

Exit Survey: PHE.gov Site-wide Satisfaction Survey

Introductory Text

How can we improve? Tell us in this six-question survey.

Questions

1. Were you able to find what you were looking for? [Single choice]
 - a. Yes
 - b. Partially
 - c. No

2. What were you looking for specifically? [Free text field]

3. Did the information or tool(s) that you found meet your needs?
 - a. Yes
 - b. Partially
 - c. No

4. How can we improve your experience on our website [free text field]?

5. Were the pages you visited: [Radio Buttons]
 - a. Easy to understand
 - Yes
 - No
 - Not sure
 - b. Easy to navigate
 - Yes
 - No
 - Not sure

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 five minutes per response, including the time to review instructions, and complete and review the information. 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

6. Which of the following categories best describes you? [Radio Buttons]

- a. Current contract awardees/grantee
- b. Seeking a contract/grant
- c. Biotech/pharmaceutical industry representative
- d. Health care professional
- e. Human services professional
- f. First responder
- g. Public health professional
- h. Other state, tribal, territorial, or local government employee
- i. Other federal government employee/contractor
- j. Media/journalist
- k. Nonprofit
- l. Public policy organization
- m. International partners and organization
- n. Academic/researcher
- o. Parent/Caretaker
- p. Student