WOMENSHEALTH.GOV IN-DEPTH USABILITY INTERVIEWS SCREENER

In-Depth Interviews:

- 8 In-Person, Columbia, SC
- 8 In-Person, Omaha, NE
- 8 In-Person, Spokane, WA

NA	ME						
ΑD	DRE	SS			CITY	ZIP	
PH	ONE	Е (НОМ	E)		(WOR	K)	
EΜ	1AIL:	:					
IN	ΓER\	/IEWER		DATE	CONFIRMED BY	·	
PH	ONE	E INTRO) :				
Не	llo, ı	my nam	ne is		with		, a marketing research
firr	m, a	nd we a	are askin	ig people a few questi	ions about how they	seek out health i	nformation. We would
							vill take no more than
		nutes. ons?	This is n	ot a marketing call, bu	ut strictly for researc	h purposes. May	' I ask you a few
		1	Yes	CONTINUE			
		2	No	THANK AND TERM	INATE		
[Pł				NOT ASK BUT RECO	-		
	1			TERMINAT			
	2	Fe	emale	MUST BE A	LL FEMALE		
1.	Fir	st, how	old are	you? MUST BE BETW	EEN 18 AND 65. REC	RUIT A MIX	
2.		w man	y times l	nave you participated	in a market research	n discussion of an	y kind in the past 6
	1110)					
	1	None					
	2	1 or m	nore	TERMINAT	E		
	3	Don't	know	TERMINAT	E		

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 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete 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

- 3. How often do you use the internet to seek out health information like heathy habits and wellness, information about diseases or conditions, or information about treatment options? CONTINUE 1 Once a week or more **CONTINUE** 2 Once every few weeks 3 Once a month CONTINUE 4 Once every few months **TERMINATE** 5 Less **TERMINATE** 6 I do not use the internet to search for healthcare information **TERMINATE** 4. Without giving away personal information or private details, please describe a situation where you used the internet to seek out health information? [ARTICULATION QUESTION TO ENSURE THEY REALLY USE THE INTERNET FOR HEALTH INFORMATION AND CAN TALK ABOUT IT] 5. Which of the following online resources do you use to access health information? Please select all that apply. 1 Health-focused websites or social media pages, like WebMD 2 Websites or social media pages of healthcare institutions, like the Mayo Clinic 3 Websites or social media pages of health insurance companies 4 Websites or social media pages of individual doctors or practices 5 Websites or social media pages of health-focused non-profits, like the American Heart Association 6 Government health agency websites or social media pages, like the Department of Health and Human Services 7 Online articles about health topics 8 Other, please specify: _____ 9 None of the above/not sure **TERMINATE** 6. Have you heard of or been to the website: womenshealth.gov, which is part of the U.S. Department of Health and Human Services? 1 Yes 2 No 3 Not sure 7. What is your impression of womenshealth.gov, and/or the U.S. Department of Health and Human
- Services? Do you have a....
 - 1 Very favorable impression
 - 2 Somewhat favorable impression
 - 3 No impression/neutral
 - 4 Somewhat unfavorable impression **TERMINATE** 5 Very unfavorable impression **TERMINATE**
 - 6 Not sure
- 8. When you use the internet to search for health information, do you primarily use...
 - 1 A desktop computer or laptop
 - 2 A mobile device such as a phone or tablet
 - 3 Use both equally
 - 4 Not sure

RECRUIT EVEN SPLIT AMONG DESKTOP (1) OR BOTH (3), AND MOBILE (1) OR BOTH (3)

9.	Which, that ap	if any, of the following health topics are you interested in learning about? Please select all ply.				
	1	PCOS or polycystic ovary syndrome				
		Heart disease				
		Pregnancy Infertility				
	- 5	Cancer screening				
		Healthy weight				
7 Dermatology and skin care						
8 Breastfeeding						
	9	STIs (Sexually transmitted infections) Menopause				
		Endometriosis				
		Other, specify				
		None of the above EXCLUSIVE/TERMINATE				
MU	IST SELE	CT AT LEAST ONE OF 1,3,4,6,8-11				
		additional questions about you: of the following describes your primary health insurance? RECRUIT A MIX				
	1	Coverage through you or your spouse's current or former employer				
	2	Coverage through school, a professional association, union, trade group, or some other				
	3	organization Coverage purchased directly from health insurance company (you pay for it yourself)				
	4	Health exchange (Affordable Care Act)				
	5	Medicaid				
	6	Medicare				
	7 Other type of health insurance:					
	8	None/do not currently have health insurance				
11.	Which	of the following best describes your highest level of education completed? RECRUIT A MIX				
1.		High school or less				
2.		Some college				
3.		Associate's Degree				
4. 5.		Bachelor's Degree Graduate or Professional Degree				
6.		Other				
12.	What is	s your approximate annual household income? RECRUIT A MIX				
		1. Below \$25,000				
		2. \$25-\$49,999				
		3. \$50-\$74,999				
		4. \$75-\$100,000				
		5. \$100,000 or more				
		6. DON'T KNOW/UNSURE TERMINATE				

TERMINATE

7. REFUSED

PER LOCATION, WE WANT LOWER SES RANGE: RECRUIT AT LEAST 3 WHO ARE ASSOCIATES OR LESS (Q11) AND EARNING <\$50,000 (Q12)

13.	Do you	conside	er yo	urself to be: RECRUIT A MIX			
•		-	White				
			Afr	ican-American or black			
		3.		panic			
		4.	Asi				
		5.		nerican Indian/Alaska Native			
		6.		ner, specify:			
		0.	Oti	ici, specify.			
14.	Which	of the fo	ollow	ving best describes the area where you live? RECRUIT A MIX			
	1	Urban		· ·			
	2	Suburb	an				
	3	Small t	own				
	4	Rural		RECRUIT AT LEAST 3 RURAL PER LOCATION			
	5	Not su	re				
15.	Which	of the fo	ollow	ring best describes your employment status? Are you			
			1	Employed full-time			
				Employed part-time			
				Self-employed			
				Active duty military			
				A full-time Homemaker			
				Disabled/not able to work			
				Retired			
				Full-time student			
				Currently seeking employment			
				Other, specify: TERMINATE			
16.	RESPO	NDENT '	WOF	What is your occupation and where do you work? WRITE OUT, TERMINATE IF RKS IN OR HAS EXPERIENCE IN <u>HEALTH CARE</u> , MARKETING, MARKET RESEARCH, B DEVELOPMENT OR DESIGN			
17.	for wh be con	ich you v ducted [will b at R	esponses, you are qualified to participate in a more detailed research interview be compensated [\$50 for your time/]. The interview will take one hour and will ESEARCH LOCATION on DATE]. Are you interested and willing to participate in is for research purposes only, and all of your feedback during the In-Depth			
				anonymous and confidential. Would you be interested in joining us?			
		1	Yes				
		2	No				

Name:	
Interview Date/Time:	
Phone Number for IDI:	
Email address for confirmation:	
Mailing address:	
FOR IN PERSON, PLEASE CONTINUE WITH YOUR STOOPERATION.	TANDARD METHODS FOR GAINING PARTICIPANT
Respondent's name	
Email address	