



# Homeland Security

## Critical Infrastructure Stakeholder Feedback Survey: Product or Tool Feedback

### General Information

Date of activity/event/engagement/product or tool use

Name of activity/event/engagement/product or tool use

What classification best describes your organization?

Organization's State/Territory

Organization's sector

### Overall Assessment

1 Please indicate your level of satisfaction with this product or tool.

Very Satisfied      Satisfied      Neutral      Dissatisfied      Very Dissatisfied

2 The information provided through this activity, event, or product was current and relevant.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      NA

3 This product or tool was easy to use.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      NA

4 The information provided was current and relevant.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      NA

5 My organization is likely to incorporate the information provided into future risk mitigation and resilience enhancements.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      NA

6 This tool or product will contribute to my organization's counterterrorism actions, security improvements, and/or preparedness planning.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      NA

7 If you answered Disagree or Dissatisfied to any of the above questions, please indicate the reason for your disagreement or dissatisfaction.

8 Please provide any recommendations that you may have on how future products of this type could be improved to enhance their quality, relevance, and ease of access or use.

OMB Control Number: 1670-0027  
Expiration Date: 10/31/2017

[Privacy Notice](#)

[Public Burden Statement](#)