
Attachment A. Revolving Customer Satisfaction Online and Telephone Surveys

NHLBI Health Information Center (HIC) Customer Satisfaction Survey Questions—Online Survey

OMB No. 0925-XXXX
Exp. Date xx/xx/20xx

*Public reporting burden for this collection of information is estimated to average 3 minutes or less 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 currently 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-xxxx*). Do not return the completed form to this address.*

Evaluation Categories

- Timely response
- Knowledge of NHLBI health information
- Professionalism of response
- Meeting the requestor's needs
- Overall service

Introduction

Thank you for helping to rate the performance of the NHLBI Health Information Center. Please click the appropriate button to record your rating.

Questions

Please Rate:

- 1. The amount of time it took the NHLBI Health Information Center to respond to your request.**
 1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent
- 2. The information specialist's knowledge of your topic.**
 1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent
- 3. The information specialist's professionalism.**
 1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent

4. How well the information specialist met your information needs.

1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent

5. The overall customer service you received.

1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent

6. Are there other comments or suggestions you would like to make about the NHLBI Health Information Center? If so, please type here:

NHLBI Health Information Center (HIC)
Customer Satisfaction Survey Questions—Telephone Survey

OMB No. 0925-XXXX
Exp. Date xx/xx/20xx

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Evaluation Categories

- Timely handling of call
- Knowledge of NHLBI health information
- Professionalism of call handling
- Meeting the caller's needs
- Overall service

Script

Thank you for agreeing to rate the service that you received today from the NHLBI Health Information Center. There are six questions. After each question, please press or say the number for your response. To repeat a question, press the pound sign.

1. **Please rate the amount of time it took the NHLBI Health Information Center to respond to your request.** If it was poor, say or press 1. If it was fair, say or press 2. If it was good, say or press 3. If it was very good, say or press 4. If it was excellent, say or press 5.
2. **Please rate the Information Specialist's knowledge of your topic.** If it was poor, say or press 1. If it was fair, say or press 2. If it was good, say or press 3. If it was very good, say or press 4. If it was excellent, say or press 5.
3. **Please rate the Information Specialist's professionalism.** If it was poor, say or press 1. If it was fair, say or press 2. If it was good, say or press 3. If it was very good, say or press 4. If it was excellent, say or press 5.
4. **Please rate how well the Information Specialist met your information needs.** If it was poor, say or press 1. If it was fair, say or press 2. If it was good, say or press 3. If it was very good, say or press 4. If it was excellent, say or press 5.
5. **Please rate the overall customer service you received.** If it was poor, say or press 1. If it was fair, say or press 2. If it was good, say or press 3. If it was very good, say or press 4. If it was excellent, say or press 5.
6. **Are there other comments or suggestions you would like to make about the NHLBI Health Information Center?** If so, please provide them after the tone. Thanks!