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OPTN Help Line and Patient Resource Support Task Order

Customer Satisfaction Survey

Public Burden Statement: The goal of this survey is to measure how satisfied callers are with the information and support they receive via HRSA OPTN Patient Service Line and to identify opportunities to improve service quality. 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 0906-0084 and it is valid until 02/28/2027. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 3 minutes 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

1. Overall Satisfaction:
   How satisfied are you with the assistance you received today?
   Press 1 for Very satisfied, 2 for Satisfied, 3 for Dissatisfied, or 4 for Very dissatisfied.

2. Clarity of Information:
   Was the information provided clear and easy to understand?
   Press 1 for Very clearly, 2 for Clearly, 3 for Somewhat clearly, or 4 for Not clearly.

3. Professionalism:
   How would you rate the representative's courtesy and professionalism?
   Press 1 for Excellent, 2 for Good, 3 for Fair, or 4 for Poor

4. Improvement (Open-ended):
   Please describe anything we could improve about your experience.
   After the tone, record your response. Press any key when you are finished.