

# Contact Survey-Electronic

OMB Control Number 1660-0143  
Expiration: XXX XX, 20XX

**PAPERWORK BURDEN DISCLOSURE NOTICE:** Public reporting burden for this data collection is estimated to average 8 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0143) **NOTE:** Do not send your completed form to this address. The following survey is voluntary.

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** Government Performance and Results Act of 1993 (Pub. L. 103-62), as amended, and the GPRA Modernization Act of 2010 (Pub. L. 111-352); Executive Order (EO) 12862, "Setting Customer Service Standards"; and its March 23, 1995 Memorandum addendum, "Improving Customer Service"; Executive Order 13411 "Improving Assistance for Disaster Victims"; Executive Order 13571 "Streamlining Service Delivery and Improving Customer Service"; and the related June 13, 2011 Memorandum "Implementing Executive Order 13571 on Streamlining Service Delivery and Improving Customer Service."

**PRINCIPAL PURPOSE(S):** DHS/FEMA collects this information to measure Individual Assistance applicants' customer satisfaction with FEMA services.

**ROUTINE USE(S):** This information is used for the principal purpose noted above. Summary and/or aggregate survey results and analysis may be shared with Congress and the Government Accountability Office; however, no Personally Identifiable Information (PII) will be shared externally. For more information on how DHS may share this data, please see DHS/FEMA/PIA-035 Customer Satisfaction Analysis System (CSAS), available at <https://www.dhs.gov/privacy>.

**DISCLOSURE:** The disclosure of information on this form is strictly voluntary and will assist FEMA is making improvements to its Individual Assistance program; failure to provide the information requested will not impact an individual's ability to qualify for or receive FEMA Individual Assistance.

## Contact Survey-Electronic

### Introduction – Electronic Survey (Applicants who requested electronic correspondence from FEMA)

FEMA is looking for ways to improve services and your opinion is very important. This questionnaire should be completed by the person in the household who [If type = Phone Contact say “spoke with a FEMA Representative”, or if Type = Internet Inquiry say “logged into your FEMA online account”. or if Inspection say “spoke with a FEMA Inspector] on [Call Date]. The survey will take 3-5 minutes to complete. (Programmer Note: The Inspection date and contact date will both store in the Call Date field in the sample file.)

These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0143. Your answers will not affect the outcome of your application for FEMA assistance.

(Programmer Note: If Type = Phone Contact or Internet Inquiry start with Q1, if Type = Inspection contact start with Q7.)

**Please click Next to begin the survey:**

### INFORMATION

These questions are about information provided to you [if Type = Phone Contact say” by the FEMA Representative” or if Type = Internet Inquiry say “through your online account”] on [Contact Date]. . Using a scale of 1 (Poor) to 5 (Excellent), please rate the information on...

	1 Poor	2	3	4	5 Excellent
1. Being easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Being helpful in your recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explaining what happens next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Providing information in your preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall satisfaction with the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Type = Internet Inquiry go to Q18)

### CUSTOMER SERVICE

Please use the same scale and rate the [If type = Phone Contact say “FEMA Representative”, or if Type = Inspector say “FEMA Inspector”] on...

	1 Poor	2	3	4	5 Excellent
7. Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Showing interest in helping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. And on overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Type = Phone Contact go to Q10, if Type = Inspector go to Q28)

Using a scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), how satisfied were you with...

	1 Not at all	2	3	4	5 Very

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	<b>Satisfied</b>					<b>Satisfied</b>
10. The amount of time it took for a FEMA representative to answer your call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: If Q10 response = 1 or 2 go to Q11, else go to Q12)

11. Would an acceptable amount of time, to wait for a FEMA representative to answer your call, be...?

- Less than 2 minutes
- 2 – 3 minutes
- 4 – 5 minutes
- 6 – 7 minutes
- More than 7 minutes

### TOLL FREE AUTOMATED INFORMATION SYSTEM

12. When you called FEMA’s toll-free number, did you use the Automated Information System to hear the status of your application prior to talking with the Representative?

- Yes
- No
- Don’t know / Don’t remember

(Programmer Note: If Q12 response = Yes go to Q13, else go to Q27)

Using a scale of 1 (Poor) to 5 (Excellent), how would you rate the Automated Information System on...

	<b>1 Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Excellent</b>
13. Being easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Providing helpful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providing current information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a scale of 1 (Not at all Likely) to 5 being (Very Likely)...

	<b>1 Not at all Likely</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Very Likely</b>
17. How likely are you to use the Automated Information System to check on your FEMA assistance in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: Go to Q27)

**SELF HELP AT DISASTERASSISTANCE.GOV**

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The next set of questions are about accessing services through your FEMA online account at DisasterAssistance.gov. Please use a scale of 1 (Not at all Easy) to 5 (Very Easy) or say No Experience if a question does not apply to you. How simple was...

	1 Not at all Easy	2	3	4	5 Very Easy	No Experience
18. Accessing your account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Navigating through your account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Finding helpful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Viewing correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Uploading documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Receiving text or e-mails about account activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Using the Technical Help Desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a scale of 1 (Not at all Likely) to 5 (Very Likely), how likely are you to...

	1 Not at all Likely	2	3	4	5 Very Likely
25. Use the online status check in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Recommend it to a friend or family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a scale of 1 (Not at all Easy) to 5 (Very Easy), how would you rate FEMA on...

	1 Not at all Easy	2	3	4	5 Very Easy
27. Making it easy to check the status of your application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Programmer Note: Go to Q36)

## INSPECTION SERVICES

The next questions are about the FEMA Inspector's contact on [Inspection Date]. Using a scale of 1 (Poor) to 5 (Excellent) please rate the inspector on...

	1 Poor	2	3	4	5 Excellent
28. Explaining the reason for the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providing easy to understand information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Explaining what happens next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Using a scale of 1 (Not at all Satisfied) to 5 (Very Satisfied) how satisfied were you with the....

	<b>1 Not at all Satisfied</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Very Satisfied</b>
32. Timeliness of the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Professionalism of the inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Amount of time spent on the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Overall inspection experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Was the inspector's contact...

- Less than 30 minutes
- 30 – 45 minutes
- More than 45 minutes

### DEMOGRAPHICS

37. We're almost done. Would you volunteer to answer a few demographic questions for statistical purposes?

- Yes
- No

(Programmer Note: If Q37 response = Yes go to Q38 else go to Q46)

38. What gender do you identify as?

- Female
- Male
- Prefer not to answer

39. Is your age range...

- Under 25
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

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Prefer not to answer

40. Is your marital status...

Single

Married

Separated

Widowed

Divorced

Prefer not to answer

41. Is your current employment status...

Employed for wages

Self-employed

Unemployed

Homemaker

Student

Retired

Prefer not to answer

42. Which one of the following best describes your highest level of formal education?

Did not complete high school

High school graduate / GED

Some college

Associate degree

Bachelor's degree

Master's degree

Doctoral degree

Prefer not to answer

43. Which of the following is your race or ethnic group? You may select all that apply.

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- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

44. Do you or anyone in your household have a disability that affects your ability to carry out activities of daily living or requires an assistive device such as, but not limited to, a wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen or other similar medically-related devices or services?

- Yes
- No

(Programmer Note: If Q43 response = Yes go to Q45, else go to Q46)

45. Are the devices or services used to assist with any of the following? (You may select all that apply.)

- Mobility
- Cognitive, Developmental Disabilities, Mental Health
- Hearing and/or Speech
- Vision
- Self-Care
- Independent Living
- Other

46. Your opinion is very valuable to us. May we contact you later to ask additional questions?

- Yes
- No

**Closing -**

Thank you for your time.