

## On-Page Survey: PHE.gov Site-wide Satisfaction Survey

1. Was this page helpful?

- a. Yes
- b. Partially
- c. No

2. Branching logic:

- a. If the answer to 1 was "Yes": What can we do to improve this page? [free text field]
- b. If the answer to 1 is "No" or "Partially": I did not find this page helpful because (check all that apply)
  - a. It had too little information
  - b. It had too much information
  - c. The information was too simplified
  - d. The information was too complex
  - e. The information was wrong or out-of-date
  - f. Other

3. Branching Logic:

- a. If Question 2a is answered: Thank you for taking the time to complete this survey. Your response has been recorded and we will use information from this survey to help improve our site.
- b. If Question 2b is answered: What can we do to improve this page? [free text field]

4. If Question 3b is answered: Thank you for taking the time to complete this survey. Your response has been recorded and we will use information from this survey to help improve our site.

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