



**Office of Workers' Compensation Programs
Division of Coal Mine Workers'
Compensation**

U.S. DEPARTMENT OF LABOR

Paperwork Reduction Act Statement

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Act unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 1225-0093 (expires 2/29/2024). Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 5 minutes per response. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to U. S Department of Labor, DCMWC, 200 Constitution Ave., N. W., Suite C-3520, Washington, DC 20210 or email at DCMWC-public@dol.gov.

OUTREACH SURVEY

Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I am satisfied with the event today.	5	4	3	2	1	n/a
This event increased my trust in the Black Lung Program and the Black Lung staff.	5	4	3	2	1	n/a
Employees I interacted with during this event were helpful.	5	4	3	2	1	n/a
I was able to get my questions answered during this event.	5	4	3	2	1	n/a
The event was scheduled for a reasonable amount of time.	5	4	3	2	1	n/a
After the outreach program, I feel more comfortable reaching out to the Black Lung Program with any questions I may have.	5	4	3	2	1	n/a

How did you hear about this event?

___ Black Lung Program Website ___ Social Media ___ News Story ___ Newspaper Ad
___ Flyer ___ Radio ___ Other: _____

Have you applied for Federal Black Lung benefits before? ☐ YES ☐ NO

Were there any barriers or concerns that kept you from applying or made applying difficult? ☐ YES ☐ NO

If yes, what were those barriers?

Additional Comments

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