

NIST Customer Satisfaction Survey

Directions: Please indicate your evaluation of each item by circling the appropriate score and include additional comments where applicable. Use the bottom of the second page if necessary.

1. Overall Satisfaction

This (product or service) exceeded my expectations
I would recommend this (product or service) to others

Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
0	1	2	3	4	5	6
0	1	2	3	4	5	6

I liked the following thing best about the (product or service). Why?

I liked the following thing least about the (product or service). Why?

If I were to improve this (product or service) to make it more effective, I would:

2. Satisfaction: Accessibility

Availability and format of (product or service)
Quality of visuals/graphics or readability

Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
0	1	2	3	4	5	6
0	1	2	3	4	5	6

3. Satisfaction: Responsiveness

Professionalism and Courtesy of NIST staff
Timeliness of delivery of (product or service)
Ease of navigation/finding information

Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6

Note: Please circle '0' for those that do not apply to this (product or service):

The technical content was relevant and applicable to

Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
0	1	2	3	4	5	6

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The depth and quality of information was appropriate

0	1	2	3	4	5	6
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The (product or service) helped me to do my job

0	1	2	3	4	5	6
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The (product or service) was sufficiently interactive

0	1	2	3	4	5	6
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4. Learning

My understanding of this topic prior to using this (product or service) was at this level:

No Knowledge	Somewhat Familiar	Familiar	Very Familiar	Very Familiar/Able to implement and share examples	Expert
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I think my current understanding of this topic after using the (product or service) is at this level:

0	1	2	3	4	5
0	1	2	3	4	5

Please describe 3 things that you learned from this (product or service):

5. Application

I learned and will apply the following items in the performance of my job

May we contact you in 45 days to follow up on the application of this (product or service) Yes No

Contact Information: _____

6. Needs Assessment

I need the following additional information or materials to improve performance of my responsibilities

NOTE: This questionnaire contains collection of information requirements subject to the Paperwork Reduction Act (PRA). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject

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to the requirements of the PRA, unless that collection of information displays a currently valid OMB Control Number. The estimated response time for this questionnaire is 5 minutes. The response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., Carol Hockert, carol.hockert@ni: 301-975-4004. The OMB Control No. is 0693-0031, which expires on 2/29/2012.

45 Day Follow-Up Questions

1. If you have applied something, what did you apply and has there been an impact? Please describe.

2. If you have not applied anything, but intended to do so, what were/are the barriers that have prevented your
Please explain.

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st.gov,

implementation?

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