

## Product Feedback Form

**\*\*Note:** To use 'Submit' button, please download the form *prior* to completing.

*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