

National Institute for Occupational Safety and Health  
Manual of Analytical Methods  
CUSTOMER SATISFACTION SURVEY

**Please help us improve our manual by completing the survey below.**

The purpose of this questionnaire is to obtain information on how you use methods from the NIOSH Manual of Analytical Methods (NMAM™) in your work and to obtain your feedback to help make the NMAM easier for you to use. In addition, this information will help us determine if the NMAM covers the analytical methods of interest to you.

This survey is voluntary. While we do prefer that you answer all questions, there is no penalty if you don't. No individually identifiable data will be published or released. There will be no way to link you to your response, unless you provide your e-mail address. Your E-mail address is needed ONLY if you wish to receive a response to a specific inquiry that you are making.

[Privacy Policy Notice](http://www.cdc.gov/privacy.htm) [http://www.cdc.gov/privacy.htm]

Public reporting burden of this collection of information is estimated to average 20 to 30 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

When you complete the survey form please click on the "Submit" button at the end of the form.

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - **CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-0953).**

**Part 1.** We would like to know some information about your use of analytical methods, in general, to help us understand if we are meeting your needs.

1. Please check all of the methods you use (listed in first column on the left). Then choose yes or no in the next set of columns to indicate the reasons why those methods are used.

Method Source (please check any that your lab uses)	Required by Client	Required by Regulation	Easy to Use	Accuracy of Method	Other Reasons (Please specify, use text box to explain)
___ NIOSH	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
___ AOAC Int.	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
___ ASTM	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
___ EPA	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
___ ISO	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
___ OSHA	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
___ In-house	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
___ Other	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	<input type="checkbox"/> Yes [ ] <input type="checkbox"/> No [ ]	[ text box ]
(Please Specify)	<hr/> <hr/>				

2. In the last year, how many requests have you received to analyze for substances for which no method was available? \_\_\_\_\_

Please name the substances.

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**Part 2.** We would like to know about your use of NMAM methods and how they can better suit your needs.

3. Please list the most frequently used NIOSH NMAM methods in the first column. Next, please indicate if you use the method as written or if you have modified the method in any way. If you have modified a method, please describe briefly why it was modified.

Method Number	Use as written	If modified, briefly describe modification(s)
	Yes [ ] No [ ]	
	Yes [ ] No [ ]	
	Yes [ ] No [ ]	
	Yes [ ] No [ ]	
	Yes [ ] No [ ]	
	Yes [ ] No [ ]	
	Yes [ ] No [ ]	

4. In column A, please list the NIOSH methods that you feel could use the most improvement. In column B, please indicate why you listed the method. (Some reasons may be; expense, lack of sensitivity, inaccurate, out-dated, equipment/reagents not available, confusing instructions, or other concern.)
5. Please list which NMAM methods need improvement

6. Are there new methods you would like to see added to NMAM?

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**Part 3.** This next section asks about ease of finding information and layout of the online NMAM.

7. What do you think about the current format of the NMAM methods (See Example - Attachment B, also as pop-up window; <http://www.cdc.gov/niosh/docs/2003-154/pdfs/2000.pdf>). Please check Yes or No, then add any comments you have on the format.

<b>A. Summary Page (p.1)</b>		<b>Comments</b>
1. Is the information on the summary page pertinent to your use of the method?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is the information clear and understandable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Is all the information useful?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Is all the information necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>B. Procedures</b>		
1. Are the procedures clear and understandable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Would you prefer more detailed step-by-step procedures, e.g., EPA or OSHA format?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>C. Calculations</b>		
Is the calculations section easy to understand?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>D. Evaluation</b>		
Does the information in the Evaluation section aid in the application of the method?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

8a. Does the Method Finder provide the information necessary for selecting the proper method you need to conduct all analyses? Yes  No

8b. What information would make the Method Finder more helpful for your work?

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8c. Is there any information that could be deleted from the Method Finder?

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9. Do you or your personnel consult the NMAM introductory chapters? (Check all that apply.)

