**External Partner Survey Questions**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0342. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NWS, Vankita Brown, vankita.brown@noaa.gov.

1. **Which local Weather Forecast Office (WFO), River Forecast Center (RFC), or NWS Center Weather Service Unit (CWSU) provided your decision support? (Select from dropdown)**
2. **Please identify the type of event for which you received decision support. (Select all that apply)**

A. Severe weather (e.g., thunderstorm, tornado, high wind)

B. Flash flooding

C. River or long duration flooding

D. Coastal flooding

E. Winter weather/cold weather

F. Hurricane/Tropical

G. Excessive heat

H. Fire weather

I. Drought

J. Planned event

K. Hazmat or other non-weather emergency

L. Other (Write in)

1. **Please select the primary way the decision support was provided to your organization.**
2. On-site support
3. Remote support (email briefs/updates, phone calls/conference calls, NWSChat,Webinars, spot forecasts)

**(All questions are anchored by Likert Scale Strongly Agree - Strongly Disagree, except those with “\*\*”)**

**Please indicate the level with which you agree to the following statements.**

1. **The NWS staff was on time.**
2. **The NWS staff was engaged.**
3. **The NWS staff’s conduct was professional.**
4. **The NWS staff understood my organization's needs.**
5. **The NWS staff provided information that addressed the needs.**
6. **The presence of the on-site NWS staff was valuable, if applicable.**
7. **How would you rate the expertise of the NWS staff? (1 - 5)**
8. **The NWS staff participated in planned meetings and training drills, when invited by my organization.**
9. **I would recommend NWS provide staff to my organization in the future.**
10. **Someone at the NWS office was available to provide decision support services to my organization.**
11. **There were barriers to obtaining the information my organization needed from NWS.**
12. **My organization received IDSS in time to make informed decisions.**
13. **The level of service my organization received was the same at all times.**
14. **My organization received the same level of service from all NWS staff members.**
15. **The information that was provided was easy to interpret.**
16. **The explanation of the information was difficult to understand.**
17. **Based on the information provided, my organization clearly understood the range of potential impacts.**
18. **My organization understood the range of forecast possibilities.**
19. **\*\*To what extent did NWS decision support improve your organization’s overall decision making (faster, more informative)?**
20. **The information provided improved my organization’s confidence to make decisions.**
21. **\*\*How could NWS decision support be improved? (Write in)**
22. **\*\*Please provide any comments you have regarding the NWS IDSS you received.**

**The following items assess the overall trust partners have in the staff and services provided by NWS. Honest responses are appreciated.**

1. **My NWS office cares about my decision support needs and puts those needs first.**
2. **I trust the staff at my NWS office so much that I always use their guidance to make my decisions.**
3. **I doubt that the staff at my NWS office really cares about me as a person.**
4. **If the staff at my NWS office tells me something is so, then it must be true.**
5. **I sometimes distrust my NWS office’s decision support and would like an opinion from another source.**
6. **I trust the judgements from the staff at my NWS office about high-impact events.**
7. **I feel that the staff at my NWS office does not do everything it should to support my decision making.**
8. **I trust my NWS office to put my needs above all other considerations when providing me with decision support.**
9. **My NWS office is well qualified to provide me with decision support.**
10. **I trust the staff at my NWS office to tell me if a mistake was made with the decision support they provided.**
11. **I sometimes worry that my NWS office may not keep the information we discuss totally private.**
12. **Please identify the sector(s) that you represent (check all that apply)**
13. Emergency Management Community
14. Federal Government Partners
15. State Government Partners
16. Local, Tribal or Territorial Government Partners
17. Media
18. Health sector – Hospitals and other public health entities
19. Utilities and infrastructure providers
20. Education sector – K-12 and college/universities
21. Non- gov’t organizations - VOADs, COADs, NGOs
22. Other