

Appendix B. FDA CTP Exchange Lab Online Survey Instrument—POTENTIAL USERS

Title: FDA CTP Exchange Lab Syndication Study—Potential Users

Note: The survey respondent will *not* see any text in blue.

[Screening Questions]

The purpose of this survey is to learn about you and your organization's interest in using digital content through the Food and Drug Administration (FDA) Center for Tobacco Products (CTP) Exchange Lab (<https://digitalmedia.hhs.gov/tobacco/>).

The FDA CTP Exchange Lab allows users to syndicate, or place, digital content (for example, text for webpages, images, and other media) from FDA CTP on their website, blog, or digital channels. Content syndication involves copying and pasting a small section of code from the CTP Exchange Lab website to your website or digital channels. When FDA CTP updates its syndicated content, the updates automatically appear on your website or digital channels, ensuring that all content stays up-to-date.

The results of this survey will be used to improve the syndication (placement) services for the tobacco education content offered through the FDA CTP Exchange Lab website.

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a. Would you like to participate in this survey?

- Yes [GO TO YEAR OF BIRTH QUESTION]
- No [TERMINATE SURVEY; GO TO TERMINATION TEXT 1]

[TERMINATION TEXT 1:] You have indicated that you do not want to participate in the FDA CTP Exchange Lab Survey and will now exit the survey. If you decide later that you would like to participate, use the same email invitation to access the survey. Thank you for your time!

b. What year were you born?

[Drop-down menu]

[TERMINATE SURVEY AND GO TO TERMINATION TEXT 2 IF RESPONDENT WAS BORN IN 2002 OR LATER]

[TERMINATION TEXT 2:] Based on your answer, you do not qualify for this survey. Thank you very much for your time.

c. Are you currently an employee or a contractor working for FDA's Center for Tobacco Products (CTP)?

- Yes [TERMINATE SURVEY; GO TO TERMINATION TEXT 2]
- No

[TERMINATION TEXT 2:] Based on your answer, you do not qualify for this survey. Thank you very much for your time.

[Landing Page/Introduction]

[INSERT APPENDIX C, INFORMED CONSENT INFORMATION HERE]

1. What type of organization do you work for? [SELECT ONE.]

- Academic
- Government [\[GO TO QUESTION 1a\]](#)
- NGO/Non-profit
- For-profit company/corporation
- Not applicable (retired, self-employed, or unemployed)
- Other (please specify): _____ [\[Open-ended text box\]](#)

- Prefer not to answer

1a. Please select the level of government that you work in: [\[These options will only appear if the respondent checks "Government" in Q1\]](#)

- i. Federal
Please select the agency you work for: [\[These options will only appear if the respondent checks "Federal"\]](#)
 - 1. CDC (Centers for Disease Control and Prevention)
 - 2. A center at FDA (Food and Drug Administration) OTHER THAN the Center for Tobacco Products (CTP)
 - 3. Other (please specify): _____ [\[open-ended text box\]](#)
- ii. State
- iii. Local (County or City)
- iv. Tribal

- Prefer not to answer

2. Which of the following best describes you?

b. Public health professional

Please select the role that best describes you: [\[These options will only appear if the respondent checks "Public health professional"\]](#)

- i. Scientific researcher/research scientist
- ii. Public health advocate/activist/organizer
- iii. Public health communicator
- iv. Public health educator/trainer
- v. Other (please specify): _____ [\[Open-ended text box\]](#)

c. Health care professional

Please select the role that best describes you: [\[These options will only appear if the respondent checks "Health care professional"\]](#)

- i. Physician
- ii. Nurse
- iii. Physician Assistant/Nurse Practitioner
- iv. Administrator
- v. Other (please specify): _____ [\[Open-ended text box\]](#)

d. Tobacco industry representative

Please select the role that best describes you: [\[These options will only appear if the respondent checks "Tobacco industry representative"\]](#)

- i. Manufacturer
- ii. Retailer (such as a gas station, a convenience store, a supermarket, a tobacco outlet, etc., including shop owner, manager, or employee)
- iii. Wholesaler or Distributor
- iv. Importer

- v. Grower
- vi. Trade Association Representative
- vii. Other (please specify): _____ [Open-ended text box]

e. Media professional

Please select the role that best describes you: [These options will only appear if the respondent checks "Media professional"]

- i. Member of the press/reporter
- ii. Other (please specify): _____ [Open-ended text box]

f. Educator/Trainer

Please select the role that best describes you: [These options will only appear if the respondent checks "Educator"]

- i. Elementary/primary school teacher or administrator
- ii. Middle school teacher or administrator
- iii. High school teacher or administrator
- iv. College/university professor/instructor or administrator
- v. Other (please specify): _____ [Open-ended text box]

g. General public

- h. Other (please specify): _____ [Open-ended text box]

i. Prefer not to answer

3. Do you or someone in your organization currently publish, or wish to publish in the future, tobacco-related information (for example, text, images, or other media) on your organization's website, blog, or other digital channels?

