

OMB Control #0925-0648, Expiration Date: 05/31/2021

Public reporting burden for this collection of information 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project Clearance Branch 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attn: PRA (0925-0648). Do not return the completed form to this address.

## User Survey for Dietary Supplement Label Database (DSLD)

OMB Disclaimer: There are no penalties from refusing to volunteer. You may withdraw from this survey at any time. The information collected will be kept private to the extent provided by law. Study reports are summaries of all survey participants and will remain anonymous.

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Thank you from the DSLD team for taking the time to provide your feedback.
1. How frequently do you visit this site?
○ First time
O Daily Once a week
Once a month
Every six months or less
2. Which role most closely describes how you are using the site today? (Please choose the one best answer)
Researcher
O Healthcare professional
O Patient, family or friend of patient
O Consumer
Educator/trainer      Student
O Federal official
O Industry
O Website/app developer/publisher
O Database recens
O Database manager O Other (please specify)
O Other (please specify)
3. What type of information were you looking for at the site today? (Please choose all that apply)
☐ Identify different products ☐ Make comparisons between products
<ul> <li>☐ Make comparisons between products</li> <li>☐ Ingredients in supplements</li> </ul>
☐ Information on a specific supplement
Supplements for specific uses/claims
☐ Effectiveness of supplement
<ul> <li>☐ Manufacturer/distributor</li> <li>☐ How to download the database</li> </ul>
Other (please specify)
Other (please specify)
4. Did you find the information you were seeking today?
○ Yes
O Partially (please tell us more)
O No (please tell us more)
5. How easy was it to find what you were looking for on this site?
O Very easy
Somewhat easy     Neither easy nor difficult
O Neither easy nor difficult  O Somewhat difficult
O Very difficult
6. Overall, how well does this site meet your needs?
O. Overall, now well does this site meet your needs?  O Very well
O Somewhat well
Neither well nor poorly
Somewhat poorly      Very poorly
——————————————————————————————————————
7. How can we improve this site? (Please choose all that apply)  Include more product labels
Improve instructions/help features
☐ Improve search functions
Add and improve visualization of data
<ul> <li>□ Add links to additional information from searches</li> <li>□ Improve download function</li> </ul>
Improve download function
Add links to more federal resources
Add information on efficacy
Add more explanation about supplements
☐ Add more explanation about supplements ☐ Other (please specify)
Carrot (picaso specify)
8. Any comments?
Thank you for your time! The Office of Dietary Supplements team

Submit