

CDC Laboratory Customer Satisfaction Survey

Form Approved

OMB No. 0923-0047

Expiration Date: 12/31/2018

Thank you for participating in our short data collection on Customer Satisfaction of the CDC Newborn Screening Quality Assurance Program. We would like to obtain your input regarding the service that you recently requested. This information will be used to identify areas of improvement.

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-7 4, Atlanta, Georgia, 30333, A TTN PRA (0923-0047).

*** 1. Please provide the following information regarding the services that you requested from the CDC Newborn Screening Quality Assurance Program:**

QA Program(s) Requested

Date of Request
(MO/DAY/YR)

Date of Last Report
(MO/DAY/YR)

2. How would you rate the following aspects of CDC's Newborn Screening Quality Assurance Program?

	Very Poor	Poor	Good	Very Good	N/A
1. Convenience: Ease of obtaining information about services offered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Forms: Ease of using Data Submission and Request for Participation Forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Timeliness: Were the reports delivered within the time promised?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Reports: Ease of reading and interpreting proficiency test reports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Accessibility: Ease of reaching someone to interpret reports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Overall impression of CDC's Newborn Screening Proficiency Testing Program and laboratory services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

3. How useful have the following services been to you?

	Not at all Useful	Slightly Useful	Moderately Useful	Very Useful	N/A, Did not Use
1. NSQAP Annual report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. NSQAP specialized program reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. NSQAP data reporting portal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on your ratings:

4. How much, if any, improvement does each of these customer services need?

	NO Improvement Needed	SOME Improvement Needed	MUCH Improvement Needed	N/A, Did not Use
1. Request for Participation Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. NSQAP Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Data Submission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Request for assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Program Directory/List of Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. PT and Annual Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other services, besides these, need improvement?

5. For those services that need improvement, please tell us the specific kind of improvements needed.

6. Please provide the following:

Your Position

Your Work Location
(City/State)

Next

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