

## STEPP Needs Assessment Survey

Welcome

OMB Control No. 0651-0080

Expiration Date: 08/31/2018

**Thank you very much for taking an interest in the STEPP program. This short survey is designed to obtain information regarding the experience level, location, and needs of those interested in attending training through STEPP in order to better assist you in the future. Your voluntary response will be confidential and data will be analyzed in aggregated format only.**

**The survey should take no more than 5 minutes to complete. For general questions regarding the purpose of the survey, contact Edward Landrum ([edward.landrum@uspto.gov](mailto:edward.landrum@uspto.gov)). If you encounter any problems with the survey instrument, contact Michael Easdale ([michael.easdale@uspto.gov](mailto:michael.easdale@uspto.gov)).**

**Thank you in advance for your participation in this important survey.**

**Please click the Next button to begin.**

*Under the Paperwork Reduction Act of 1995, persons are not required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number of this information collection is 0651-0080. This survey will gather feedback from applicants who have expressed in the STEPP Program, whose responses will be gathered and aggregated to determine how best to structure the STEPP Program. The USPTO estimates that it will take respondents approximately 5 minutes to complete the survey. This collection of information is voluntary in accordance with E.O. 12862, "Setting Customer Service Standards." All responses will remain confidential and are protected under the "Confidential Information Protection and Statistical Efficiency Act of 2002."*

## STEPP Needs Assessment Survey

### Demographics

1. How many years of patent related experience do you have?

- 0 - 1 Year
- 1 - 3 Years
- 3+ Years

2. Are you registered to practice law in patent matters before the USPTO?

- Yes
- No

3. Are you an inventor who has filed, or are planning to file, a patent application?

- Yes
- No

4. On what topics related to examination practice and procedure are you most interested in attending training? Please rank your top 3 of the 10 possible selections.

	1st Choice	2nd Choice	3rd Choice
35 USC 101 – Subject Matter Eligibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double Patenting and Restriction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 USC 102 – Anticipation and Subject Matter Eligibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 USC 103 - Obviousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Claim Interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 USC 112(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 USC 112(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 USC 112(f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overview Training on the Examination Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Detailed Training on the Examination Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (If another suggestion is in your top 3, rank appropriately and describe below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

5. Will your employer sponsor you to attend training held by the USPTO?

- Yes  
 No

\* 6. Would you attend in-person training through the STEPP program?

- Yes  
 No  
 Unsure

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### Training Location

7. Which office would you be most willing to visit to attend training? (Select only one)

- Alexandria, VA
- Dallas, TX
- Denver, CO
- Detroit, MI
- San Jose, CA

8. Is there an additional office, other than your answer in Question 7, that you would be willing to visit to attend training? (Select only one)

- Alexandria, VA
- Dallas, TX
- Denver, CO
- Detroit, MI
- San Jose, CA
- No

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### Conclusion

9. How did you learn about the STEPP Program? (Select all that apply)

- USPTO Website
- Email
- Facebook
- Twitter
- Word of Mouth
- Other (please specify)

10. Do you have any additional comments regarding the STEPP Program?

**Thank you for completing the survey. Clicking the "Done" button below will submit your responses.**