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Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov.

CDRH Customer Experience and Satisfaction Question Set

Survey Purpose: Create surveys using a selection from the approved questions below.

- Satisfaction Question – allow up to 10 questions
- Open-ended questions – allow up to 3
- Stratification – as needed
- Voluntary Self ID

Survey Introduction

CDRH is conducting this short survey to improve its customer service. Please take a few minutes to share your feedback. The CDRH customer service survey does not replace existing formal complaint mechanisms and is not intended to measure satisfaction with CDRH regulatory decisions. Your participation / nonparticipation is completely anonymous and voluntary. Your responses do not affect your eligibility for receipt of any FDA services or products.

Satisfaction Questions

General Experience

- Overall, I am satisfied with the customer service I received. (Strongly Agree → Strongly Disagree)
- How easy or difficult was it to contact CDRH? (Very easy→Very difficult)
- How satisfied or dissatisfied are you with CDRH customer service? (Very satisfied→Very dissatisfied)
- How likely or unlikely are you to recommend CDRH Product/Service to a friend or colleague? (1 to 10 scale)
- Please rate the overall support you experienced today. (1 Extremely Poor→10 Excellent)

Personal Experience

- Did the (event/seminar/topic) interaction exceed, meet, or fall short of your expectations? (Exceeded expectations, Met expectations, Fell short of expectations)
 - Did CDRH make you feel like valued customer? (Yes/No)
 - To what extent did CDRH make you feel like a valued customer? (Very great extent→Not at all)
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- During my most recent interaction, CDRH...(Agree→Disagree; includes Not Applicable for each action listed below)
 - Treated me with courtesy
 - Resolved differences respectfully
 - Gave or accepted feedback with a positive and open-minded outlook
 - Communicated clearly
 - Provided a clear process to follow
 - Encouraged the exchange of perspectives and ideas
 - Set reasonable expectations for follow-up
 - Collaborated in a constructive manner
 - Proposed viable solutions to address the problem or question
 - Provided an initial response within 2 business days
 - Met established deadlines

The Interaction

- Did the (event/seminar/topic) interaction exceed, meet, or fall short of your expectations? (Exceeded expectations, Met expectations, Fell short of expectations)

Effectiveness

- How knowledgeable was the CDRH representative about your topic? (Very knowledgeable→Not at all knowledgeable; Not Applicable)
- Was your problem resolved in a satisfactory way? (Yes/No)
- How satisfied or dissatisfied are you with how well your problem was resolved? (Not applicable; my problem was not resolved; Very satisfied→Very dissatisfied)
- Please rate how satisfied or dissatisfied you are with the quality of support provided. (Very satisfied→Very dissatisfied)
- How would you rate the quality of our products and services received today? (Excellent →Extremely Poor; or 1→10)
- How easy or difficult was it to find the information you needed on our website? (Very easy→Very difficult)
- How easy or difficult is the CDRH website to navigate? (Very easy→Very difficult)

Timelines/Efficiency

- How satisfied or dissatisfied are you with the time it took CDRH to resolve the issue? (Very satisfied→Very dissatisfied)
- Was the time it took CDRH to resolve the issue...? (Shorter than you expected, About what you expected, Longer than expected)
- How easy or difficult was it to get your questions resolved? (Very easy→Very difficult)
- How did our product meet your expectations? (Exceeded expectations, Met expectations, Fell short of expectations)

Open-Ended

- How would you like us to improve our customer support? (open-ended)
 - Please explain why you [did or did not] feel like a valued customer. (open-ended)
 - What about the process or service related to your interaction with CDRH worked well? (open-ended)
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- What about the process or service related to your interaction with CDRH could be improved? (open-ended)
- What can CDRH do to improve its product or service? (open-ended)
- What suggestions do you have for improving the product or service associated with this interaction?
- Please provide any additional information that would help us understand your overall satisfaction rating and improve our services. When possible, please include first and last name of the service provider during your interaction with CDRH.

Stratification Questions

Organizational Information

- Which [Select Organizational Level – e.g., FDA Center/Office(s)/Division/Team] did you interact with at CDRH? (Select from list organizational level options; include do not know)

Respondent Information

- Which of the following **best** describes your role in interacting with CDRH?
 - Patient/ Consumer/ Caregiver
 - Health care provider/ Health professional organization
 - Industry/ Industry consultant/ Industry trade association
 - Educator, professor, teacher, or student (Academia)
 - Food and Drug Administration (FDA) employee
 - Other Federal agency employee
 - Non-U.S. regulator
 - Third party review or accreditation organization
 - Other, please specify:
- For the service associated with this interaction, how often do you use/request the service from CDRH? (Routinely→Rarely; or numerical ranges; depending on the service)

Voluntary Self Identification

If you would like to speak with CDRH about your feedback, please contact the CDRH Quality Management and Organizational Excellence Program at CDRHCustomerService@fda.hhs.gov. If you are willing to be selected out of a random sample of respondents and contacted for follow-up, please enter your contact information below (OPTIONAL).

Name:

Email Address:

Phone Number:
