

Feedback

1. How often do you visit this website? Select:

2. Based on today's visit, how would you rate your website experience overall?

Select:

3. Which of the following best describes the main purpose of your visit?

Browse the site Complete time and attendance sheet

Find a form Find a hospital, clinic, or other medical facility

Find a report Find data sets

Find dental providers in my state Find out about events

Find out how to report fraud Find regulations and guidance for health

practitioners

Find information about eligibility for IHS services Find contact information

Get information about health issues Get information about grants and funding
Get information about jobs Get information about standards and policies

Get information about the Resource and Patient

Management System

Learn about opportunities in the health

community

Learn about prevention and wellness Read the Director's Blog

Read the most recent newsl Read or download publications

Sign up for email updates Other

Please specify:

None of the above

4. How did you come here today?

Federal Register Notice Bookmark

Information Center referral Television or radio
Newspaper or magazine Friend or colleague

Link from another webiste Facebook
Twitter YouTube

USAgov Search Engine (Google, Yahoo, etc)

5. Were you able to complete the purpose of your visit? Select:

6. How do you prefer to find things (navigate) on the site?

A-Z Index External Search Engine (example: Google, Bing,

Yahoo)

Website Navigation (top and left-side of page) Scan the page

Search box on website Other

Please specify:

None of the above

7. Which of the following best describes you?

Health professional Human Services professional

Tribal member IHS Employee
HHS Employee Tribal Leader

Tribal Health Facility Employee Urban Health Facility Employee

Consultant Non-profit organization

Other federal government employee State/Tribal/Local government employee

Teacher Student

Journalist Member of the general public

Other

Please specify:

8. I am: Select:

9. I am: Select:

10. My first language is: Select:

11. My level of schooling is: Select:

days a 12. I am usually on the Internet, at work, home or school, not including email Select:

week.

13. I am usually on the Internet, at work, home or school, not including email Select:

а day.

14. I access the internet from my mobile phone: Select:

15. What one thing on this website would you most like to change or fix? (Please do not include personally identifiable information here).

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 0917-0036. The time required to complete this information collection is estimated to average 15 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

Indian Health Service (HQ) - The Reyes Building, 801 Thompson Avenue, Rockville MD, 20852

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Fear Act
- Contact Information

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