

Region IX Office of the Assistant Secretary for Health

Thank you for participating in our webinar. Please take a moment to complete this brief, anonymous survey. Your comments will help us improve our educational outreach efforts.

How would you rate the following statements?

- 1. **The topic was relevant to me or my work.**
 Strongly Agree Agree Neutral Disagree Strongly Disagree
- 2. **The information presented was useful to me.**
 Strongly Agree Agree Neutral Disagree Strongly Disagree
- 3. **The speaker(s) was knowledgeable about the topic.**
 Strongly Agree Agree Neutral Disagree Strongly Disagree
- 4. **The speaker(s) presented the information clearly.**
 Strongly Agree Agree Neutral Disagree Strongly Disagree
- 5. **The registration process worked correctly.**
 Strongly Agree Agree Neutral Disagree Strongly Disagree
- 6. **The webinar process worked correctly.**
 Strongly Agree Agree Neutral Disagree Strongly Disagree

7. **Please list any health topics you would like us to provide.**

1.

2.

3.

8. **Please share any other comments, questions or concerns you may have.**

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 0990-0379. The time required to complete this information collection is estimated to average 3 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