- Yes, we currently publish [GO TO QUESTION 3a]
- Yes, we would like to publish in the future [GO TO QUESTION 3a]
- No [GO TO QUESTION 4]
- I am not sure [GO TO QUESTION 4]
- Prefer not to answer [GO TO QUESTION 4]

3a. Where do you currently go, or where would you go in the future, to find tobacco-related information (for example, text, images, or other media) for your website, blog, or other digital channels? [SELECT ALL THAT APPLY.]

- The Centers for Disease Control and Prevention's (CDC) Media Campaign Resource Center
- FDA CTP Exchange Lab website
- Google web search
- Google image search
- Government websites (for example, FDA, CDC, National Institutes of Health [NIH])
- Nongovernment websites
- Pinterest
- Stock photo websites, such as istockphoto.com or shutterstock.com
- YouTube
- My organization provides its own original content/images
- I am not sure
- Other (please specify): _____ [Open-ended text box]
- Prefer not to answer

4. How would you rate your ability/comfort level with the following?

| | 1 – Very capable | 2 – Somewhat capable | 3 – Neither capable nor incapable | 4 – Somewhat incapable | 5 – Very incapable | 6 - Prefer not to answer |
|---|------------------------|----------------------------|---|------------------------------|--------------------------|-----------------------------------|
| Writing or editing/manipulating HTML code | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Using a website content management system (CMS) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Are you currently involved in managing your organization’s website content?

- Yes [\[GO TO QUESTION 5a\]](#)
- No [\[GO TO QUESTION 6\]](#)
- Prefer not to answer

5a. In what capacity are you involved? [SELECT ALL THAT APPLY.]

- I write or edit content for the website
- I am involved in making decisions about what content to have on my organization’s website
- I upload content to the website using a content management system or some other tool [\[GO TO QUESTION 5ai\]](#)

5ai. In the content management system you use, do you have access to the following? [SELECT ALL THAT APPLY.]

- WYSIWYG view
- HTML view
- Prefer not to answer
- Other (please specify): _____ [\[Open-ended text box\]](#)
- Prefer not to answer

6. Who is the intended audience for your organization’s website or digital channels? [RANK IN ORDER OF IMPORTANCE FOR YOUR ORGANIZATION’S MISSION USING NUMBERS WHERE “1” IS THE MOST IMPORTANT, “2” IS THE SECOND MOST IMPORTANT, ETC.] You do NOT have to number/rank all of the items.

- Educators/teachers
- General public
- Health care professionals
- LGBTQI
- Media professionals
- Military
- Public health professionals

- Racial/ethnic minorities [\[GO TO QUESTION 6a\]](#)
- Tobacco industry representatives (for example, retailers, manufacturers, or marketers)
- Tobacco consumers
- Young adults
- Youth/teens
- Other (please specify): _____ [\[Open-ended text box\]](#)
- Prefer not to answer

6a. You selected racial/ethnic minorities as one of the intended audiences for your website. Which group(s) do you serve? [SELECT ALL THAT APPLY.]

- Asians/Asian Americans
- Blacks/African Americans
- Hawaiians/Pacific Islanders
- Hispanics/Latinos
- Native Americans/American Indians
- Prefer not to answer

7. What tobacco-related TOPICS do you currently publish, or would like to publish in the future, on your organization’s website, blog, or other digital channels? [SELECT ALL THAT APPLY.]

- E-cigarettes/vaping
- Health effects of tobacco use
- Nicotine
- Science and research
- Statistics and facts
- Tobacco products (including novel products)
- Tobacco regulation and policy
- Retailer education
- Tobacco use cessation
- Tobacco use prevention
- I am not sure
- Other (please specify): _____ [\[Open-ended text box\]](#)
- Prefer not to answer

8. The FDA Center for Tobacco Products provides tobacco-related materials to organizations using several different delivery methods. Please rate on a scale of 1 to 5 which delivery method would be most useful to your organization.

| | 1 – Extremely useful | 2 – Very useful | 3 – Somewhat useful | 4 – Slightly useful | 5 – Not at all useful | 6 - Prefer not to answer |
|---------------------------------|----------------------------|-----------------------|---------------------------|---------------------------|-----------------------------|-----------------------------------|
| Printed materials delivered for | ○ | ○ | ○ | ○ | ○ | ○ |

| | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| free to your organization | | | | | | |
| Downloadable files that you can print | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Website content that you can embed on your website through our syndication engine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CTP social media content that you can share through your social media channels | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CTP's Twitter feed embedded on your organization's website | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Through its Exchange Lab (<https://digitalmedia.hhs.gov/tobacco/>), FDA CTP offers tobacco-related content (for example, text, images, and other media) that you can embed on your website using its syndication tool. This tool makes it possible for updates to be reflected on your website automatically when FDA CTP updates any content.

9a. How likely would you be to embed FDA CTP content (for example, text and/or images) on your website?

- Very likely [\[GO TO QUESTION 9c\]](#)
- Somewhat likely [\[GO TO QUESTION 9c\]](#)
- Neither likely or unlikely [\[GO TO QUESTION 10\]](#)
- Somewhat unlikely [\[GO TO QUESTION 9b\]](#)
- Very unlikely [\[GO TO QUESTION 9b\]](#)
- Prefer not to answer [\[GO TO QUESTION 10\]](#)

9b. If you are NOT interested in syndicating digital tobacco-related content from the FDA CTP, why not? [SELECT ALL THAT APPLY.]

