

**Office of Population Affairs (OPA)  
2022 Annual Grantee Satisfaction Survey**

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**Office of Population Affairs (OPA)**

**Embryo Adoption Awareness, Teen Pregnancy Prevention, and  
Title X Family Planning Services Grants**

**2022 Annual Grantee Satisfaction Survey**

**Introduction:**

You have received this survey because your organization has one or more federal awards (grant or cooperative agreement) funded by the Office of Population Affairs (OPA). The purpose of this survey is to assess your satisfaction with OPA grantee support, communications, and other resources. We are also interested in your suggestions for how to improve the services, technical assistance (TA) products, and support from OPA and our contractors. OPA plans to use the results of the survey for continuous quality improvement efforts, including more effective customer service and to identify areas for improvement.

You are free to consult with others within your organization as needed to answer the questions, but you can only submit one survey per grant. If you have more than one federal award from OPA, you will see some questions repeated for each grant project. You may stop and start the survey at any time. Once you click the submit button, you cannot revise any responses.

Your participation is voluntary and confidential. You can skip any item. Please provide honest responses and complete information. Your responses will not affect your current award or your eligibility for, or receipt of, future services or funding.

Do not put your name or organization's name on the survey. Results will be reported to OPA in a manner that does not identify information about an individual or an organization and to be used only for the purposes of continuous quality improvement. Aggregated results may be used by OPA to share with selected stakeholders (e.g., grantees, federal partners) for the purposes of knowledge-sharing and improving processes.

Please take the time to complete the survey. It should take about 20 minutes to complete. If you have questions about this survey, please email Dr. Tiara N. Jackson at [OPASupport@norc.org](mailto:OPASupport@norc.org). Thank you for your participation.

1. Is this the organization's first OPA grant?

\_\_ Yes

\_\_ No\_

If no,

How long has your organization been an OPA grantee? \_\_\_\_\_

**OPA GUIDANCE, TRAINING & TECHNICAL ASSISTANCE**

**Project Officer Monitoring and Support**

2. Please rate your satisfaction with your Project Officer in the following areas: *Question will repeat for each grant/Project Officer.*

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not applicable
a. Guidance on grant program expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Guidance on programmatic reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Frequency of communication (email, phone calls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promptness in responding to inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clarity of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Consistency in messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Oversight and monitoring of your grant project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Adequacy of TA resource(s) and support(s) to help your grant project succeed (e.g., connecting to other grantees, sharing TA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Level of professionalism (e.g., courteousness, responsiveness, respectfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not applicable
j. Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Would you like more or less communication from your Project Officer(s)?

- a. More communication
- b. Stay the same
- c. Less communication

4. What types of PO communication are most helpful?

- a. Emails
- b. 1:1 calls
- c. Office hours
- d. Responses to questions

**Programmatic Guidance and Project Officer Feedback**

5. Please consider written communications and resources that you have received from OPA and rate your level of agreement with the statements below: *Question will repeat for each grant.*

<b>OPA Notice of Funding Opportunity (NOFO)*</b>	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
a. The NOFO was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The grant expectations included in the NOFO are clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Technical Assistance related to the NOFO was useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Hover text: Funding Opportunity Announcements (FOA) are now called, "Notice of Funding Opportunities".*

[Note: Removed Planning Period Activities]

<b>Project Officer Feedback on Progress Reports</b>	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
a. The feedback was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The feedback was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

in identifying areas of continuous improvement for our grant.						
c. The feedback was consistent with the expectations outlined in the NOFO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The feedback received was timely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>OPA Continuation Application Guidance</b>	Strongly agree	Agree	Neutra l	Disagree	Strongly disagree	Not applicable
a. The guidance was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The guidance was provided within sufficient time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Project Officer Feedback on Continuation Applications</b>	Strongly agree	Agree	Neutra l	Disagree	Strongly disagree	Not applicable
a. The feedback was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The feedback was helpful in identifying areas of continuous quality improvement for our grant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The feedback was consistent with the expectations outlined in the NOFO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did your organization participate in a OPA site visit within the past grant year?
- a. Yes
  - b. No

*Note: For Title X programs, the phrase "OPA Program Review (In-person or Virtual)" will be used instead of OPA site visit for these questions.*

