

Farm Service Agency Customer Satisfaction Survey

1. **In which state is the Farm Service Agency (FSA) office that you most recently contacted or visited?** (dropdown list selection)
2. **In which city or town is the office that you most recently contacted or visited?**
_____ (fill-in free-form text)
3. **What is your role, if any, in farming or ranching?** (Mark **one** of the following that best applies to you.)
 - a. Farmer or rancher
 - b. Farmland or ranchland owner, but not a farmer or rancher
 - c. Farm manager, employee, or worker
 - d. Not involved in farming or ranching.
4. **How many years have you been involved in farming or ranching?** (Mark **one** of the following that best applies to you.)
 - a. Less than one year
 - b. 1 to 10 years
 - c. 11 to 20 years
 - d. 21 to 30 years
 - e. More than 30 years
 - f. Not applicable.
5. **If you are a farmer or rancher, what do you produce?** (Mark **all** that apply to you.)
 - a. Aquaculture
 - b. Milk and other dairy products
 - c. Poultry (including eggs)
 - d. Specialty livestock (including bison, honey, and mink)
 - e. Livestock, not considered specialty (including cattle, hogs, sheep, goats, and horses)
 - f. Other livestock not listed: _____
 - g. Field crops and hay (including feed grains)
 - h. Fruits, vegetables, berries, and nuts
 - i. Floriculture, nursery, Christmas trees, and sod
 - j. Other crops or agricultural production not listed: _____
 - k. Custom farming or custom livestock feeding.
6. **If you have an occupation other than or in addition to farming or ranching, which of the following choice best describes it?** (Mark **one** of the following that best applies to you)
 - a. Agricultural business
 - b. Non-agricultural business
 - c. Education
 - d. Government
 - e. Non-governmental organization

- f.** Other: _____
- g.** Not applicable.

- 7. What is your business relationship with FSA?** (Mark **one** of the following that best applies to you)
- a. FSA program customer or participant
 - b. Representative of an FSA program customer or participant
 - c. New customer (not previously an FSA program customer or participant)
 - d. FSA partner organization, agricultural stakeholder, or crop insurance affiliate
 - e. Other: _____
- 8. How did you find out about or what brought you to FSA?** (Mark **one** that best applies to your most recent visit.)
- a. Preexisting customer in for routine business
 - b. FSA Outreach event, such as an FSA meeting, conference, or workshop
 - c. Word of mouth from a friend, family member, neighbor, teacher, colleague, or non-FSA event
 - d. Broadcast Media, such as radio, TV, public service announcement, or Internet
 - e. Direct or electronic mail, such as postcard, letter, GovDelivery email, or text
 - f. Print media, such as newspaper, brochure, or magazine
 - g. Other USDA official referral, such as from NRCS, RMA, RD, AMS, etc.
 - h. Agricultural organization referral, such as Extension Service, community based organization, producer association, or commodity group, etc.
 - i. Other: _____
- 9. How do you prefer to receive information from FSA?** (Mark **all** that apply.)
- a. U.S. Mail, such as postcards, letters, and newsletters
 - b. Email
 - c. Text messaging
 - d. Social Media
 - e. Broadcast Media, such as radio, TV, public service announcement, or Internet
 - f. Print media, such as newspaper, brochure, or magazine
 - g. Customer self-service, such as through a public Web site or secure customer portal
 - h. Other: _____
- 10. How frequently do you contact or visit any FSA office?** (Mark **one** that best applies to you.)
- a. This was my first time
 - b. At least monthly
 - c. Up to 6 times per year
 - d. Less than 1 time per year.

11. What was the primary reason for your most recent contact or visit to the FSA office? (Mark all that apply to you)

- a. Inquire about FSA farm programs or services
- b. Apply for a farm program or service
- c. Inquire about FSA farm loan programs
- d. Apply for a farm loan
- e. Inquire about other USDA programs or services
Please describe: _____
- f. Inquire about specific agricultural resources, referrals, or information available through FSA's *Bridges to Opportunity* service
Please describe: _____
- g. Obtain general information about agriculture
Please describe: _____
- h. Other information
Please describe: _____

12. What other USDA programs or services have you used? (Mark all that apply.)

- a. Agricultural marketing services
- b. Conservation technical assistance, loans, or grants
- c. Home loans
- d. Organic certification cost share programs
- e. Risk management or crop insurance
- f. Rural business loans or grants
- g. Rural Energy for America Program (REAP)
- h. Value-added producer grants
- i. Other: _____

13. Thinking about the FSA personnel you interacted with during your most recent contact or visit to the FSA office, how satisfied are you with their competence, knowledge, responsiveness, and courtesy? (Please rate using the following selections: *5-Very satisfied; 4-Satisfied; 3-Neutral; 2-Dissatisfied; 1-Very dissatisfied; Not applicable.*)

14. Thinking about the program, service, information, or benefit you received during your most recent contact or visit to the FSA office, how satisfied are you with its usefulness, quality, timeliness, and documentation? (Please rate using the following selections: *5-Very satisfied; 4-Satisfied; 3-Neutral; 2-Dissatisfied; 1-Very dissatisfied; Not applicable.*)

15. If you were referred to an FSA partner as part of FSA's *Bridges to Opportunity* service during your most recent contact or visit to the FSA office, how satisfied are you with the usefulness, quality, timeliness, and documentation aspects of the referral? (Please rate using the following selections: *5-Very satisfied; 4-Satisfied; 3-Neutral; 2-Dissatisfied; 1-Very dissatisfied; Not applicable.*)

16. Please provide any additional comments regarding the most recent service the FSA office provided to you and/or how FSA might improve its overall customer service:

17. If you would like an FSA official to contact you regarding the service provided to you during your most recent contact or visit to the FSA office, please provide your name, along with how and when you would like to be contacted:

- a. Name: _____
- b. Telephone/Email/Mailing Address: _____
- c. Preferred day/time: _____

Thank you for your feedback today! The information you have provided will help FSA enhance its customer service nationwide.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0286. The time required to complete this information collection is estimated to average 5 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.