FTCA Office Hours Participant Feedback Survey

Purpose

Collect structured feedback from participants to assess the session's effectiveness and inform program improvement.

Survey Questions

#	Question	Response Type
1	Overall, how satisfied were you with your FTCA Office Hours session?	Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied
2	The guidance provided was relevant to my question.	Strongly agree | Agree | Neutral | Disagree | Strongly disagree
3	The facilitator was knowledgeable and well-prepared.	Strongly agree | Agree | Neutral | Disagree | Strongly disagree
4	The information provided was clear and easy to understand.	Strongly agree | Agree | Neutral | Disagree | Strongly disagree
5	This session helped me better understand what is needed to resolve my compliance notice.	Strongly agree | Agree | Neutral | Disagree | Strongly disagree
6	What worked well during your session?	Open text
7	What could be improved?	Open text
8	Would you recommend FTCA Office Hours to other health centers?	Yes | No | Maybe
9	Is there anything else you would like us to know? (Optional)	Open text

Public Burden Statement: The Federal Tort Claims Act (FTCA) Office Hours Participant Feedback Survey is designed to gather participant feedback on the quality, usefulness, and effectiveness of FTCA Office Hours sessions. This information is used to support program and customer service improvements. 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 XX/XX/XXXX. 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. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.