## Individual Information Collection Request

Under GSA’s Generic Clearance: Improving Customer Experience - Implementation of Section 280 of OMB Circular A-11

OMB Control No. 3090-0321



**QUESTIONS:**

Please include all questions and response options (either multiple choice options or free text fields, etc.):

(Page 1)

1. I am satisfied with the service I received from the program area.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. This interaction increased my confidence in the program area.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. How could we have made your experience better?

(Free Text Field)

(Page 2)

1. Please rate your satisfaction with the accuracy of information found on the FAQ Site (www.hud.gov/answers).

* Very Dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very Satisfied

1. Please rate your satisfaction with your ability to effectively search the FAQ Site for policy or program information ([www.hud.gov/answers](http://www.hud.gov/answers)).

* Very Dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very Satisfied

1. My need was addressed.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. It was easy to complete what I needed to do.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. It took a reasonable amount of time to do what I needed to do.

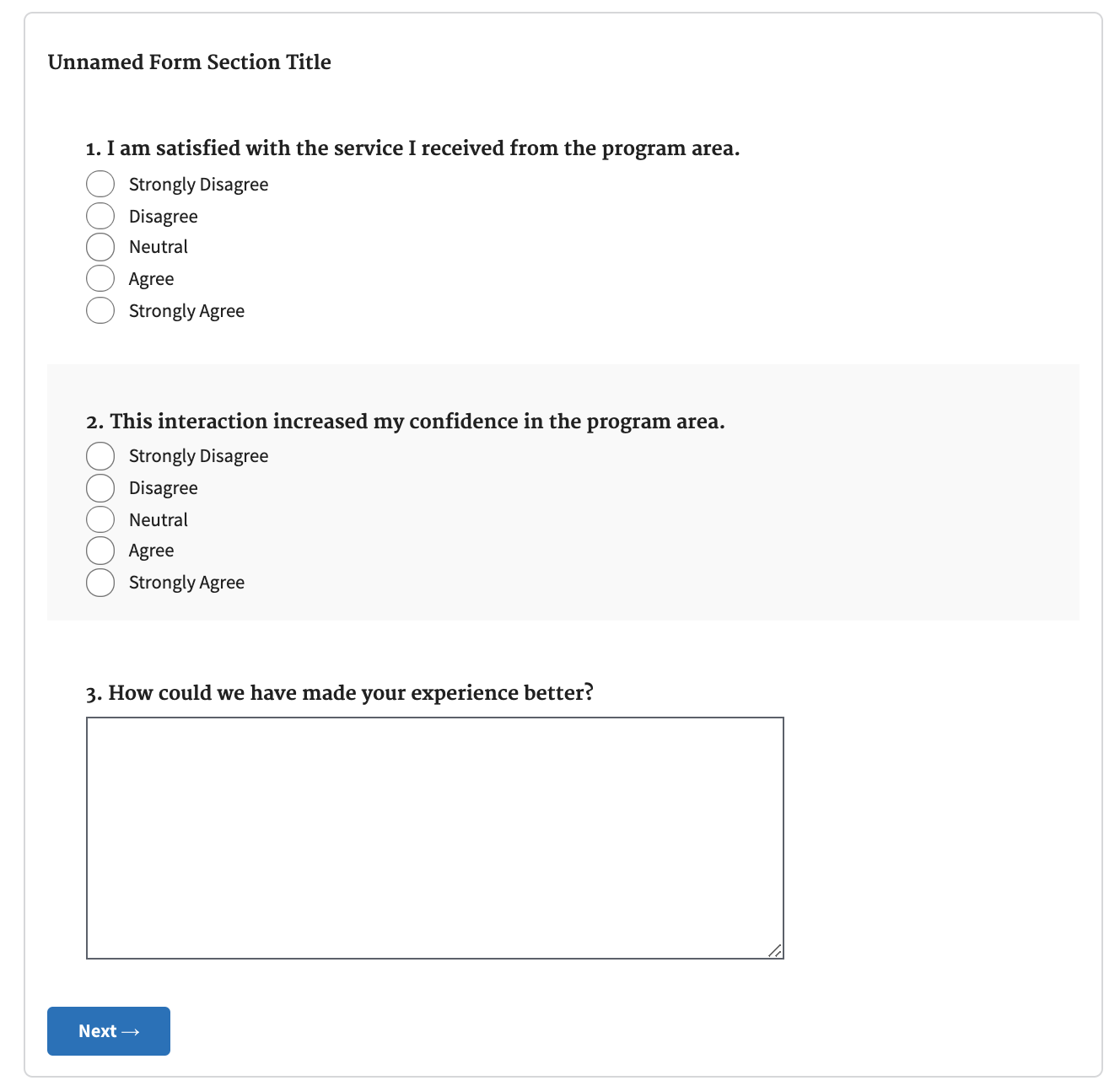
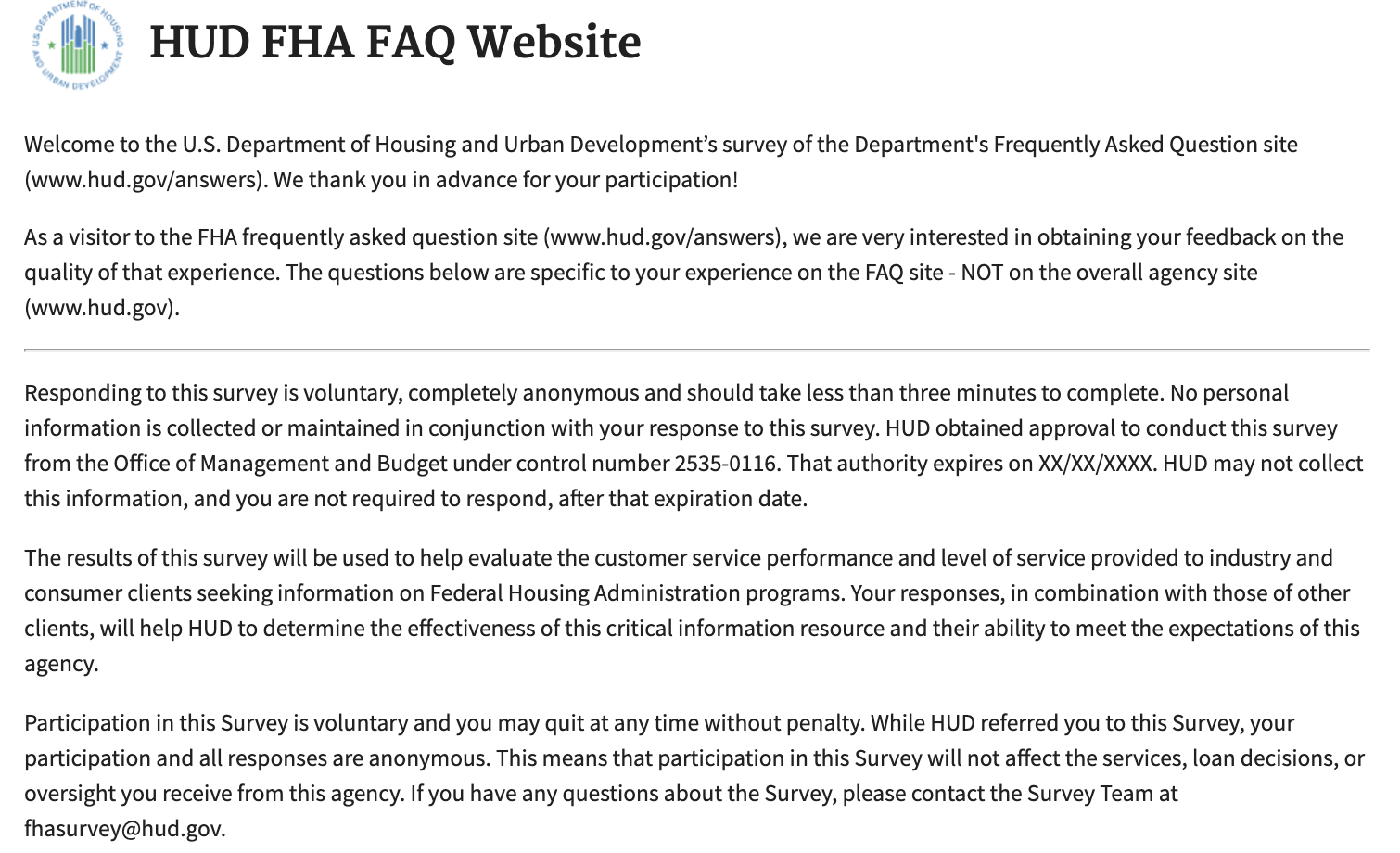
* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

