

OMB Control Number: 0915-0212

Expiration: 4/30/2024

### ECS TACC TA Resources/Products Survey

**Public Burden Statement:** The purpose of this information collection request is to assess participant satisfaction with various training and TA activities offered through a contracted TA provider, Altarum Institute. The OMB control number for this project is 0915-0212, expiring 04/30/2024. Public reporting burden for this collection of information is estimated to average 0.08 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.

1. Please select your role:

- a. ECCS Lead
- b. Family leader
- c. ECCS Partner
- d. Other: \_\_\_\_\_

2. Overall, how satisfied were you with the resources/products provided?

- a. Very Satisfied
- b. Satisfied
- c. Neither Satisfied nor Satisfied
- d. Dissatisfied
- e. Very Dissatisfied

3. Please rate how useful you found the following resources/products to be?

|                          | Not Useful            | Slightly Useful       | Neutral               | Useful                | Very Useful           |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Resource/product 1       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resource/product 2       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resource/product 3, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Please rate your satisfaction with the content of the resources/products provided by indicating your level of agreement or disagreement with each of the following statements.

|   | Strongly Disagree     | Disagree              | Neutral               | Agree                 | Strongly Agree        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| As a result of the resources/products provided, I gained new knowledge applicable to my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I plan to apply what I learned from the resources/products provided.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. What types of actions are you pursuing or considering pursuing based on the resources/products provided?

6. What was the most helpful resource received?

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7. What was the least helpful resource received?
8. Please provide any recommendations for ways to improve the resources/products provided:
9. Please provide any suggestions for future resources/products: