WHO Immunization Devices prequalification

**Website user feedback form**

Thank you for visiting the WHO Immunization Devices website and for taking the time to provide us with valuable feedback so that we can continuously improve the functionality and effectiveness of the website.

Please complete provide your responses to the following questions as appropriate, and return the form by email to Gemma Huckerby, IMD-PQS Communications & Information Officer: huckerbyg@who.int.

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| ***IDENTIFICATION*** |
| NAME**MANDATORY** |  |
| AFFILIATION (COMPANY, ORGANISATION)**MANDATORY** |  |
|  |
| ***OVERALL EXPERIENCE*****MANDATORY** |
| How would you rate your overall experience on our new website?(SCALE 1 TO 5) |  |
| Did you find the website easy to navigate? (YES / NO, IF “NO” PLEASE EXPLAIN) |  |
| Were you able to find the information you were looking for quickly and easily?(YES / NO, IF “NO” PLEASE EXPLAIN) |  |

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| ***CONTENT & INFORMATION*** |
| Was the content on the website clear, accurate, and easy to understand?(YES / NO, IF “NO” PLEASE EXPLAIN) |  |
| Did you find the information on the website relevant to your needs?(YES / NO, IF “NO” PLEASE EXPLAIN) |  |
| Is there any information you expected to find but couldn't? (YES / NO, IF “NO”, WHAT?) |  |
| Did you encounter any technical issues or broken links while Browse the website? (YES / NO, IF “YES”, PLEASE DESCRIBE) |  |

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| ***FUNCTIONALITY*** |
| IMD-PQS Catalogue: If relevant, were you able to easily and effectively access information about IMD-prequalified products?(YES / NO, IF “NO” PLEASE EXPLAIN) |  |
| PRODUCT PERFORMANCE FEEDBACK: If relevant, were you able to easily and effectively provide information about IMD-prequalified product performance using the feedback form?(YES / NO, IF “NO” PLEASE EXPLAIN) |  |
| Are there any other features or functions that you would like to see on the website that are not currently present?(YES / NO, IF “YES”, PLEASE DESCRIBE) |  |

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| ***OPEN FEEBACK*** |
| Do you have any other comments or suggestions ? |  |

**END**