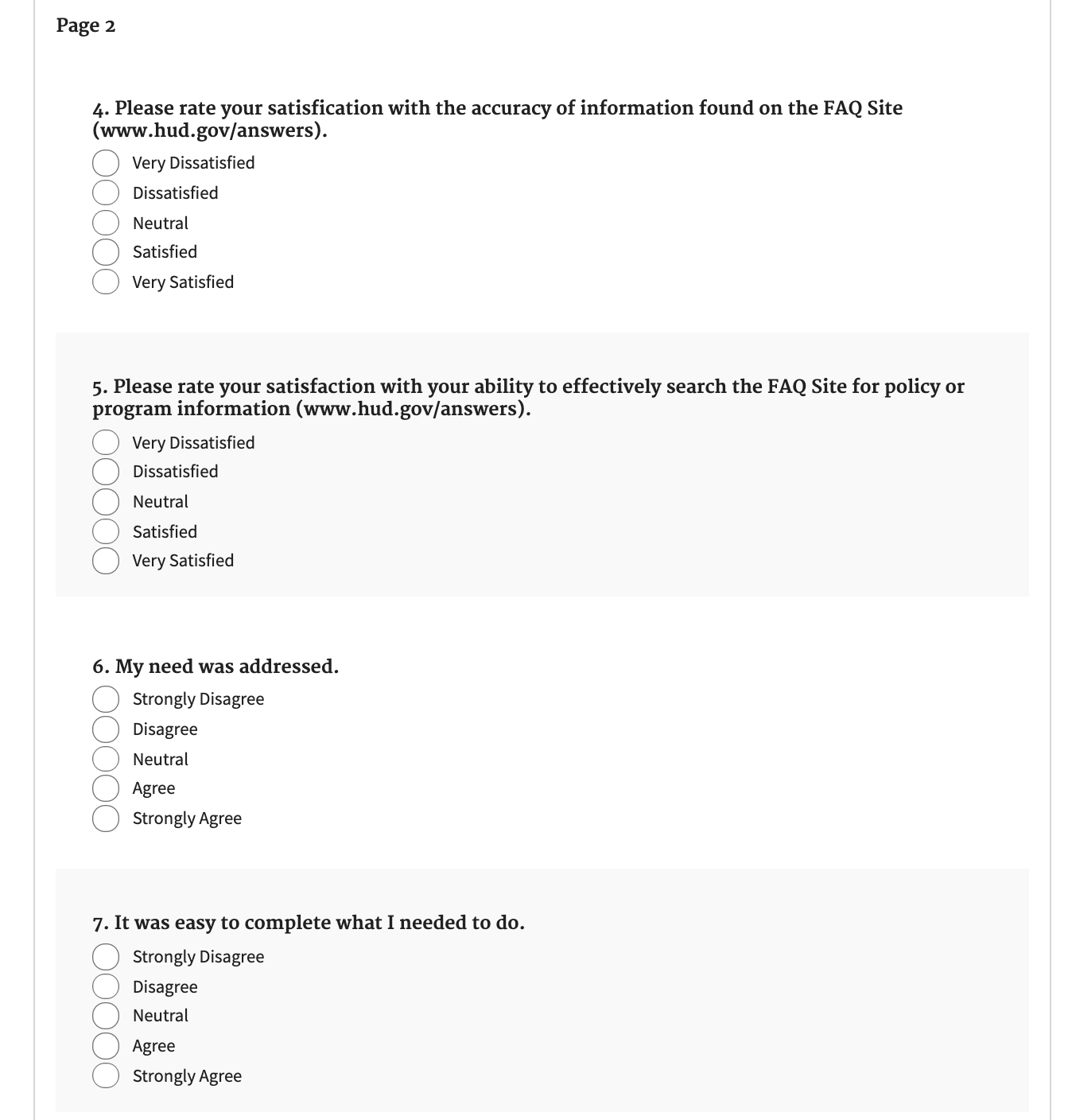
1. I was treated fairly.

