 OMB No: 1405-0193

**U.S. DEPARTMENT OF STATE  
NONIMMIGRANT VISA APPLICANT   
SATISFACTION SURVEY**

Expiration Date: 4/30/2021

Estimated Burden: 3 minutes  
SV-2015-0009

We ask that you take a brief survey to assess your experience with the United States consular section at the U.S. [Embassy/Consulate General name]. Your responses will be kept private and not associated with you or your case. We are only conducting this survey to improve our service.

1. U.S. Embassy/Consulate General \_[Dropdown choices for electronic survey or write-in option for paper]\_

**PREPARING FOR YOUR APPOINTMENT**

If used,   
was source helpful?

1. 2. How did you obtain information to prepare for your appointment? Check all that apply.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| * Family member or friend |  |  |
| * Attorney/notary |  |  |
| * Travel agent |  |  |
| * U.S. Department of State website (travel.state.gov) |  |  |
| * [Embassy/Consulate General name] website in English ([insert post website URL]) |  |  |
| * [Embassy/Consulate General name] website in [country’s official language] |  |  |
| * [Embassy/Consulate General name] by phone or email in English |  |  |
| * [Embassy/Consulate General name] by phone or email in [country’s official language] |  |  |
| * ustraveldocs.com |  |  |
| * usvisa-info.com |  |  |
| * Social media (e.g., Facebook, Twitter) |  |  |
| * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

1. Did you need help in completing the forms?

* No
* Yes, by a family member or friend
* Yes, by an attorney/notary
* Yes, by a travel agent
* Yes, by contacting the [Embassy/Consulate General name] by phone or email in English
* Yes, by contacting the [Embassy/Consulate General name] by phone or email in [country’s official language]
* Yes, by contacting ustraveldocs.com
* Yes, by contacting usvisa-info.com
* Yes, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you used the [Embassy/Consulate General name], ustraveldocs.com, or usvisa-info.com website, were instructions and requirements well-defined?

* Yes
* No
* I did not use a website

1. Prior to your appointment, which of the following would you have liked to receive additional information about?

* What to expect at the appointment (i.e., the security process, waiting room experience, parking, appointment time and duration)
* Prohibited items that are not allowed in the [Embassy/Consulate General name]
* Supporting documentation required
* Information on how to change appointment time
* Document delivery service
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE PAYMENT**

1. Were you satisfied with the fee payment instructions?

* Yes, they were sufficient
* No, I needed more information
* No, they were confusing
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you satisfied with the fee payment options?

* Yes, they were sufficient
* No, they were inconvenient
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPOINTMENT SCHEDULING**

1. Did you receive an appointment for a time and date within three weeks?

* Yes
* No, I needed an earlier appointment date, and one was not available.
* No, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was it difficult for you to schedule or reschedule your appointment? Please indicate why and check all that apply.

* The scheduling or rescheduling process was confusing.
* I do not have access to or use the internet.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DURING THE APPOINTMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. 10. Please rate your visit to [Embassy/Consulate General name]. | Excellent | Satisfactory | Needs Improvement |
| Courtesy of the security guards |  |  |  |
| Courtesy of the consular staff |  |  |  |
| Answers to your questions |  |  |  |
| Explanation regarding your case |  |  |  |
| Cleanliness and comfort of the waiting area |  |  |  |
| Duration of wait time for the interview |  |  |  |

**DOCUMENT DELIVERY**

1. If you were provided the option of document delivery, were you satisfied with the options for document delivery?

* Yes, they were sufficient
* No, they were inconvenient
* No, I needed more options
* Not applicable, I did not use document delivery or it was not an option
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please use the space below for any additional suggestions on what we could improve.

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Department of State, Bureau of Consular Affairs, ATTN: Catherine Barry, 600 19th Street, N.W., Washington, DC 20036.