



Critical Infrastructure Stakeholder Feedback Survey: Information Sharing Engagement (Activity/Event) Feedback

General Information

Date of activity/event/engagement/product or tool use

Name of activity/event/engagement/product or tool use

What classification best describes your organization?

Organization's State/Territory

Organization's sector

Overall Assessment

1 How satisfied were you with the following aspects of the activity or event?

a) **Timeliness:** The degree to which you received or obtained the information within the time it was needed.

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
b) **Relevance:** The degree to which information was applicable to your organization.

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

c) Completeness: The degree to which the information contained all of the necessary details.

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

d) **Actionability**: The degree to which the information enabled you to make enhancements to effectively prevent, protect against, mitigate, or recover from incidents.

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

e) Accuracy: The degree to which the information was correct.

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

f) **Delivery mechanism**: The manner by which the information was received (e.g., website, email, teleconference, meeting).

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

2 This activity or eve	ent improved my org	ganization's unde	rstanding of a th	reat, vulnerability, or	consequence.	
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA	
3 My organization is likely to incorporate the information provided into future risk mitigation and resilience enhancements						
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA	
4 This activity or everesilience enhancem		ganization's decisi	ion making or wa	as incorporated into f	uture risk mitigation or	
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA	
5 This activity or event will be integrated into my organization's security awareness products or shared product internally or with other partners.						
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA	
6 This activity or event helped my organization respond to a specific threat.						
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA	
7 Please provide an explanation of any other aspects of the activity or event you found valuable						
8 Please provide any recommendations that you may have on how future activities or events of this type could be improved to enhance their quality and relevance.						

OMB Control Number: 1670-0027 Expiration Date: 10/31/2017