

Consumer Update Customer Satisfaction Survey Questions

Screeners

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Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0910-0360. The time required to complete this information collection is estimated to average 2 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.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov.

INTRO: The study we are conducting is on behalf of the U.S. Food and Drug Administration (FDA). This survey will help us improve FDA's Consumer Updates to better meet your needs.

Thanks in advance for your responses.

1. Which roles describe you and how you interact with FDA's Consumer Updates? (select all that apply)
 - a. Person with a health condition
 - b. Caregiver of a person with a health condition
 - c. Parent
 - d. Healthcare provider
 - e. Personal health enthusiast
 - f. Educator or student
 - g. General audience
 - h. Other[If other, please describe in the space provided]
2. Do you currently receive emails from FDA Consumer Updates? (**only included in for web survey, not email listserv survey)
 - a. Yes
 - b. No
 - c. Not sure
3. What was the purpose of your visit?
 - a. Learn about a product you are thinking about purchasing
 - b. Learn about a product you have already purchased
 - c. Learn more about a health condition you have

- d. Learn more about a health condition someone else has
 - e. Academic or professional research
 - f. General curiosity
 - g. Other
[If other, please explain the purpose of your visit]
4. If you came to learn something, how well did the information answer your question?
- a. Not at all
 - b. Partially
 - c. Mostly
 - d. Completely
 - e. Exceeded expectations
5. How can we improve our information? (Select all that apply)
- a. Tell me how to apply the information to my life and situation
 - b. Make it easier to understand
 - c. Include more visually engaging media like charts, photos, or videos.
 - d. Link to more related information
 - e. None of these
 - f. No changes needed. The information meets my needs
 - g. Other
[If other, please describe in the space provided]
6. What types of information do you prefer? (Select all that apply)
- a. Detailed articles with lengthy text
 - b. Summary articles with short text
 - c. Audio
 - d. Video
 - e. Interactive information (e.g. quizzes, slideshows)
 - f. Visuals like photographs, charts, infographics or diagrams
 - g. Links to related articles
7. Are you willing to be interviewed about your experience with the FDA Consumer Updates? If yes, provide your name and email address.
[open response field]