done via the HHS/ASPA Voice of Consumer pop-up survey tool)*

Thanks for visiting our site. You've been randomly chosen to take part in a brief survey to let us know what we're doing well and how we can improve. Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

**1. What was your main reason for visiting AIDS.gov today? (Select the option below that best matches)**

* Seeking information about HIV symptoms or testing
* Seeking information about HIV prevention
* Seeking information about HIV care and treatment
* Seeking information about Federal HIV programs or policies, including the National HIV/AIDS Strategy
* Seeking information about an HIV Awareness Day
* Seeking information about using social media or other digital tools in response to HIV/AIDS
* Seeking information about the Viral Hepatitis Action Plan
* Other (allow for open-ended response)

**2. Were you successful in finding what you were looking for today?**

* Yes
* Partially
* No, I was unable to find information I was seeking

*Comments:* (Provideoptional field to allow comments. This gives us qualitative feedback about what visitors were seeking but didn’t find or what they found that they liked.)

**3. In addition to the information you were seeking, did you find other information, links, or tools that are useful to you?**

* Yes
* Maybe
* No

*Comments:* (Provide optional field to allow comments. This gives us qualitative feedback about what visitors may have found that was useful to them.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379 . The time required to complete this information collection is estimated to average \_5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**4. Based on your visit to the site today, please rate your satisfaction with the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 1. Visual appeal of the site |  |  |  |  |  |
| 1. Ease of locating information on the site |  |  |  |  |  |
| 1. Options available for navigating the site |  |  |  |  |  |
| 1. Number of clicks to get to where you wanted to go |  |  |  |  |  |
| 1. Readability of the content |  |  |  |  |  |
| 1. Amount of information provided |  |  |  |  |  |
| 1. Quality of information provided |  |  |  |  |  |
| 1. Your overall experience on the site |  |  |  |  |  |

*Comments:* (Provide optional field to allow comments on any of these ratings).

**5. How likely are you to return to AIDS.gov in the future?**

* 1 – not at all likely
* 2 – unlikely
* 3 – neutral
* 4 – likely
* 5 – very likely

**6. How likely are you to recommend AIDS.gov to a friend or colleague?**

* 1 – not at all likely
* 2 – unlikely
* 3 – neutral
* 4 – likely
* 5 – very likely

**7. Which best describes the primary role that brought you to AIDS.gov today? I am a(n):**

* Individual seeking information about HIV/AIDS
* State or local public health agency employee or public health professional
* Federal employee or contractor working on HIV/AIDS activities
* Healthcare provider (physician, nurse, physician’s assistant, nurse practitioner, pharmacist, or other healthcare provider)
* Non-clinical staff at an AIDS Services Organization or community-based organization (e.g., peer navigator, housing services coordinator, social worker, etc.)
* Scientist or researcher
* Educator, teacher or trainer
* Student
* Journalist, member of the media
* Blogger
* User of social media tools, someone working with digital tools
* Policymaker, legislator, or related staff
* Other, please specify: *(allow for open-ended response)*

**8. I plan to use the information I found today…**

* For my own health
* For my friend or family member
* For a patient or client
* For a public health agency
* For a physician's office/hospital/other clinical setting
* For a research institution
* For a business/workplace
* For an educational institution or teaching purposes
* For a school/class project
* For a web site, blog, publication, or on social media
* To educate members of a community-based or faith-based organization
* Other *(allow user generated open response)*

**9. Have you ever visited AIDS.gov before?**

* Yes
* No

If yes, how often in the past 12 months?

* Once
* 2-6 times
* about monthly
* about weekly
* other

**10. Please leave any additional comments you have about this website, such as aspects that you particularly like or use often and/or suggestions for changes or additions.**

[open ended space for response]