*If yes, respondents will see these questions:*

<b>OPA Site Visit</b>	Strongly agree	Agree	Neutra l	Disagree	Strongly disagree	Not applicable
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a. The notice provided for the site visit allowed adequate time to prepare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The TA and support provided during the site visit were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. OPA recommendations were consistent with what was discussed during the site visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. OPA recommendations resulting from the site visit were clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. OPA recommendations following the site visit were helpful for the continuous quality improvement of our grant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **Other OPA Staff/Contractor Support:** Please rate your satisfaction with the guidance and support received from other OPA staff (i.e., Evaluation Team, MAX Core Team). *EAA grantees will **not** see these questions.*  
 Qualifying question – pipe responses into matrix question

Satisfaction with support from:	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
a. OPA Evaluation Technical Assistance (Mathematica) (TPP only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. OPA MAX Core Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reproductive Health National Training Center (RHTNC) TA Liaison (1:1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. RHTNC Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. National Clinical Training Center for Family Planning (NCTCFP) Team ( <i>Title X only</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. OPA Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Measures Contractor (OPA Performance Measures Support team) <i>(Title X will not see the question)</i>						
g. OPA FPAR 2.0 Contractor (Title X only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. GAM (Grants and Acquisitions Management Office and Specialist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Overall, how satisfied are you with the **support** you've received from OPA (inclusive of OPA TA contractors/training centers) for your project?

- a. Very satisfied
- b. Satisfied
- c. Not Sure
- d. Dissatisfied
- e. Very Dissatisfied

9. Please indicate how often you participated during this past grant year; and overall, how satisfied you were with the support: *Question will repeat for each grant.*

<b>OPA Webinars</b>						
	Always	Very often	Often	Sometimes	Never	Not applicable
a. How often did you participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
b. How satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OPA Technical Assistance Opportunities</b>						
	Always	Very often	Often	Sometimes	Never	Not applicable
a. How often did you participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
b. How satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OPA Virtual Conference and/or Trainings</b>						

	Always	Very often	Often	Sometimes	Never	Not applicable
a. How often did you participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
b. How satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RHTNC webinars</b>						
	Always	Very often	Often	Sometimes	Never	Not applicable
a. How often did you participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
b. How satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NCTCFP webinars (Title X only)</b>						
	Always	Very often	Often	Sometimes	Never	Not applicable
a. How often did you participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
b. How satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RHTNC customized (individual) TA</b>						
	Always	Very often	Often	Sometimes	Never	Not applicable
a. How often did you participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
b. How satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NCTCFP on-site (in-person) training (Title X only)</b>						



	Always	Very often	Often	Sometimes	Never	Not applicable
a. How often did you participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
b. How satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPA Training and TA Products**

10. Have you used any OPA and/or OPA-Funded National Training Centers TA products (e.g., tip sheets, tool kits, online learning modules, TA briefs) in the current budget period? *(Will not be asked of EAA grantees)*

	Yes	No	Not applicable
Grant #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If participant answers all "No" values, the survey will automatically skip to Q13*

11. How do you hear about OPA and OPA-funded National Training Centers training & TA product(s)? Check all that apply.

- MAX.gov
- Max Cohort listservs *(TPP only)*
- Searching the OPA website ([opa.hhs.gov](http://opa.hhs.gov))
- OPA Grantee Digest
- OPA Bulletin
- OPA Twitter (@HHSPopAffairs)
- RHNTC Newsletter
- NCTCFP Newsletter
- Project Officer
- Other (please specify)

12. How often would you say you use OPA and/or OPA-funded National Training Center training and TA products (click here to view)?

- Never
- Frequently (1-2 times a month)
- Seldom (1-2 times a quarter)
- Rarely (1-2 times a year)

13. What type of the OPA and/or OPA-Funded National Training Centers here (RHNTC, NCTCFP, Mathematica etc.) training and TA products have you used? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Printable pdfs            | <input type="checkbox"/> Webinars               |
| <input type="checkbox"/> Text from the OPA website | <input type="checkbox"/> Videos                 |
| <input type="checkbox"/> Tip sheets                | <input type="checkbox"/> Peer Learning Group    |
| <input type="checkbox"/> e-Learning modules        | <input type="checkbox"/> Individual TA          |
| <input type="checkbox"/> Checklists                | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Toolkits                  |   |
| <input type="checkbox"/> Templates                 |   |

For Title X, the following items will be added to the list:

- |   |  |
|---|--|
| <input type="checkbox"/> Drop-in Active Learning Sessions | <input type="checkbox"/> Virtual coffee breaks |
| <input type="checkbox"/> Clinician Cafe                   | <input type="checkbox"/> Podcasts              |
| <input type="checkbox"/> Interactive Case Studies         | <input type="checkbox"/> Articles of interest  |
| <input type="checkbox"/> Job aids                         | <input type="checkbox"/> LARC link             |
| <input type="checkbox"/> Factsheets                       |  |

- a. Based on choices selected (Qualtrics will show only the products selected in the previous section), which TA products were **most** helpful?
- b. Based on choices selected (Qualtrics will show only the products selected in the previous section), which TA products were **least** helpful?

