

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

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?

DEMOGRAPHICS

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