



# HC3 | Customer Feedback Survey

Health Sector Cybersecurity Coordination Center (HC3) | HC3@HHS.GOV

**Product Name**

**Product ID:**

*All survey responses are combined and summarized in a report to protect your anonymity.*

**Organization Type:**

**Size**

**1. Please rate your satisfaction with each of the following:** *(Check one per row)*

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Very Dissatisfied	N/A
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Overall Usefulness

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Relevance to Mission

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Timeliness

**2. How do you plan to use this product in support of your mission?** *(Check all that apply)*

Share With Leadership to Drive Decisions

Adjust Policies and Procedures

Allocate Resources

Education / Training

Share With Partners

Develop Internal Analysis

**3. What topics are you interested in hearing about?** *(Check all that apply)*

Ransomware/Malware Types

Disaster Recovery

Data Breach Issues

Threat Actors/Threat Actor Types

Supply Chain Issues

Healthcare Cybersecurity Legislative and Regulatory Issues

Risk Management/ Cyber Hygiene

Cutting Edge/Future Technology Impacting Healthcare Cybersecurity

**4. Do you have any additional comments or topics of interest?**