Homeland Security

Critical Infrastructure Stakeholder Feedback Survey:
Product or Tool 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 Please indicate your level of satisfaction with this product or tool.

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied

2 The information provided through this activity, event, or product was current and relevant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA

3 This product or tool was easy to use.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA

4 The information provided was current and relevant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA

5 My organization is likely to incorporate the information provided into future risk mitigation and resilience enhancements.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA

6 This tool or product will contribute to my organization's counterterrorism actions, security improvements, and/or preparedness planning.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA

7 If you answered Disagree or Dissatisfied to any of the above questions, please indicate the reason for your disagreement or dissatisfaction.

8 Please provide any recommendations that you may have on how future products of this type could be improved to enhance their quality, relevance, and ease of access or use.

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Public Burden Statement