- The FDA CTP content is not relevant to my organization [\[GO TO QUESTION 10\]](#)
- I already use content from other government sources [\[GO TO QUESTION 10\]](#)
- My organization does not want content from other agencies or organizations on our digital platforms [\[GO TO QUESTION 10\]](#)
- I am not sure [\[GO TO QUESTION 10\]](#)
- I have no experience with content syndication [\[GO TO QUESTION 9bi\]](#)
- Other: Please specify: _____ [\[Open-ended text box\]](#) [\[GO TO QUESTION 10\]](#)
- Prefer not to answer [\[GO TO QUESTION 10\]](#)

9bi. Would you be interested in receiving training to learn how to use the FDA CTP syndication tool?

- Yes [\[GO TO QUESTION 9bij\]](#)

- No [\[GO TO QUESTION 10\]](#)

9bii. What format(s) would you like the training to be provided in? [SELECT ALL THAT APPLY]

- Webinar
- In-person
- Online manual/step-by-step instructions
- Other (please specify) _____

- Prefer not to answer

[\[GO TO QUESTION 10\]](#)

9c. In what types of FORMATS would you like to syndicate content from the FDA CTP Exchange Lab? [SELECT ALL THAT APPLY.]

- Videos
- Data visualizations (such as infographics, bar charts, or graphs)
- Fact sheets
- Animated GIFs
- A single image
- A slideshow that rotates multiple images
- Full web pages with text and images
- Full web pages that are text only
- Short snippets of text to embed
- Other (please specify): _____ [\[Open-ended text box\]](#)

- Prefer not to answer

[\[GO TO QUESTION 9d\]](#)

9d. Would you be interested in syndicating content in other languages?

- Yes [\[GO TO QUESTION 9di\]](#)
- No [\[GO TO QUESTION 10\]](#)

- Prefer not to answer

9di. Please specify the language(s). List language(s) here: _____
[\[Open-ended text box\]](#)

- Prefer not to answer

10. How interested are you in being able to request that specific FDA CTP web content be made available for content syndication (for content that is currently not available for syndication)?

- Extremely interested
- Somewhat interested
- Neither interested or uninterested
- Somewhat uninterested
- Extremely uninterested

- I don't know
- Not applicable
- Prefer not to answer

11. How interested are you in being able to customize syndicated content and formats so that they are tailored to your needs and preferences? (For example, content is automatically populated with statistics from your state, and/or the color of an image changes, based on the user's preference.)

- Extremely interested
- Somewhat interested
- Neither interested or uninterested
- Somewhat uninterested
- Extremely uninterested
- I don't know
- Not applicable
- Prefer not to answer

12. How likely are you to go to the FDA CTP Exchange Lab to look for content to share directly to your social media channels?

- Extremely likely [\[GO TO QUESTION 12a\]](#)
- Very likely [\[GO TO QUESTION 12a\]](#)
- Neither likely nor unlikely [\[GO TO QUESTION 13\]](#)
- Very unlikely [\[GO TO QUESTION 13\]](#)
- Extremely unlikely [\[GO TO QUESTION 13\]](#)
- Prefer not to answer [\[GO TO QUESTION 13\]](#)

12a. Which channel(s) would you share it on? [SELECT ALL THAT APPLY]

- Facebook
- Instagram
- LinkedIn
- Twitter
- Other (please specify) _____
- Prefer not to answer

The next few questions tell us more about you.

13. In what country do you live? [\[Drop down menu of countries\]](#)

- Prefer not to answer

13a. [\[For those who responded "United States"\]](#) What state do you work in? [\[Drop down menu of states\]](#)

- Prefer not to answer

14. Which of the following categories best describes your level of education?

9

- Some high school
- High school diploma or GED
- Trade or technical school
- Some college
- Associate's degree
- Bachelor's degree
- Graduate or professional degree (e.g., M.A., Ph.D., Psy.D., J.D., M.D.)
- Prefer not to answer

FUTURE ONLINE USABILITY TEST SESSION OPPORTUNITY

We are planning to conduct a 60-minute online (virtual) usability session with 9 participants to test the FDA CTP Exchange Lab website. We will conduct this online test session to help improve the Exchange Lab website. Each participant will be given \$75 in exchange for their participation. [Note: Not everyone who expresses interest in participating will be able to participate, as there are limited slots for this usability test session.]

15. Are you interested in participating in an online session to test the FDA CTP Exchange Lab website at a later date?

- Yes

[This follow-up question will appear only if the respondent checks "Yes"]:

Please provide your contact information so that we can contact you. Your contact information will only be used for the purpose of contacting you for the future study and will not be shared with others.

- Name: _____ [open-ended text box]
- Email: _____ [open-ended text box]
- No
- Prefer not to answer

Thank you very much for taking the time to complete our survey! You may now close your web browser.

—The FDA CTP Team

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[End of survey]