Form Approved

OMB Form No. 0917-0036-01

Expiration Date: / /2015

**Indian Health Service (IHS) Website**

**Customer Satisfaction Survey Questions**

1. Rate your overall experience with IHS Web Services.

* Very Satisfactory
* Satisfactory
* Average
* Poor
* Very Poor

1. When I send an email or call someone at IHS Web Services they respond within a reasonable time.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

1. The IHS Web Services people are friendly and helpful when I email or call.
   * Strongly Agree
   * Agree
   * Neutral
   * Disagree
   * Strongly Disagree
2. I am satisfied with the time it takes to get services completed (website redesigns, new websites, web applications).

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

1. I am satisfied with finished products (content updates, new websites, applications, redesigns, etc.).

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

1. My website gets updated quickly when I request it (adding and editing images, text, and documents).

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

1. The forms are easy to fill out and I understand what is needed.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

1. The IHS Web Services website ([www.ihs.gov/WebServices](http://www.ihs.gov/WebServices)) is easy to understand and the information I need is easy to find.
   * Strongly Agree
   * Agree
   * Neutral
   * Disagree
   * Strongly Disagree
2. What services would you like us to provide that we currently do not?

**Comment Box**

1. Please list any areas in which we can improve (e.g., communications, services offered, timeliness).

**Comment Box**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer