

## TAP Pilot Participation Pulse Survey

### Introduction

***Your participation / non-participation is completely voluntary, and your responses will not have an effect on your eligibility for receipt of any FDA services. In instances where respondent identity is needed (e.g., for follow-up of non-respondents), this information collection fully complies with all aspects of the Privacy Act and data will be kept private to the fullest extent allowed by law.***

***Paperwork Reduction Act Statement:***

***OMB Control No. 0910-NEW***

***Expiration date:***

***According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0910-NEW. The time required to complete this information collection is estimated to average 2 minutes per response, including the time to review instructions and completing the survey. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).***

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1. On a scale from 0 to 10, please rate your satisfaction with this interaction. (0 for extremely dissatisfied, 10 for extremely satisfied)

0 Neutral 10



2. Please provide any other comments or feedback below.