

## Pediatric Device Consortium Customer Satisfaction Survey

Hello—

An FDA-sponsored Pediatric Device Consortia (PDC) recently provided your contact information to FDA as an innovator who received advice and/or assistance from them about the development of a potential pediatric medical device.

As part of FDA's mid-cycle evaluation of the Pediatric Device Consortia Grant Program, the agency is requesting your feedback on the quality of interactions and services you received from the PDC. FDA appreciates your time in answering the following questions. FDA intends to protect participants' confidentiality by only reporting aggregate results of this survey.

1. Did you seek assistance from a Pediatric Device Consortia (PDC) between October 1, 2013 and September 30, 2015?

- a. Yes
- b. No (Stop and return survey)

2. From which PDC did you receive assistance?

- 1) Atlantic PDC
- 2) Boston PDC
- 3) Michigan PDC
- 4) National Capital Consortium
- 5) New England PDC
- 6) Philadelphia PDC
- 7) Southern California Consortium for Technology and Innovation in Pediatrics (CTIP)

3. What was the name (s) of the medical device project (s) for which you sought PDC assistance?

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4. When did you first contact the PDC for assistance with this medical device project?  
(MM/DD/YYYY)

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5. Is the PDC still providing you with assistance for this medical device project?

a. Yes (skip to Q7)

b. No

6. When did your interaction with the PDC end? (MM/DD/YYYY)

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7. What types of assistance have you received from this PDC? *Mark all that apply.*

a. Creating a business model

b. Market analysis

c. Advice on funding sources

d. Assist with seeking funding (i.e. grant writing)

e. Creating a testable prototype

f. Evaluating preclinical performance

g. Evaluating clinical performance

h. Assisting with the regulatory process

i. Technology marketing

j. Advice and planning about manufacturing issues  
(specify)\_\_\_\_\_

8. How easy was it for you to obtain assistance from this PDC?

Very Easy

Easy

Neutral

Difficult

Very Difficult

5

4

3

2

1

9. How well did this PDC advise you on questions specific to your pediatric medical device project?

Very Well	Well	Neutral	Poorly	Very Poorly
5	4	3	2	1

10. How well did this PDC provide you with resources (other than advice or counsel) in advancing your pediatric medical device project?

Very Well	Well	Neutral	Poorly	Very Poorly	Not applicable
5	4	3	2	1	NA

11. How likely would you be to recommend our services to a colleague/ coworker/ contact for pediatric device development and commercialization?

Very Likely	Likely	Maybe	Unlikely	Very Unlikely
5	4	3	2	1

12. What was the most positive aspect of your interactions with the PDC?

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13. How could the PDC improve?

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14. If you have any general comments, or concerns to share with us, please do so here

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15. Provide a follow-up e-mail address, should you wish to be contacted further about this survey

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**Thank you for taking time to complete and submit this survey.**