



Please help us improve this Web site by completing our short customer satisfaction survey. We will use your feedback to improve our service. We anticipate that it will take you approximately 5 minutes to complete this questionnaire.

Your responses to all questions will be kept in a secure manner. No personal identifiers will be recorded. All information is used for evaluation purposes only and we do not plan to share the data with anyone outside of the Department of Health and Human Services.

Select the "Yes, Continue" button to begin or "No, Thanks" to go back. You have the option to skip any question you wish; doing so will not affect the rest of your survey responses. Thank you!

The OMB Control # is 0917-0036 and the expiration date is

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