TRACIE Technical Assistance User Feedback Survey

1.	How did you request assistance from the TRACIE Assistance Center? Email Online Toll-free telephone number Don't remember
2.	What type of assistance did you request? (Select all that apply) Policy guidance Resource availability Subject matter expertise TRACIE web assistance Other:
3.	Were you able to receive the assistance you needed? Yes No Not Sure
4.	[If responded: No] What assistance did you want, but weren't able to receive?
5.	How satisfied were you with the timeliness of the Assistance Center in responding to your initial inquiry (i.e., acknowledging your inquiries, not necessarily resolving it)? 1 Very Dissatisfied 2 Dissatisfied 3 Neither Dissatisfied nor Satisfied 4 Satisfied 5 Very Satisfied
6.	How satisfied were you with the timeliness of the Assistance Center in resolving your inquiry? 1 Very Dissatisfied 2 Dissatisfied 3 Neither Dissatisfied nor Satisfied 4 Satisfied 5 Very Satisfied

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 0990-0391. The time required to complete this information collection is estimated to average 5 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

7.	[If responded: Dissatisfied or Very Dissatisfied to either of the two questions above] Please explain how we can be timelier.
8.	How satisfied were you with the quality of the assistance you received from expert(s) you consulted with? 1 Very Dissatisfied 2 Dissatisfied 3 Neither Dissatisfied nor Satisfied 4 Satisfied 5 Very Satisfied 6 I did not receive consultation from an expert
9.	Overall, how satisfied were you with the quality of the assistance you received from the Assistance Center? 1 Very Dissatisfied 2 Dissatisfied 3 Neither Dissatisfied nor Satisfied 4 Satisfied 5 Very Satisfied
10.	Overall, how satisfied were you with the TRACIE Assistance Center? 1 Very Dissatisfied 2 Dissatisfied 3 Neither Dissatisfied nor Satisfied 4 Satisfied 5 Very Satisfied
11.	Please explain your response to the question above.
12.	What changes are needed to make the Technical Assistance Center more helpful?
DE	MOGRAPHICS
13.	Please select the organization type that best represents the organization you represent. Federal Government Hospital Non-Hospital Healthcare Facility Individual Non-Profit/Volunteer Organization Coalition State, Local, Tribal, or Territorial Government Other:

14. Are you a Hospital Preparedness Program grantee?

Yes

No

15. How many years of experience do you have in healthcare system preparedness?

Under 1 year

1-3 years

3-5 years

5-10 years

10+ years