



**Homeland
Security**

OMB Control Number: 1670-0027

OMB Expiration Date: 01/31/2021

CISA Website Feedback Survey

We would like to hear about your experience today. The results of this survey will be used to improve our website. Your participation in this brief survey should take less than 2 minutes to complete.

Note: All responses are non-attributional and anonymous. Please do not enter any personally identifiable information (PII) about yourself or any other individuals in the text boxes provided.

Paperwork Reduction Act Burden Statement

The public reporting burden to complete this information collection is estimated at 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. This collection of information is voluntary. 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 and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the DHS/CISA Mail Stop 0608, 245 Murray Lane SW, Arlington, VA 20598. ATTN: PRA [OMB Control Number 1670-0027].

1. Please select the critical infrastructure sector in which you work:

- <enter the CI sector's name>
- <enter the CI sector's name>
- <enter the CI sector's name>
- <enter the CI sector's name>
- <enter the CI sector's name>
- <enter the CI sector's name>
- <enter the CI sector's name>
- <enter the CI sector's name>
- <enter the CI sector's name>
- Other _____

2. Which one of the following best describes you?

- Business representative
- Educator

- Federal government employee
- First responder / law enforcement official
- Government contractor
- International visitor
- Job seeker
- Media representative
- Non-profit staff or volunteer
- State, tribal, territorial or local government; representative
- Student;
- Traveler (domestic or international)
- Other _____

3. How would you rate your overall experience today?

- Outstanding
- Above average
- Average
- Below average
- Poor

4. Were you able to complete the purpose of your visit?

- Yes
- No

5. If you answered "No" to question 4, please select the option that best describes your difficulty.

- Bad link
- Content wasn't easy to understand
- Could not find what I was looking for
- Error on page
- Multimedia / technical problem
- Outdated information
- Other

6. Would you still return to this website if you could get this information or service from another source?

- Yes
- No

7. Will you recommend this website to a friend or colleague?

- Yes
- No

8. Please describe your experience finding your way around (navigating) <enter website name> today.

- Encountered no difficulties

- Had technical difficulties (e.g. error messages, broken links)
- Links did not take me where I expected
- Links / labels are difficult to understand, they are not intuitive
- Navigated to general area but couldn't find the specific content needed
- Too many links or navigational choices
- Would often feel lost, not know where I was
- Other _____

9. How was your experience using our site search?

- Did not use search
- Encountered no difficulties
- I was not sure what words to use in my search
- Results were not helpful
- Results were not relevant to my search terms or needs
- Results were too similar / redundant
- Returned not enough or no results
- Returned too many results
- Other _____

10. Do you plan to return to our website in the future?

- Yes
- Maybe
- No

If you would like to provide additional feedback about your visit, suggestions, or questions, please reach out to <enter program email address>.