NCI/Office of Communications and Public Liaison

# **APPENDIX 1AB**

AUTOMATED CUSTOMER SERVICE AND DEMOGRAPHIC QUESTIONS

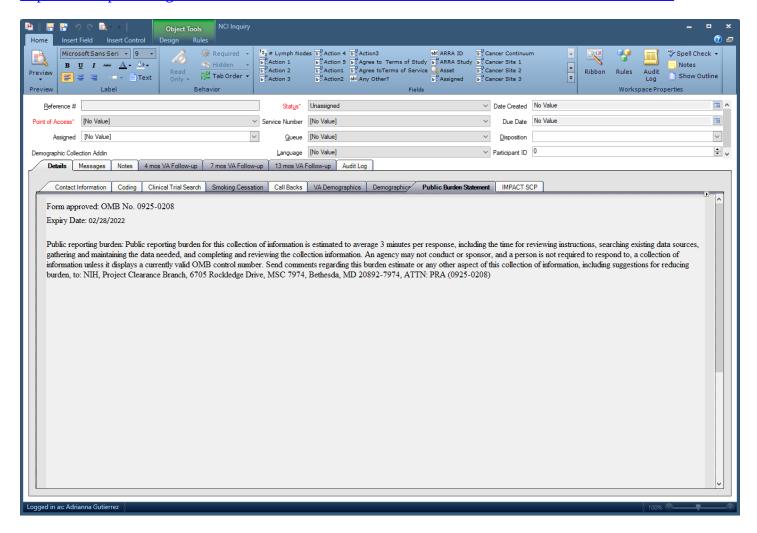
### Customer Service and Demographic Questions

#### **Customer Service Questions**

The Public Burden statement for the phone demographics is on the workspace: <a href="https://livehelp.cancer.gov/ci/documents/detail/5/1/12/d20f5cee1379622717570b0dd5ba13012e07435c">https://livehelp.cancer.gov/ci/documents/detail/5/1/12/d20f5cee1379622717570b0dd5ba13012e07435c</a>

The VA Demographics share the public burden statement, which is on the workspace above, here is the actual VA survey:

https://livehelp.cancer.gov/ci/documents/detail/5/6/12/3d59acc925ccbfd3f780e854ed1be3795a3be5a7



#### **Questions:**

- Have you used service before?
- How did you find our Service?
- Zip Code?

## Customer Service and Demographic Questions

#### **Demographic Survey Questions**

Please select a response from the following responses:

#### What is your age?

- o 1-18-34
- o 2-35-49
- o 3-50-64
- o 4-65-74
- o 5-75+

#### What is your Gender?

- o 1- Male
- o 2- Female
- o 3- Don't know
- o 4- I do not wish to respond

#### Which of These Categories Best Describes You?

- o 1- Hispanic or Latino
- o 2- Not Hispanic or Latino
- o 3- Don't know
- o 4- I do not wish to respond

#### Which of These Categories Best Describes You?

- o 1- American Indian or Alaska Native
- o 2- Asian
- o 3- Black or African American
- 4- Native Hawaiian or Other Pacific Islander
- o 5- White

#### What Is the Highest Level of Education You Have Completed?

- o 1- Some high school or less
- o 2- High school graduate
- o 3- College graduate
- o 4- Post-graduate
- o 5- I do not wish to respond

# Customer Service and Demographic Questions

Is There a Place You Usual	ly Go to When You ar	e Sick or Need A	dvice About Your Health?
----------------------------	----------------------	------------------	--------------------------

- o 1- Yes
- o 2-No
- o 3- Don't Know
- O 4- I do not wish to respond

#### What Kind of Place Do You Go Most Often?

- o 1- A doctor's office
- o 2- A clinic or health center
- o 3- The emergency room or urgent care
- o 4- Some other place, or
- o 5- Don't know

What Was Your Total Household Income from All Sources Before Taxes Last Year?

- o 1- Less than \$25,000
- o 2- \$25,000 \$49,000
- o 3- \$50,000 \$74,000
- o 4- more than \$75,000
- o 5- I do not wish to respond

Including Yourself, How Many People Living in Your Household are Supported by This Total Household Income?

- 0 1-1
- o 2-2
- o 3-3
- o 4-4 or more
- o 5- I do not wish to respond