Form Approved

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**Research and Evaluation Support for Office of Population Affairs Technical Assistance Product Feedback Survey**

According to the Paperwork Reduction Act of 1995, no persons are 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 0990-0379. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**Research and Evaluation Support for Office of Population Affairs Technical Assistance Product Feedback Survey**

**Product satisfaction survey**

Please take a few minutes to provide feedback about your experience with products recently created by the Research and Evaluation Support team for the Office of Population Affairs’ Teen Pregnancy Prevention Program. Your responses are anonymous and will be used for program improvement purposes only. Thank you for your time!

*For the questions below, please indicate the extent to which you agree or disagree with the following statements.*

*SD – I strongly disagree with this statement.*

*D – I disagree with this statement.*

*N – I neither agree nor disagree with this statement.*

*A – I agree with this statement.*

*SA – I strongly agree with this statement.*

*NA – Not applicable.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The [insert name of recent product] that was provided was useful and timely.
 | SD | D | N | A | SA | NA |
| 1. [Insert name of recent product] provided clear guidance or tips for carrying out a key aspect of my program or evaluation.
 | SD | D | N | A | SA | NA |
| 1. I plan to use techniques that were described in the [insert name of recent product].
 | SD | D | N | A | SA | NA |
| 1. The [insert name of recent product] was tailored to an immediate need on my project.
 | SD | D | N | A | SA | NA |
| 1. The [insert name of recent product] helped me understand how to carry out my plans for a [implementation evaluation/continuous quality improvement strategy/impact evaluation].
 | SD | D | N | A | SA | NA |
| 1. I expect to apply information from [insert name of recent product] in my program or evaluation.
 | SD | D | N | A | SA | NA |
| 1. The [insert name of recent product] was written clearly and explained the content concisely.
 | SD | D | N | A | SA | NA |
| 1. The [insert name of recent product] was visually appealing and carefully used graphics to enhance the content.
 | SD | D | N | A | SA | NA |

9. What topics would you be interested in for future TA products?

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10. What format for TA products would be most helpful and why?

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