



DEPARTMENT OF DEFENSE
**HEARING CENTER
OF EXCELLENCE**

Customer Satisfaction Survey

Thank you for participating in the DoD Hearing Center of Excellence Customer Satisfaction Survey. Your feedback is very important to us and will be used to improve the HCE and the services that it provides.

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AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB 0704-0553 is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.



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Customer Satisfaction Survey

1. How likely is it that you would recommend products or services provided by the DoD Hearing Center of Excellence to a friend or colleague?

NOT AT ALL LIKELY

EXTREMELY LIKELY

0 1 2 3 4 5 6 7 8 9 10

2. Overall, how satisfied or dissatisfied are you with the DoD Hearing Center of Excellence?

- Very satisfied Somewhat dissatisfied
 Somewhat satisfied Very dissatisfied
 Neither satisfied nor dissatisfied

3. Which of the following words would you use to describe our services? Select all that apply.

- Reliable Unreliable
 High quality Poor quality
 Effective Ineffective
 Useful Impractical

4. How responsive have we been to your questions or requests for assistance?

- Extremely responsive Not so responsive
 Very responsive Not at all responsive
 Somewhat responsive Not applicable

5. What is your primary affiliation?

- Department of Defense
- Department of Veterans Affairs
- Academia
- Industry
- Other (please specify)

6. How long have you been a customer of the DoD Hearing Center of Excellence?

- Less than six months
- Six months to a year
- 1 - 2 years
- 3 or more years

7. How would you rate the quality of the following services:

	I have not used this service/I am not familiar with this service	Very High Quality	High Quality	Neither High nor Low Quality	Low Quality	Very Low Quality
Annual Collaborative Auditory Vestibular Research Network (CAVRN) Meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Consultation and Staff Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Collaborations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working Group Leadership and Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enterprise Clinical Audiology Application (ECAA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Hearing Loss and Auditory System Injury Registry (JHASIR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissemination and Support for Clinical Best Practices (e.g., Hearing, Tinnitus, and Clinical Coding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing Education Support (i.e., AudiologyOnline, Air Force MAW, Navy SOAP, Army PH Course)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vestibular Training Courses and Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive Hearing Health Program (CHHP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluated Products List (EPL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fit-Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Are there any gaps in the services or products that we provide? Are there any areas where we are not meeting your organization's needs?

9. Do you have any other comments, concerns, or suggestions for improvement?