

QUANTITATIVE QUESTIONS

Circle the number that indicates your degree of satisfaction.

	Not at all satisfied	Not satisfied	No opinion	Satisfied	Extremely satisfied	Not applicable
1. Quality of product/service received	1	2	3	4	5	N/A
2. Quality of data received	1	2	3	4	5	N/A
3. Timeliness of response to request	1	2	3	4	5	N/A
4. Cost of product/service received	1	2	3	4	5	N/A
5. Courtesy of staff who dealt with you	1	2	3	4	5	N/A
6. Expertise of staff in dealing with your needs.	1	2	3	4	5	N/A
7. Degree that product/service met your needs	1	2	3	4	5	N/A
8. Clarity and accuracy of responses from staff to your questions prior to sale	1	2	3	4	5	N/A
9. Clarity and accuracy of responses from staff to your questions after sale	1	2	3	4	5	N/A
10. Ease in reaching correct NOAA office to deal with your request	1	2	3	4	5	N/A
11. Format of data received	1	2	3	4	5	N/A
12. Documentation of data received	1	2	3	4	5	N/A
13. Description of data in catalogs and directories	1	2	3	4	5	N/A
14. Accessibility of data desired	1	2	3	4	5	N/A
15. Overall satisfaction with service received	1	2	3	4	5	N/A

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 16. Overall satisfaction compared with services/data obtained from private sector | 1 | 2 | 3 | 4 | 5 | N/A |
| 17. Overall satisfaction compared with services/data obtained from other Federal agencies | 1 | 2 | 3 | 4 | 5 | N/A |

Your name and address are requested, but are not necessary for your comments to be considered.

Name: _____
Address: _____

QUALITATIVE QUESTIONS

1. What product/service did you obtain? _____ *(Program office may insert boxes relevant to the products/services it provides)*

2. How did you find out about the product/service? _____ *(Program office may insert boxes relevant to the products/services it provides)*

3. What is your affiliation?

- | | | |
|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Student/teacher K-12 | <input type="checkbox"/> University student |
| <input type="checkbox"/> University faculty/staff | <input type="checkbox"/> Other research institution | <input type="checkbox"/> Business/industry |
| <input type="checkbox"/> NOAA | <input type="checkbox"/> Other Federal government | <input type="checkbox"/> News media |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Other _____ | |

4. How frequently do you request products/services from (sponsoring office)?

- | | |
|---|--|
| <input type="checkbox"/> Frequently (>once a month) | <input type="checkbox"/> Regularly (>twice a year) |
| <input type="checkbox"/> Infrequently (once a year or less) | <input type="checkbox"/> First-time user |

5. Do you have suggestions as to how (sponsoring office) can improve its products or services?
_____ *(Program office may insert boxes relevant to the products/services it provides)*

6. What new products/services would you like to see offered? _____ *(Program office may insert boxes relevant to the products/services it provides)*

7. What media/format would you like to see data provided in?

- | | | | |
|---------------------------------|-------------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> CD-ROM | <input type="checkbox"/> On-line | <input type="checkbox"/> 3480 tape | <input type="checkbox"/> FTP |
| <input type="checkbox"/> Paper | <input type="checkbox"/> ASCII file | <input type="checkbox"/> Other _____ | |

8. Will you use our products/services again? Yes No

9. What will be the primary use of the product/service?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Scientific research | <input type="checkbox"/> Business | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Education | <input type="checkbox"/> Personal | <input type="checkbox"/> Other _____ |

Add name and address block from quantitative form if that form will not be used.

Paperwork Reduction Act Information: In accordance with Executive Order 12862, the National Performance Review, and good management practices, NOAA offices seek to determine whether their customers are satisfied with the services and/or products they are receiving and whether they have suggestions as to how the services/products may be improved or made more useful. The information will be used to improve NOAA's products and services. Responses to this survey are completely voluntary. No confidentiality can be provided for responses, but you need not supply your name or address. Public reporting burden for this collection of information is estimated to average ____* minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Sarah Brabson, CIO-PPA1, Station 9826, 1315 East-West Highway, Silver Spring, MD 20910.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

*The response time for a specific survey will depend upon the subset of questions selected, and will be entered before the survey's informal submission to OMB.