

**NCI/Office of Communications and Public Liaison**

# **APPENDIX 1A**

**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:

<https://livehelp.cancer.gov/ci/documents/detail/5/1/12/d20f5cee1379622717570b0dd5ba13012e07435c>

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>

National Cancer Institute - Oracle Service Cloud

File Home Insert Field Insert Control Object Tools Design Rules

Preview Label Text Behavior Fields

Recent Items Navigation

Workspace Explorer: NCI Inquiry

Reference # [No Value] Status\* Unassigned Date Created [No Value]

Point of Access [No Value] Service Number [No Value] Due Date [No Value]

Assigned [No Value] Queue [No Value] Disposition [No Value]

Demographic Collection Addin Language [No Value]

Details Messages Audit Log Notes CT Search Eval

Contact Type [No Value] Collect Demographics No Lead [No Value]

Contact Information Coding Clinical Trial Search CT Search Survey Smoking Cessation Call Backs VA Demographics Demographics Public Burden Statement

Form approved: OMB No. 0925-0208  
Expiry Date: 4/30/2019

Public reporting burden: Public reporting burden for this collection of information is estimated to average 3 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 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 currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0208)

Logged in as: Adrianna Gutierrez 100%

## Questions:

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

# Customer Service and Demographic Questions

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## Demographic Survey Questions

What is your age?

- ☐ Age
- ☐ Callers age 96 or older
- ☐ Don't know
- ☐ Refusal
- ☐ Did not ask

What is your Gender?

- ☐ Male
- ☐ Female
- ☐ Don't know
- ☐ Refusal
- ☐ Did not ask

Which of These Categories Best Describes You?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Don't know
- ☐ Refusal
- ☐ Did not ask

Which of These Categories Best Describes You? You can select more than one:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Don't know
- ☐ Refusal
- ☐ Did not ask

What Is the Highest Level of Education You Have Completed?

- ☐ Grade school
- ☐ Some high school

## Customer Service and Demographic Questions

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- ☐ High school graduate
- ☐ Some college
- ☐ College graduate
- ☐ Post-graduate
- ☐ Not sampled
- ☐ Don't know
- ☐ Refusal
- ☐ Did not ask

Is There a Place You Usually Go to When You are Sick or Need Advice About Your Health?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused
- ☐ Did not ask

What Kind of Place Do You Go Most Often?

- ☐ A doctor's office
- ☐ A clinic, health center, or hospital clinic
- ☐ The emergency room, or
- ☐ Some other place
- ☐ No one place
- ☐ Valid skip
- ☐ Don't know
- ☐ Refused
- ☐ Did not ask

In the Last 12 Months, Did You Have Any Kind of Healthcare Coverage, Including Health Insurance, Prepaid Plans Such As HMOs or Government Plans Such as Medicare?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused
- ☐ Did not ask

Would You Say You Had This Coverage During All 12 Months or Less Than 12 Months?

- ☐ All 12 months

## Customer Service and Demographic Questions

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- ☐ Less than 12 months
- ☐ Valid Skip
- ☐ Don't know
- ☐ Refused
- ☐ Did not ask

Which Type of Coverage Did You Have?

- ☐ Was it public, such as Medicare, Medicaid, or other government plans?
- ☐ Was it private, such as an HMO, Blue Cross, Kaiser, Aetna?
- ☐ Or, was it both public and private?
- ☐ Valid skip
- ☐ Don't know
- ☐ Refused
- ☐ Did not ask

The final questions are about your family income. I understand that this is sensitive information and I would like to stress again that all of the information you provide is confidential.

What Was Your Total Household Income from All Sources Before Taxes Last Year? Just Stop Me When I Get to the Right Category

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,000
- ☐ \$20,000 to \$29,000
- ☐ \$30,000 to \$39,000
- ☐ \$40,000 to \$59,000
- ☐ \$60,000 to \$79,000
- ☐ \$80,000 or more
- ☐ Don't know
- ☐ Refused
- ☐ Did not ask

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

- ☐ Total People
- ☐ Don't know
- ☐ Refused

Did not ask