

NPS Office of Public Health (OPH) Customer Service Survey

(On and Off-site survey)

PAPERWORK REDUCTION ACT STATEMENT: The National Park Service is authorized by 54 USC 100702 to collect this information. This information will be used to understand respondents' opinions on the work of the Office of Public Health. Responses to this request are voluntary and anonymous. Your name will not be associated with your answers. No action may be taken against you for refusing to supply the information requested. 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.

BURDEN ESTIMATE STATEMENT: Public reporting burden for this collection is estimated to be 3 minutes per response. Direct comments regarding the burden estimate or any other aspect of this collection to: CAPT Sara Newman 1201 I Street, NW Washington, DC 20005. sara_newman@nps.gov

The National Park Service (NPS) Office of Public Health (OPH) continually strives to increase the value of our services to the NPS and partners. As a customer of this service your input is very important. Please take a few minutes of your time to answer the following survey questions.

1. Was your encounter with the NPS OPH related to: _____
- On-site visit
 - Off-site visit (i.e., email, phone, text, fax, etc.)
 - Partnerships
 - Response (emergency)
 - Science

NOTE: the next question will only be asked if the responded select on-site visit as a response to Q1 above otherwise all other responses will be automatically directed to Q 2 below.

*** What was the most important benefit of the site visit? (Select up to three choices)

- Opportunity to discuss issues face-to-face with a public health professional
- Positive reinforcement provided to staff
- Assistance in determining problem areas before they become major violations
- Technical assistance
- Increased awareness of public health issues among park leadership
- Written final report
- Other Benefits? (please specify)

2. What was the intended focus of your contact with the OPH? (check all that apply)

- Backcountry Operations
- Diseases
- Drinking Water Supply Systems
- Food Safety and Sanitation
- Health Promotions/ Healthy Parks Healthy People
- Personnel Services
- Recreational Waters
- Wastewater Treatment Systems
- Other purpose of contact?

3. Please rate the person who assisted you on the following attributes:

| | Very Good | Good | Fair | Poor | Very Poor | Unable to Rate |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Courteous Service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professionalism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsiveness/Response | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge of the Problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. What could the OPH Representative do to improve his/her service?

5. What subject areas do you value most from the OPH? (select all that apply)

- Backcountry Operations
- Diseases
- Drinking Water Supply Systems
- Emergency Response
- Food Safety and Sanitation
- Health Promotions/ Healthy Parks Healthy People
- Partnerships
- Personnel Services
- Recreational Waters
- Science
- Wastewater Treatment Systems

Other Services (please specify)?

6. Are there additional services the OPH could provide to serve the parks better? If so, what are they?

7. Please rate your overall satisfaction with the NPS OPH service provided.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Satisfied | Somewhat Satisfied | Neutral | Somewhat Dissatisfied | Very satisfied | Unable to Rate |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Please tell us how you are affiliated with the program. This will be used to assist us in understanding the groups we serve.

| NPS | NPS Regional Office or Park | Program Area |
|-----|-----------------------------|--------------|
| | | |

| Partners | Community Affiliation | Program Area |
|----------|-----------------------|--------------|
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9. Please provide any other comments or suggestions to help us improve the NPS OPH