**\*\*Note:** Completion time about 10 minutes

#### **OMB Number XXXX-XXXX**



We need your feedback to improve the Internet services of the National Transportation Safety Board! Please answer the questions below. This questionnaire does not collect personal information and we request that, as you fill in boxes below, you do not submit such information as name, address, and e-mail address. Thank you for your readiness to help us both serve you better and maintain your privacy!

- If you aren't familiar with our services, you may wish to explore <u>NTSB.gov</u> before returning to this page to complete the survey.
- To report technical problems, please use our <u>Report Technical Issues</u> form.

Note:

Please do not use this survey to make inquiries. We use this survey for data gathering only. Because we access the data only at certain times, we may not see your inquiry for several weeks. Submit inquiries at <a href="http://www.ntsb.gov/Info/sources.htm">http://www.ntsb.gov/Info/sources.htm</a>

#### A. CUSTOMER SATISFACTION

1. In general, how satisfied are you with the information content?

Use the scale provided to rate your experiences with our web site as defined by the categories listed below.

1	2	3	4	5			NA		
Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied			Don't Use		
Category				1	2	3	4	5	NA
relevance to your needs					0	0	0	0	0
timeliness				0	0	0	0	O	0
usefulness of search results					0	0	0	0	0

If you'd like to give us some specific examples of areas where you like or don't like the *information content*, please do so below.

2. In general, how satisfied are you with the way the information is presented?

Use the scale provided to rate your experiences with our web site as defined by the categories listed below.

1	2	3	4	5		NA		4	
Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied			Don't Use		
Category				1	2	3	4	5	NA
clarity of the writing (readability, ease of interpretation)					0	0	0	0	0
clarity of the tables and charts				0	0	0	0	0	0
quality of graphics				0	0	0	0	0	0

If you'd like to give us some specific examples of areas where you like or don't like the way information is *presented*, please do so below.

1		

### 3. In general, how satisfied are you with the way the information is *organized*?

Use the scale provided to rate your experiences with our web site as defined by the categories listed below.

1	2	3	4		5			NA		
Very Satisfied	Satisfied	Neither	Dissatisfied	Very	Very Dissatisfied			Don't Use		
Category				1	2	3	4	5	NA	
ease of finding information sought					0	0	0	0	0	
ease of finding new material					0	0	0	0	0	
menus and categories (clarity, ease of use)			0	0	0	0	0	0		
links (relevance, usefulness)				0	0	0	0	0	0	

If you'd like to give us some specific examples of what you like or don't like about how the site is *organized*, please do so below.

### 4. Our goal is to provide useful information and services. How useful do you find:

Use the following key in rating your experiences with our web site as defined by the categories listed below.

1	2	3	4		5			N/	4
Very Satisfied	Satisfied	Neither	Dissatisfied	Very	Dissati	sfied	Don't Use		
Category				1	2	3	4	5	NA
accident infor	mation			0	0	0	0	0	0
victims' fami	ly assistance i	nformation		0	0	0	0	0	0
press releases	and advisorie	es		0	0	0	0	0	0
updates on bu	ıdget, legislati	on, and activit	ties	0	0	0	O	O	0
speeches and testimony					0	0	0	0	0
research findi	ngs, reports, a	and statistics		0	0	0	0	0	0
safety studies	and special re	eports		0	0	0	0	0	0
safety recommendations and advocacy				0	0	0	0	0	0
Board meetings, hearings, forums and symposia					0	0	0	0	0
briefs, opinions, orders, legislation, regulations o o o					0	0	0		
full-text publications o o o o						0	0		
audio and video files					0	0	O	O	0

If you'd like to give us some specific examples of what you like or don't like about how the site is *organized*, please do so below.

#### B. **LOOKING AHEAD**

4. **In the future, I would like to ...** (*Please check any that apply*)

#### **Receive:**

- □ Information on investigation status
- □ Notification of factual reports
- □ Notification of regulatory changes
- □ Notification of probable cause findings

#### Fill out online or at a NTSB Office a:

- □ Pilot Operating Accident Report (6120.1)
- □ Other (*please specify*): \_\_\_\_\_

	5.		u have any other suggestion to improve or develop further the NTSB Web Please be as specific as possible)
C.	<u>U</u> !	SER PR	OFILE
	6.	I am a	(Please check any that apply) survivor or family member of a transportation disaster victim transportation program administrator, manager, or analyst
			policy maker or legislator
			researcher, professor, or student in a transportation-related engineering field
			member of the media, writer or reporter
			librarian
			other (please specify)
	<i>7</i> .	I visit	the National Transportation Safety Board Web site
		0	frequently (daily or once a week)
		0	occasionally (once a month or once every six months)
		0	rarely (less than once every six months)
<u>S</u> u	bmit	: Information	Clea <u>r</u> ALL Fields

## **Public Burden Information**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is [XXX-XXXX].

The time required to complete this information collection is estimated to average 10 minutes, including the time to review instructions, search existing data sources, to gather the data needed, and to complete and review the information collection.

To let us know of:

- Your concerns regarding the status of your individual submission of this form
- Your comments about the accuracy of the time estimate or suggestions for improving this form

Please write directly to National Transportation Safety Board, Office of the Chief Information Officer, Information Products Division, CIO-30, 490 L'Enfant Plaza SW, Washington, DC 20594.