

The screen capture images that follow show ALL of the questions included in the survey. Questions numbered with decimals (e.g., 20.1, 20.2, and 20.3) are shown below on pages 6 and 7 following the Submit screen. These questions are only displayed when the display logic is triggered by the respondent selecting Yes to Question 20 and the respective response option checkbox is checked.

The actual survey appears as one web page; this enables the respondent to view the entire set of questions except the questions that appear only when a specific option is selected. The pagination of this document is used to accommodate the screen capture images.



Customer Satisfaction Survey

Please take a few minutes to share your opinions with the Defense Counterintelligence and Security Agency (DCSA) Center for Development of Security Excellence (CDSE) about this Insider Threat Awareness course. Your feedback helps us maintain and improve the course. Responding will only take a few minutes and is optional.

No personally identifiable information is requested. If you need a personal response concerning training, please use the "Contact Us" link on the CDSE homepage at <http://www.cdse.edu/contact.html>.

*Required questions are denoted by an **

Agency Disclosure Notice

OMB CONTROL NUMBER: 0704-0553

Expiration date: 3/31/2022

The public reporting burden for this collection of information, 0704-0553, is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1: *Please rate the training <u>content</u> on the following:										
Usefulness to both my current and future responsibilities										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2: *Usefulness for real world applications										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3: *How well the training covered expected topics										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4: *Content organization and sequence of topics										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5: *Please rate the training delivery platform on the following:										
Video and sound quality										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6: *Download speed										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7: *Ease of use										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8: *Please rate the course <u>exam</u> on the following:										
How well the exam questions covered the content										
1=Poor					Excellent=10					Don't Know
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

9: *Accurate measure of my learning										
1=Poor					Excellent=10					
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10: *Feedback on my progress										
1=Poor					Excellent=10					
1	2	3	4	5	6	7	8	9	10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
11: *What is your overall satisfaction with this training?										
1=Very Dissatisfied					Very Satisfied=10					
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
12: *How well did this training meet your expectations?										
1=Fell Short					Exceeded=10					
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
13: *How well did this training compare with an ideal course-based learning experience?										
1=Not Very Close					Very Close=10					
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
14: *How likely are you to recommend this training to others?										
1=Very Unlikely					Very Likely=10					
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
15: *In your present position, how likely are you to apply what you learned?										
1=Very Unlikely					Very Likely=10					
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
16: *How confident are you in your ability to apply what you have learned?										
1=Not Very Confident					Very Confident=10					
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	

17: *Please indicate your level of agreement with this statement about the training you completed.

My knowledge, skills, and abilities improved as a result of this training.

- Strongly Disagree
- Disagree
- No opinion
- Agree
- Strongly Agree

18: *After completing this course, how likely are you to ...

Recognize insider threat indicators?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| 1=Very Unlikely | | | | | | | | | Very Likely=10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

19: *Report insider threat indicators to a supervisor, security officer, or insider threat program?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 1=Very Unlikely | | | | | | | | | Very Likely=10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

20: *Were there any problems or situations that made completing the training **unexpectedly** difficult?

No

21: What else would you like to share with us to **help improve your** training experience? (For example, unexpected content, topics not covered, suggestions for improving understanding, or important takeaways.)

1,000 Characters Remaining

Thank you for taking our survey - and for helping us serve you better. We appreciate your input!

Unfortunately, we are not able to respond to requests for assistance included in feedback questionnaire comments. If you have questions for which you need an individual response, including STEPP or SPeD questions, please access the "Contact Us" link on the CDSE homepage at <http://www.cdse.edu/contact.html>.

Submit

Copyright 2020 - all rights reserved

[ForeSee](#) [ForeSee Privacy Policy](#)

If the Yes response is selected in Question 20, three additional response options display with their own respective open-text entry areas to describe the problem.

20: *Were there any problems or situations that made completing the training **unexpectedly** difficult?

Yes

20.1: *Select any problems you encountered that interfered with completing the training. (Select all that apply.)

Browser problems or incompatibilities

Course completion certificate finding/printing/saving

Other

20.1.1: Please describe the browser problem.

1,000 Characters Remaining

20: *Were there any problems or situations that made completing the training **unexpectedly** difficult?

Yes

20.1: *Select any problems you encountered that interfered with completing the training. (Select all that apply.)

Browser problems or incompatibilities

Course completion certificate finding/printing/saving

Other

20.1.2: Please describe the certificate problem.

1,000 Characters Remaining

20: *Were there any problems or situations that made completing the training **unexpectedly** difficult?

Yes

20.1: *Select any problems you encountered that interfered with completing the training. (Select all that apply.)

Browser problems or incompatibilities

Course completion certificate finding/printing/saving

Other

20.1.3: Please identify or describe the other conditions or situations that interfered.

1,000 Characters Remaining