

Form Approved
OMB No. 0990-0379
Exp. Date 09/30/2020

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 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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

HRSA In-Page Survey

[Survey Preview Link](#)

Q1 Was this page helpful?

Yes (1)

No (2)

Q2 Browser Meta Info

Browser (1)

Version (2)

Operating System (3)

Screen Resolution (4)

Flash Version (5)

Java Support (6)

User Agent (7)

Display This Question:

If Was this page helpful? = No

Q3 I did not find this page helpful because (check all that apply):

- It had too little information (1)
 - It had too much information (2)
 - It was confusing or hard to understand (3)
 - It was out of date (4)
 - It didn't have the information I was looking for (5)
 - Other (please specify): (6) _____
-

Q10 How did you find this page?

- Internet search (1)
 - HRSA.gov search (2)
 - Social Media (3)
 - I subscribe to an email list that linked to this page (4)
 - Someone sent me a link (5)
 - I've bookmarked this page (6)
 - Browsing the site (7)
-

Q11 How difficult or easy was it for you to find this page?

- Extremely easy (1)
 - Somewhat easy (2)
 - Neither easy nor difficult (3)
 - Somewhat difficult (4)
 - Extremely difficult (5)
-

Q5 With which of the following groups do you most strongly identify?

- Academic, Researcher, or Student (1)
 - Family Caregiver (2)
 - Health Care Administrator (3)
 - Health Care Practitioner (4)
 - Media/Journalist (5)
 - Policymaker (6)
 - Public Health Professional (7)
 - Other (please specify): (8) _____
-

Q4 Are you a current or potential HRSA grantee?

- I'm a current HRSA grantee (1)
 - I'm not currently a grantee, but I'm looking for/applying for a HRSA grant (2)
 - I'm neither of those (3)
-

Display This Question:

If Are you a current or potential HRSA grantee? = I'm a current HRSA grantee

Q7 Where is your grant from?

- Bureau of Health Workforce (1)
 - Bureau of Primary Health Care (2)
 - Federal Office of Rural Health Policy (3)
 - Healthcare Systems Bureau (4)
 - HIV/AIDS Bureau (5)
 - Maternal & Child Health Bureau (6)
 - Office of the Administrator (7)
 - I'm not sure (8)
-

Q8 Did you find what you were looking for today?

- Yes (1)
 - Partially (2)
 - No (3)
 - Not sure yet/still looking (4)
-

Display This Question:

If Did you find what you were looking for today? != Yes

Q9 What information or topic were you looking for?

Q6 How can we improve this page?