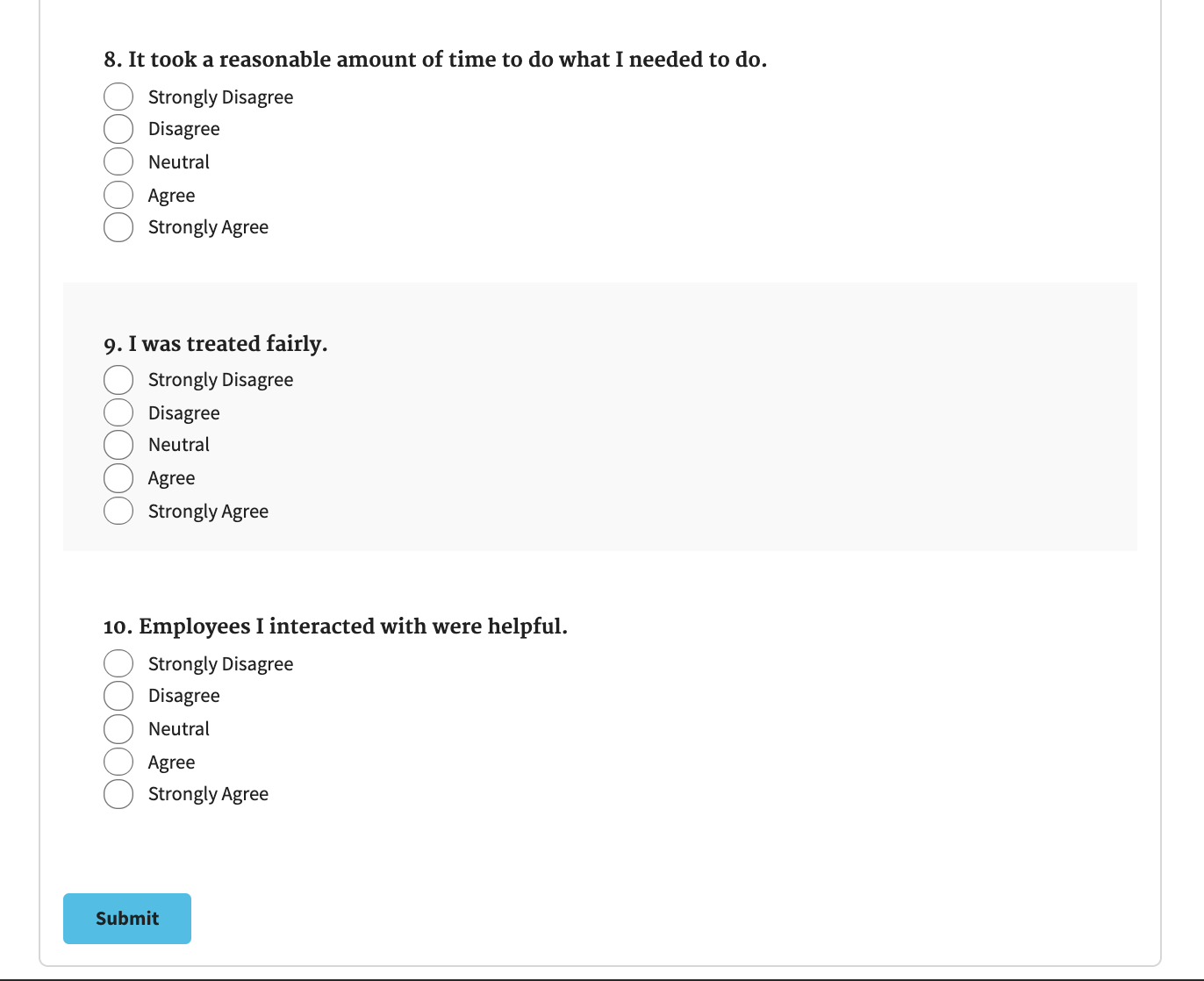
* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. Employees I interacted with were helpful.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

**SCREENSHOTS:  
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**ADMINISTRATION DETAILS:**

The following will be displayed on this Touchpoints survey:

OMB Control No. 0690-0030, Expiration Date: XX/XX/XXXX