BeTobaccoFree.hhs.gov Site-wide Satisfaction Survey

OMB No. 0990-0379 Exp. Date 08/31/2017

Introductory Text

How can we improve? Tell us in this six-question survey.

Ouestions

- 1. Why did you visit BeTobaccoFree.hhs.gov today? [Multiple choice]
 - a. To learn about the health effects of smoking.
 - b. To find facts and statistics about smokers.
 - c. To learn about US federal and state laws on the use and sale of tobacco.
 - d. To learn about nicotine addiction.
 - e. To learn about the health effects of secondhand smoke.
 - f. I am doing research for a school or professional project.
 - g. I am not sure
 - h. Other [free text field]
- 2. Were you able to find what you were looking for? [Single choice]
 - a. Yes
 - a. Partially
 - b. No
 - c. Not sure yet/still looking
- 3. What were you looking for specifically? [Free text field]
- 4. Do you agree with the following statements? The pages I have read: [Matrix Question]
 - a. Are easy to understand
 - o Yes
 - o No
 - o Not sure
 - b. Are up to date
 - o Yes
 - o No
 - o Not sure
 - c. Allow me to take action
 - o Yes
 - o No
 - o Not sure
- 5. How can we improve your experience on HHS.gov [free text field]?

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 five minutes per response, including the time to review instructions, and complete and review the information. 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

BeTobaccoFree.hhs.gov Site-wide Satisfaction Survey

OMB No. 0990-0379 Exp. Date 08/31/2017

- 6. With which of the following groups do you most strongly identify? [Single choice]
 - a. Educators/Researchers
 - b. Grantees
 - c. Health Care Professionals
 - d. HHS Employees/Contractors
 - e. Human Services Professionals
 - f. Media/Journalists
 - g. Government Employees (non-HHS)
 - h. Public Policy Professionals/Advocates
 - i. Parents/Caretakers
 - i. Students/Youth
 - k. General Public please consider other options first.

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 five minutes per response, including the time to review instructions, and complete and review the information. 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