**Overall Guidance and Training and Technical Assistance Feedback**

14. Please describe how the support, training, and technical assistance you received from OPA, OPA-Funded Contractors (Mathematica, ICF, etc.) and OPA-Funded National Training Centers here (RHNTC, NCTCFP, etc.) has affected your project. [Text Box] *Question will repeat for each grant.*
15. Use this space to provide any suggestions for improving support from OPA Project Officers, staff and/or contractors. [Text Box]
16. Use this space to provide any suggestions for improving OPA programs. [Text Box]
17. Use this space to provide any suggestions for improving OPA programmatic guidance and/or technical assistance. [Text Box]
18. Overall, how satisfied are you with the **guidance** provided by OPA for your project?
  - a. Very satisfied
  - b. Satisfied
  - c. Not Sure
  - d. Dissatisfied
  - e. Very Dissatisfied

**WEB-BASED COMMUNICATIONS/RESOURCES**

**MAX.gov** – This section will be skipped for EAA recipients in the online survey.

19. Please indicate the extent to which you agree with these statements about the components of MAX.gov (click here to view): *Question will repeat for each grant.*

MAX.gov:	Strongly agree	Agree	Not Sure	Disagree	Strongly disagree	Have not used/done yet
a. Log-in procedures are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Navigation and finding information are easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Visual design/user experience is pleasing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Files upload smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. MAX.gov provides useful information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. MAX.gov listservs provide valuable information ( <i>Not shown to Title X grantees</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The site is easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I understand when to use this system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with MAX.gov?

<b>Satisfaction with MAX.gov</b>	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TPP Performance Measures /Title X Family Planning Annual Report (FPAR)/Title X Clinic Locator Database**

The next set of items is about your project's perceptions of the Performance Measures (PMs).

20. Please indicate the extent to which you agree with these statements about the TPP performance measures (PMs), PM submission process, and support you receive to submit the PMs:

TPP Performance Measures (PM) Attributes:	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree	Have not used/done yet
a. The PM submission process is easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sufficient support is provided to submit the PMs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. PM reports are useful for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TPP Performance Measures (PM) Attributes:	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree	Have not used/done yet
our project's Continuous Quality Improvement (CQI) process.						

For Title X:

The next set of items is about your project's perceptions of the Family Annual Reporting (FPAR) 1.0.

Please indicate the extent to which you agree with these statements about the Family Planning Annual Report (FPAR):

Family Planning Annual Report (FPAR) 1.0 Attributes:	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree	Have not used/done yet
a. The FPAR 1.0 submission process is easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sufficient support is provided to submit and/or update information for FPAR 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. FPARs are useful for our project's Continuous Quality Improvement (CQI) process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with the FPAR Data System and support?

<b>Satisfaction with FPAR Data System</b>	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
Satisfaction with FPAR 1.0 Data System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with FPAR 1.0 Data System <b>Help Desk</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with <b>FPAR 2.0 Roll-out</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Title X:

The next set of items is about your project's experience with the Title X Clinic Locator Database.

Please indicate the extent to which you agree with these statements about the Clinic Locator Database (<https://opa-fpclinicdb.hhs.gov/>):

Clinic Locator Database Attributes:	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree	Have not used/done yet
a. The Clinic Locator Database submission process (adding, removing, updating entries) is clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sufficient support is provided by OPA for the Clinic Locator Database.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to obtain accurate information from the Clinic Locator Database for reporting purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with Title X Clinic Locator Database and the technical assistance provided?

	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very dissatisfied	Not applicable
Satisfaction with Clinic Locator Database as a resource to promote awareness of grantee Title X services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with Clinic Locator Database technical assistance provided via the <u>OPA support mailbox</u> (OPAsupport@icf.com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Overall</u> satisfaction with the Clinic Locator Database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPA Website**

This next set of questions is about the OPA website: [opa.hhs.gov](http://opa.hhs.gov).

