

## Customer Satisfaction Survey Introduction Screen

Your examination session is completed.

Please respond to the brief exit survey. Your feedback is important to us. This survey is voluntary and should take approximately three minutes.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests along with the address where you can send comments regarding the study. "The OMB number for this study is 1545-1432. If you have any comments regarding this study, please write to: IRS, Special Services Committee, SE:W:CAR:MP:T:M:S – Room 6129, 1111 Constitution Avenue, NW, Washington, DC 20224."

Exit

Continue to Survey

## EA-SEE Customer Satisfaction Survey

1. If you accessed the online scheduling system, how satisfied were you with the system? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
2. How satisfied were you with the dates available to test? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
3. Is there a testing center located within 100 miles of your residence? (yes/no)
4. Which of the following test preparation options did you use to prepare for the test? (Check all that apply)
  - a. Read the Candidate Information Bulletin
  - b. Watched the "What to Expect on Test Day" video on Prometric's website
  - c. Reviewed the Sample Test Questions on Prometric's website
  - d. Viewed the Sample Tutorial on Prometric's website
  - e. Participated in Prometric's free Test Drive program
  - f. Took a Test Prep Course from a Continuing Education (CE) Provider
  - g. Other
5. How satisfied were you with the staff's promptness in starting your testing session? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
6. How satisfied were you with the staff's helpfulness during this test? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
7. How satisfied were you with the performance of the testing system during your examination? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
8. How satisfied were you with the time allowed for breaks and the number of breaks you were given during the test appointment? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
9. Please rate your overall satisfaction with your testing experience. (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
10. Please provide any other comments or suggestions you may have regarding the test or overall test experience. (open-ended)