<input type="checkbox"/> Purpose and Scope	<input type="checkbox"/> How to Use NMAM
<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> General Considerations for Sampling Airborne Contaminants
<input type="checkbox"/> Development and Evaluation of Methods	<input type="checkbox"/> Application of Biological Monitoring Methods
<input type="checkbox"/> Measurement Uncertainty and NIOSH Method Accuracy Range	<input type="checkbox"/> Glossary (Abbreviation, Definitions, and Symbols)

10. Please check which topic-specific chapters you have found helpful (Check all that apply)

<input type="checkbox"/> Aerosol Photometers for Respirable Dust Measurements	<input type="checkbox"/> Portable Electrochemical Sensor Methods
<input type="checkbox"/> Portable Gas Chromatography	<input type="checkbox"/> Sampling and Characterization of Bioaerosols
<input type="checkbox"/> Determination of Airborne Isocyanate Exposure	<input type="checkbox"/> Measurement of Fibers
<input type="checkbox"/> Sampling and Analysis of Soluble Metal Compounds	<input type="checkbox"/> Aerosol Sampling: Minimizing Particle Loss from Cassette Bypass Leakage.
<input type="checkbox"/> Factors Affecting Aerosol Sampling	<input type="checkbox"/> Monitoring of Diesel Particulate Exhaust in the Workplace
<input type="checkbox"/> Determination of Airborne Crystalline Silica	<input type="checkbox"/> None

11. We are reviewing a chapter on pesticides to be added to NMAM. What additional topics should be addressed in chapter format?

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12. What do you like best about the NMAM? Please elaborate on your reason.

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13. What do you like least about the NMAM? Please elaborate on your reasons.

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14. Please indicate by checking a box how important video demonstrations would be for you for each example/category/technique below

	Very important	Somewhat important	Neutral	Not important	Not at all important
<b>In general, videos demonstrating some procedures would be useful</b>					
<b>Sample tube desorption process (such as charcoal)</b>					
<b>standards preparation (liquid vs. gas vs. bulk)</b>					
<b>filter handling procedures (like pre/post weight or punch selection)</b>					
<b>Surface sampling</b>					

15. This site has a number of .pdf files (Adobe Acrobat files). What is your experience with these files?

I have no trouble downloading and using these files

I like these files but they are a little slow to load

I don't care what format, .pdf or .html

I can't use .pdf , please put in .html format!

16. Would you like to see a smart phone application;

Yes [ ]    No [ ]    Neutral [ ]

17. Would you like to see a tablet application for the NMAM?

Yes [ ]    No [ ]    Neutral [ ]

18. Would you like to see an e-book edition

Yes [ ]    No [ ]    Neutral [ ]

19. Please tell us your opinion about the following: Answers range from Strongly Agree, Agree, Neutral, Disagree, Strongly disagree, did not view/no opinion

Statistical information on this site is:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Easy to find					
Well organized					
Clear					
Links CDC-NIOSH provides to analytical method information outside of CDC's Website are:					
Useful					

**Part 4.** Now we'd like to know more about you, so we can serve you better. Remember, all questions are optional. The information you provide will be used only to improve our service/product for you. No Individually identifiable data will be published or released.

20. What industries/groups use your analytical services? (Check all that apply)

<input type="checkbox"/> Agriculture, Forestry, Fishing	
<input type="checkbox"/> Academia	
<input type="checkbox"/> Consulting Firms	
<input type="checkbox"/> Construction	
<input type="checkbox"/> Government Agencies	
<input type="checkbox"/> Health Care and Service Assistance	
<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Mining	
<input type="checkbox"/> Services [define more?]	
<input type="checkbox"/> Transportation, Warehousing, and Utilities	
<input type="checkbox"/> Wholesale and Retail Trade	
<input type="checkbox"/> Other _____	

21. Please indicate the approximate percent of your analyses performed in the last six months that apply to each of the categories listed.

<input type="checkbox"/> Occupational (air/area/wipe sampling)	<input type="checkbox"/> Occupational (biomonitoring)
<input type="checkbox"/> Environmental (air/water/soil)	<input type="checkbox"/> Toxicological (animal)
<input type="checkbox"/> Quality Control	<input type="checkbox"/> Environmental (biological; mold, anthrax, other)
<input type="checkbox"/> Other (Please specify) _____	

22. Is English your first language? Yes [ ] No [ ]

23. Do you work \_\_\_\_ in the USA \_\_\_\_ outside the USA [If answer is 'outside the US,' skip to question 24.]

24. Please select your country from the dropdown list:

[Insert drop-down list here]

Click on Submit Information button

Clear all fields button

[Add Submit button]

[Add Clear all fields button]

**Your answers to this survey will aid us in improving laboratory assistance programs and in focusing future analytical research. We appreciate your willingness and time in participating in this survey.**