21. How often have you used the OPA website in this past grant year?

- Frequently/Often
- Sometimes
- Occasionally
- Almost never
- Never (SKIP to Q22)

22. Please indicate how useful resources in the following sections of the OPA website have been for your project in the past grant year. (Check “not used” if you have not used the resource).

Usefulness of the OPA Website Resources	Very useful	Useful	Somewhat useful	Not at all useful	Not used
a. <u>Adolescent Development</u> : Information on adolescent health topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. <u>Reproductive Health</u> : Information on reproductive health topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>Evaluation &amp; Research</u> : Information on expanding evidence and advancing best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <u>Grant Programs</u> : Information on OPA grant programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Grantee Digest (weekly)**

23. How often do you read the OPA *Grantee Digest* email?

- Frequently/Often
- Sometimes
- Occasionally
- Almost never
- Never (SKIP to Q24)

24. Please rate your satisfaction with the information and resources provided in the *Grantee Digest*:

Satisfaction with <i>Grantee Digest</i>	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very Dissatisfied	Not applicable
a. Organization of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sufficiency of detail to meet your program needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relevance to your areas of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Timeliness of information (e.g., “Enough notice of events and activities to participate in items of interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Comprehensiveness in addressing the scope of issues that you face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPA Bulletin**

25. How often do you read the *OPA Bulletin* (the OPA e-newsletter that comes out every other month)?

- Frequently/Often
- Sometimes
- Occasionally
- Almost never
- Never (SKIP to Q26)

26. Please rate your satisfaction with the information and resources provided in the *OPA Bulletin*:

Satisfaction with <i>OPA Bulletin</i>	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very Dissatisfied	Not applicable
a. Organization of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sufficiency of detail to meet your program needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relevance to your areas of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Comprehensiveness in addressing the scope of issues that you face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPA Twitter (@HHSPopAffairs)**

27. How often do you read the tweets from OPA’s Twitter account @HHSPopAffairs?

- Frequently/Often
- Sometimes
- Occasionally
- Almost never
- Never (SKIP to Q28)

28. Does your organization use social media to stay informed about Title X, teen pregnancy prevention, reproductive health, or related information?

- Yes
- No
- Unsure

29. How useful do you find the information and resources shared on OPA’s Twitter account @HHSPopAffairs?

Usefulness of OPA Twitter Feed	Very useful	Useful	Not Sure	Somewhat useful	Not at all useful	Not used
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Satisfaction with OPA <i>Twitter Feed</i>	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very Dissatisfied	Not applicable
a. Timeliness of the information shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Usefulness of the OPA Twitter posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relevance to your areas of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPA YouTube Channel**

30. How often do you watch the videos posted on OPA’s YouTube channel?

- Frequently/Often
- Sometimes
- Occasionally
- Almost never
- Never (SKIP to Q32)

31. How useful do you find the information and resources shared on OPA’s YouTube channel?

	Very useful	Useful	Not Sure	Somewhat useful	Not at all useful	Not used
Usefulness of OPA YouTube Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Satisfaction with OPA’s YouTube Channel	Very satisfied	Satisfied	Not Sure	Dissatisfied	Very Dissatisfied	Not applicable
a. Timeliness of the information shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Usefulness of the OPA Twitter posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relevance to your areas of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Digital Communications/Resources (i.e., web, e-newsletters, and social media) Feedback**

32. Would you like to receive OPA information or materials in a language other than English? Yes/No

If yes, which of the following languages?

- A. Amharic
- B. Cantonese Chinese
- C. French
- D. Haitian Creole
- E. Korean
- F. Mandarin Chinese
- G. Russian



- H. Spanish
- I. Tagalog
- J. Vietnamese
- K. Other languages? (write in)\_\_\_\_\_

33. Use this space to provide any other suggestions for improving OPA web-based and digital communications/resources (e.g., content, frequency, relevance, etc.).

[Text Box]

34. Overall, how satisfied are you with the **resources** provided by OPA for your project?
- a. Very satisfied
  - b. Satisfied
  - c. Not Sure
  - d. Dissatisfied
  - e. Very Dissatisfied

**OVERALL SATISFACTION WITH OPA'S RESOURCES AND SUPPORT**

35. Overall, how satisfied are you with OPA for your grant project?
- a. Very satisfied
  - b. Satisfied
  - c. Not Sure
  - d. Dissatisfied
  - e. Very Dissatisfied

Thank you for your cooperation.

[End of Survey]