**NASA STI Impact Questionnaire**

The NASA Scientific and Technical Information (STI) Program and the Center for AeroSpace Information (CASI) wish to understand the usefulness of the information you recently requested.

Please take a few minute to answers the following questions. Your responses will help us assess the impact NASA STI has with consumers as well as assist us in improving our services. The information will be compiled periodically for Program reviews and other reporting.

+++++++++++++++++++++++++++++++++

Please select ***one*** of the following that best describes your affiliation:

Industry Academia Research Institute Other government Private Citizen

For each please select the impact of the STI you accessed on your work/operations.

1. **Cost avoidance *– Did the STI you accessed contribute in avoiding costs that had been planned or anticipated?***

Direct Indirect Potential No Impact N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Schedule gain *– Did the STI you accessed contribute to positive schedule changes in your work/planning?***

Direct Indirect Potential No Impact N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Productivity *– Did the STI you accessed contribute to improvements in productivity or quality?***

Direct Indirect Potential No Impact N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Innovation *– Did the STI you accessed contribute to an innovation in design or process?***

Direct Indirect Potential No Impact N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Job creation *– Did the STI you accessed contribute to new hires or contracted work?***

Direct Indirect Potential No Impact N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time is responding to this questionnaire.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about <INSERT NUMBER> minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING OR EMAIL THE COMPLETED FORM TO <INSERT SOME WORDS HERE>. You can find additional information on this program <insert some words here>.** *You may send comments on our time estimate above to*: <insert address here>*.* ***Send only comments relating to our time estimate to this address, not the completed form.***