

Script - Customer Satisfaction Survey

Good morning/afternoon, my name is _____, I am calling from FDA's Center for Devices and Radiological Health (CDRH). We are contacting a sample of companies in order to conduct a customer satisfaction survey on the device pre-market review process for FY XXXX. We want to ask about your experience with CDRH/ODE/OIVD during the review of your application ___*Document Number*___ for the ___*device name*__. Results from this survey will be confidential. We will aggregate results to the reviewing division level. No personal identifiers will be used in the survey or the analysis thereafter. You are not required to answer any of the questions.

Do you have a few minutes to answer some questions about your satisfaction with the pre-market review process?

Thank you

The following questions are in the form of a statement, and your response can be any of the following five:

1-strongly disagree

2-disagree

3-agree

4-strongly agree

5-N/A

If more information is requested: Office contacts if industry has questions during the survey:

ODE: Barbara Zimmerman (301-796-5555)

OIVD: Don St. Pierre (301-796-5454)

If the sponsor says, “I just did this last year.” This survey is conducted annually. Participation in this survey is voluntary. Survey results are used internally in CDRH to improve performance.