



Product Feedback Form

Heartland National TB Center welcomes your suggestions for improving our products. If you have an idea for a new feature or improvement to our products, please complete the feedback form below.

Name: _____ Date Submitted: _____

Agency: _____ State: _____

Can we contact you with questions? YES No Best way to reach you: _____

Product Title (If discussing a specific product): _____

General

1. Overall, how would you rate HNTC Products (or this specific product)? (1 = lowest, 5 = highest)

1 2 3 4 5

2. Do you feel our/this product is user-friendly (easy to read, easy to understand, etc)?

What could be changed to make the product easier to use?

3. Do you feel that the structure and layout of our/the product is appropriate? *For example: Did it flow properly, is it organized well, etc.*

If not, what could be changed to make it more appropriate?

Content

4. Did we provide you with enough information on the subject matter?

5. Do you feel like this/our product(s) provided clear and concise steps pertaining to the subject matter?

If not, what additional information would have been helpful?

6. Do you feel they/it successfully provides information that you can use in your daily work?

If not, what additional information would have been helpful?

7. Do you feel the tables/charts/figures (if provided) are useful tools?

8. What additional designs would be useful?

Reader

9. What do you like most about this product?

10. What do you like least about this product?

Comments, Changes or Corrections (please list page number and/or section)

Submit