

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) met 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/audio/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 my needs:

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) will help/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 three (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 Name: _____

Address: _____

Phone/Email: _____

6. Needs Assessment

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

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NOTE: This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be five 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. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Isabel Chavez, isabel.chavez@nist.gov, 301-975-2128. The OMB Control No. is 0693-0031, which expires on 2/29/2018.

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45 Day Follow-Up Questions

1. If you have applied something using this product/service, what did you apply and what has been the impact?

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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Please describe.

implementation?