FEEDBACK SURVEY:

OMB Control No: 0910-0360 **Expiration Date**: 10/31/2026

Feedback on FDA CBER Office of Therapeutic Products Events

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 provides that an agency may not conduct or sponsor, and a person is not 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 0910-0360. The time required to complete this information collection is estimated to average 2 to 3 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov.

The FDA's Office of Therapeutic Products (OTP) invites you to share your feedback on the <insert event name> held on <insert date>. We appreciate your candid responses, which will be used to inform planning for future OTP events.

Your participation/non-participation is completely voluntary and your responses will not affect regulatory decisions or interactions with the FDA. All respondent identification and information will be anonymous unless otherwise indicated. In instances where respondent identity is needed (e.g., for follow-up of non-respondents), this information collection fully complies with all aspects of the Privacy Act and data will be kept secure to the fullest extent allowed by law.

1. Our records show that you registered for <insert event name>. Did you attend the event?
   - o Yes
   - o No [Go to thank you/closing.]

2. Which of the below best describes your role(s)? Select as many as apply.
   - o Academic professional or researcher
   - o Government employee
   - o Healthcare professional
   - o Patient advocacy professional
   - o Patient or caregiver
   - o Pharmaceutical or biotech professional
   - *o* Other [open ended]
   - *o* Prefer not to say

3. Please select your level of agreement for each of the following statements.

		Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
3a	I was satisfied with this event.	o	o	o	o	o
3b	I thought the topic was interesting.	o	o	o	o	o
3c	The information in the event was relevant to my work.	o	o	o	o	o
3d	I thought the speakers were engaging.	o	o	o	o	o
3e	The event met my expectations.	o	o	o	o	o
3f	I plan to attend future OTP events.	o	o	o	o	o

4. What topics would you like to see covered in future CBER OTP events? [optional, open-ended]

5. Is there any additional feedback you would like to share with CBER OTP about this event or future events? [optional, open-ended]

Thank you for your time. If you have any questions about the poll, please contact <insert first and last name] at <insert email address>.