

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:

<https://nci--tst.custhelp.com/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://nci--tst.custhelp.com/ci/documents/detail/5/6/12/3d59acc925ccbfd3f780e854ed1be3795a3be5a7>

The screenshot shows a web-based workspace for managing customer service requests. The interface includes a top navigation bar with tabs for Home, Editor, Save, Actions, Proofing, and Links and Info. Below the navigation bar is a form titled "Original Workspace" with various fields for metadata and assignment. The form includes fields for Status (Unassigned), Date Created (09/05/2024 01:28 PM), Assigned (Mark Hubers), Reference # (240905-000001), Service Number (VA Quit Smoking), Due Date (09/11/2024 01:28 PM), Disposition ([No Value]), Point of Access (Telephone), Queue (VA English Quit Smoking), Language (English (US)), and Participant ID (0). Below the form is a table with tabs for Contact Information, Messages, Notes, Coding, Call Backs, Clinical Trials, CCR, Smoking Cessation, and VA Demographics. The table contains a single row with the following data: Demographics, IMPACT SCP, Public Burden Statement, 4 mos VA Follow-up, 7 mos VA Follow-up, 13 mos VA Follow-up, and Audit Log. Below the table is a text area containing the following text: "Form approved: OMB No. 0925-0208", "Expiry Date: 03/31/2025", and "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)". The bottom of the interface shows a status bar with "Logged in as: Mark Hubers" and "Editing 2 objects (2 modified)".

Home

Editor Save Actions Proofing Links and Info

Original Workspace

Status * Unassigned Date Created 09/05/2024 01:28 PM Assigned * Mark Hubers

Reference # 240905-000001 Service Number * VA Quit Smoking Due Date 09/11/2024 01:28 PM Disposition [No Value]

Point of Access * Telephone Queue * VA English Quit Smoking Language English (US) Participant ID 0

Contact Information	Messages	Notes	Coding	Call Backs	Clinical Trials	CCR	Smoking Cessation	VA Demographics
Demographics	IMPACT SCP	Public Burden Statement	4 mos VA Follow-up	7 mos VA Follow-up	13 mos VA Follow-up	Audit Log		

Form approved: OMB No. 0925-0208
Expiry Date: 03/31/2025

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: Mark Hubers Editing 2 objects (2 modified) 100%

Questions:

- Have you used the 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?

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

What is your Sex?

- ☐ 1- Male
- ☐ 2- Female

What is your race and/or ethnicity? Select all that apply.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

American Indian or Native Alaskan: Please include nationality or tribe. For example, the Navajo Nation, the Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, the Native Village of Barrow Inupiat Traditional Government, the Nome Eskimo Community, Aztec, Maya, etc.

Asian: Please select all that apply.

- Valid Skip
- Chinese
- Vietnamese
- Asian Indian
- Korean
- Filipino
- Japanese
- Other Asian

If "Other Asian," please include an example, like Pakastani, Hmong, Afghan, etc.

Customer Service and Demographic Questions

Black or African American: Please select all that apply.

- Valid Skip
- African American
- Nigerian
- Jamaican
- Ethiopian
- Haitian
- Somali
- Other Black/African American

If "Other Black African American," please include an example, such as Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Hispanic or Latino: Please select all that apply.

- Valid Skip
- Mexican
- Cuban
- Puerto Rican
- Dominican
- Salvadoran
- Guatemalan
- Other Hispanic or Latino

If "Other Hispanic Latino," please include an example, such as Columbian, Honduran, Spaniard, etc.

Middle Eastern or Northern African: Please select all that apply.

- Valid Skip
- Lebanese
- Syrian
- Iranian
- Iraqi
- Egyptian
- Israeli
- Other Middle Eastern or Northern African

If "Other Middle Eastern Northern African," please include examples like Moroccan, Yemeni, Kurdish, etc.

Customer Service and Demographic Questions

Native Hawaiian or Pacific Islander: Please select all that apply.

- Valid Skip
- Native Hawaiian
- Tongan
- Samoan
- Fijian
- Chamorro
- Marshallese
- Other Native Hawaiian or Pacific Islander

If "Other Native Hawaiian or Pacific Islander," please include an example, such as Chuukese, Palauan, Tahitian, etc.

White: Please select all that apply.

- Valid Skip
- English
- Italian
- German
- Polish
- Irish
- Scottish
- Other White

If "Other White," please include examples like French, Swedish, Norwegian, etc.

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

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

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

Customer Service and Demographic Questions

What Kind of Place Do You Go to Most Often?

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

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

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

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

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