

Form Approved
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Questionnaire for In-Depth Survey

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In-Depth Questionnaire

Instructions

This questionnaire is for research purposes only and is not part of an investigation or audit by the Department of Labor. Your cooperation is voluntary. Your responses will not be linked with your company or with your name. Your responses to this questionnaire are private to the extent allowed by law and will not be shared with others outside of the study team. Any information that you provide with us today will be reported in the aggregate, meaning you, personally, will not be linked to the responses you provide.

Experiences with TA

1. Over the last 12 months, what types of interactions have you had with [CENTER NAME]?
Check all that apply.

- Phone
- Email
- Web chat
- Networking or collaboration workgroup
- Attended a webinar
- Attended a training
- Attended a conference presentation
- Other (please specify _____)
- None of the above [END SURVEY]

2. Over the last 12 months, approximately how many times have you interacted with [CENTER NAME]?

- Never [End survey]
- 1-2 times
- 3-5 times
- 6-9 times
- 10 or more times

3. When interacting with [Center Name], was it on behalf of...
Mark all that apply.

- Myself
- My organization or employer
- A client
- Other (please specify: _____)

Interaction with Staff

Thinking about all interactions you have had with [CENTER NAME] over the past 12 months,...

4. How would you rate the knowledge level of the staff?

- Extremely knowledgeable
- Very knowledgeable
- Somewhat knowledgeable
- Not very knowledgeable
- Not at all knowledgeable

5. How would you rate the professionalism shown by the staff?

- Extremely professional
- Very professional
- Somewhat professional
- Not very professional
- Not at all professional

6. How would you rate the clarity of answers provided by the staff?

- Extremely clear
- Very clear
- Somewhat clear
- Not at all clear

7. How often were the staff able to provide timely answers to questions or concerns?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

Usefulness of TA

Over the past 12 months, think of all the information or resources provided to you from [Center Name] when answering the following questions.

8. How useful was the information or resources you received?

- Extremely useful
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

9. The information or resources provided were...

- Very easy to understand
- Somewhat easy to understand
- Not very easy to understand
- Not at all easy to understand

10. The information or resources provided were...

- Up-to-date, current
- Some aspects were current, others were out-of-date
- Out-of-date

11. [Center Name] provided opportunities for me to learn from others [For networking individuals only]

- Strongly agree
- Agree
- Neither agree
nor disagree
- Disagree
- Strongly
disagree

12. Do you think you will contact or follow up with any of the other participants from the networking event? [For networking individuals only]

- Definitely will
- Probably will
- Probably will not
- Definitely will not
-

Application and Implementation of TA Received

13. How much of what you were learned or received from [Center Name] have you been able to use?

- Most
- Some
- A little
- None, but I expect to soon
- None, and I don't expect to – If this selection – go to 10A

13a. You responded that you were not able to use the information or resources received from the [Center Name], why is this the case?

(Mark all that apply.)

- Not enough information was provided
- The information provided was not relevant to my needs
- I changed my mind on what I was looking for
- The information was for a different purpose
- Other, please specify:

Questions for Organization Customers Only

14. How relevant was the information to your organization's work?

- Very relevant
- Somewhat relevant
- Not very relevant
- Not at all relevant

15. Based on your interactions and information provided from [Center Name], did your organizations implement any changes, new policies, or practices?

- Yes – go to 15a
- No – Go to 15b

15a. In your own words, what types of changes did your organizations implement or adopt?

15b. You responded that your organization has made no changes based on your interactions with the Center. Why is this the case?

(Mark all that apply.)

- Not enough information was provided
- The information provided was not relevant to my needs
- My organization was not interested in implementing new policies or practices
- The information was for a different purpose
- Other, please specify:

Overall Satisfaction

Over the last 12 months, considering all the interactions you have had with [Center Name]...

16. How satisfied are you with your experience with [CENTER NAME]?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

17. On a scale from 0-10, how likely are you to recommend [Center Name] to a friend or colleague?

N												
ot at											Extremely	
all											likely	
Likely	1	2	3	4	5	6	7	8	9	10		
0	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼		
▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>