CAPTAP Survey Screenshots (revised 9/08)

CIKR Asset Protection Technical Assistance Program (CAPTAP) Survey

Your Opinion Counts!
Please tell us about your experience with the CAPTAP service.

The information will be kept private or anonymous to the extent allowable by law.

OMB No: 1670-NEW Expiration Date: MM/DD/YYYY

The public reporting burden for this form is estimated to be ten minutes. The burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: NPPD/OIP/IICD, Attention: Veronica Heller, Team Lead, Planning and Policy Integration, U.S. Department of Homeland Security, Ballston One, 5th Floor, 4601 N. Fairfax Dr., Arlington, VA 22203. NOTE: DO NOT send your completed form to this address. You are not required to respond to this collection of information unless a valid OMB control number is displayed.

1) CAPTAP service ID:

OVERALL

2) Overall, how satisfied are you with the CAPTAP service?

Select one answer.

- ○ Very Satisfied
- ○ Satisfied
- ○ Somewhat Satisfied, Somewhat Dissatisfied
- ○ Dissatisfied
- ○ Very Dissatisfied

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EVALUATION

3) To what extent do you agree or disagree with the following statements about the CAPTAP service?

a. The CAPTAP service was applicable to my agency/department/field.

Select one answer.

- ○ Strongly Agree
- ○ Agree
- ○ Somewhat Agree, Somewhat Disagree
- ○ Disagree
- ○ Strongly Disagree

b. Methodology, tool(s) and materials increased my understanding of the collection and assessment of critical infrastructure and key resources (CIKR) data.
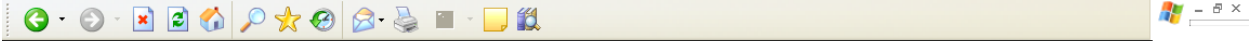
Select one answer.

- ○ Strongly Agree
- ○ Agree
- ○ Somewhat Agree, Somewhat Disagree
- ○ Disagree
- ○ Strongly Disagree

c. The information was presented in a concise and clear manner.

Select one answer.

- ○ Strongly Agree
- ○ Agree

○ Strongly Agree
○ Agree
○ Somewhat Agree, Somewhat Disagree
○ Disagree
○ Strongly Disagree

c. The information was presented in a concise and clear manner.

Select one answer.

○ Strongly Agree
○ Agree
○ Somewhat Agree, Somewhat Disagree
○ Disagree
○ Strongly Disagree

d. The instructors provided a favorable learning environment.

Select one answer.

○ Strongly Agree
○ Agree
○ Somewhat Agree, Somewhat Disagree
○ Disagree
○ Strongly Disagree

e. Course communications were clear, comprehensive and useful.

Select one answer.

○ Strongly Agree
○ Agree
○ Somewhat Agree, Somewhat Disagree
○ Disagree
○ Strongly Disagree

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INFORMATION

4) To what extent did the course provide the information you need on the following topics?

Select one answer for each topic area.

	Right Amount of Information	Need Additional Information	Too Much Information	Not Applicable
Executive Overview - CAPTAP	○	○	○	○
Service Overview	○	○	○	○
Assessment Methodology	○	○	○	○
ACAMS System Overview	○	○	○	○
Critical Asset Inventory	○	○	○	○
PCII Review	○	○	○	○
Asset Manager Questionnaire (AMQ)	○	○	○	○
Initial Asset Visit (Stage-2)	○	○	○	○
Target Hardening	○	○	○	○
Constellation	○	○	○	○
Pre-incident Security Enhancement Plan	○	○	○	○
Client In-brief	○	○	○	○
ACAMS Administration Overview	○	○	○	○

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If you selected "Need More Information" for any of the topics on the previous page, use the space below to indicate what additional information you need.

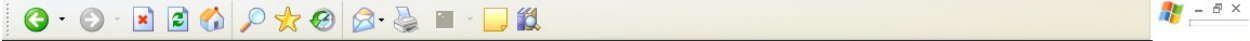|	
Executive Overview-CAPTAP	
Service Overview	
Assessment Methodology	
ACAMS System Overview	
Critical Asset Inventory	
PCII Review	
Asset Manager Questionnaire (AMQ)	
Initial Asset Visit (Stage-2)	
Target Hardening	
Constellation	
Pre-incident Security Enhancement Plan	
Client In-brief	
ACAMS Administration Overview	

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ACTIVITIES

5) To what extent did the following activities contribute to your learning?

Select one answer for each activity.

	High Contribution	Medium Contribution	Low Contribution	Not Applicable
Class discussions	○	○	○	○
C/ACAMS data entry	○	○	○	○
Field assessment visit	○	○	○	○
Small group	○	○	○	○

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Online Survey Software powered by Vovici.

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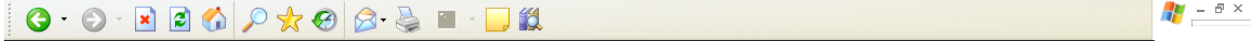6) Will you recommend the CAPTAP service to your colleagues?

Select one answer.

○ Yes, will definitely recommend
○ Yes, might recommend
○ No, will not recommend

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BACKGROUND

7) How were you selected to attend this CAPTAP service?

Select one answer.

- ○ Volunteered to take training
- ○ Required to take training as part of my job function
- ○ Required to take training by a supervisor
- ○ Other (please specify)

If you selected other, please specify:

[   ]

8) What is your expected role in the C/ACAMS system?

Select all that apply.

- ☐ Administrator
- ☐ Supervisor
- ☐ Analyst
- ☐ User
- ☐ Do not know my expected role
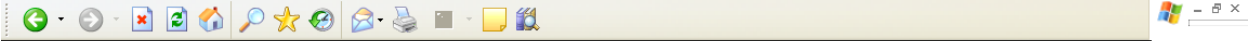
9) How often do you expect to use the C/ACAMS system?

Select one answer.

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Once every six months
- ○ Annually
- ○ Do not expect to use

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10) Which of the following best describes your current position?

Select one answer.

- ○ Federal government employee
- ○ State government employee
- ○ Local government employee
- ○ Tribal government employee
- ○ Federal government contractor
- ○ State, local, or tribal government contractor
- ○ Other (please specify)

If you selected other, please specify:

11) Which of the following best describes your current professional role?

Select one answer.

- ○ Administration
- ○ Emergency Services
- ○ Investigations
- ○ Law Enforcement/Security
- ○ Operations
- ○ Other (please specify)

If you selected other, please specify:

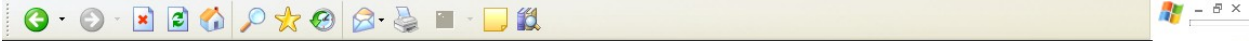12) How many years have you been in your present position?

Select one answer.

- ○ Less than 1 year
- ○ 1 to 5 years
- ○ More than 5 years

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13) What was most useful about your training experience?

14) How would you improve this training?

15) Comments

Thank you for taking part in the CAPTAP service and participating in this survey. Your feedback is the means we use to guide future improvements.

The information will be kept private or anonymous to the extent allowable by law.

[Previous Page] [Submit Survey] ████████ 100%