



### EHBs Customer Service Feedback Survey

**Public Burden Statement:** The purpose of this collection is for quality assurance only. The information gathered will only be used for identifying customer service quality for improvements. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0212 and it is valid until XX/XX/202X. This information collection is voluntary. The response is entirely discretionary and has no direct effect on any benefit or privilege for the respondent. Public reporting burden for this collection of information is estimated to average .008 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Thank you for your participation in the survey.



### EHBs Customer Service Feedback Survey

1. In the past 3 months, how many times have you logged into the Electronic Handbooks system ( EHB)?

2. When you needed to reset your password, have you tried the reset option on the main page?

- Yes  
 No  
 N/A

3. When needing help with the EHBs, have you used the Knowledge Base to find answers to your questions?

- Yes  
 No

Other (please specify)

4. Please rate how helpful the Knowledge Base was to find answers to your questions:

- Very Unhelpful  
 Somewhat Unhelpful

4. Please rate how helpful the Knowledge Base was to find answers to your questions:

- Very Unhelpful
- Somewhat Unhelpful
- Neither Helpful or Unhelpful
- Somewhat Helpful
- Very Helpful

5. How would you rate your overall use of the EHBs?

- Very easy to use
- Easy to use
- Neither easy or difficult
- Very difficult to use

Other (please specify)

6. In the past 3 months, how many times have you had to contact your grant Project Officer or Grant Management Specialist?

7. Have you ever experienced a time where you were unsuccessful in reaching your Project Officer or Grant Management Specialist?

- Yes
- No
- Other (please specify)

8. Was your Project Officer or Grant Management Specialist able to answer your questions when you reached out to them ?

- Yes
- No
- Other (please specify)

\_\_\_\_\_

9. How would you rate your overall experience when you have contacted HRSA Contact Center Representative?

- Excellent
- Very Good
- Good
- Poor

Why did you provide this rating?

\_\_\_\_\_

10. Thinking back to the last time you corresponded with a HRSA Contact Center Representative, do you feel he/she was knowledgeable of the EHBs to help you resolve your request?

- Not knowledgeable at all.
- Somewhat knowledgeable, but needed additional assistance.
- Enough knowledge to answer my request
- Expert knowledge. Knew exactly what the issue was and how to resolve the problem.

If your answer was not knowledgeable at all, can you provide details of that interaction?

\_\_\_\_\_

11. Thinking back to the last time you contacted the HRSA Contact Center, how long do you think you had to wait before you spoke with a representative?

\_\_\_\_\_