

NIST Customer Satisfaction Survey

NOTE: A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0031. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the:

National Institute of Standards and Technology, Attn: Isabel Chavez Baucom; isabel.chavez.baucom@nist.gov OMB Control No.: OMB Control No 0693-0031. Expiration Date: 06/30/2021

Directions: Please indicate your evaluation of each item by circling the appropriate score and include additional comments where applicable. Use the bottom of the second page if necessary.

I. Overall Satisfaction

This (product or service) met my expectations:

I would recommend this (product or service) to others:

Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
0	1	2	3	4	5	6
0	1	2	3	4	5	6

I liked the following thing best about the (product or service). Why?

I liked the following thing least about the (product or service). Why?

If I were to improve this (product or service) to make it more effective, I would:

2. Satisfaction: Accessibility

Availability and format of (product or service)

Quality of visuals/audio/graphics or readability

Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
0	1	2	3	4	5	6
0	1	2	3	4	5	6

3. Satisfaction: Responsiveness

Professionalism and courtesy of NIST staff

Timeliness of delivery of (product or service)

Ease of navigation/finding information

Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6

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4. Satisfaction: Content

The technical content was relevant and applicable to my work:

The depth and quality of information were appropriate:

The length of the entire (product or service) was appropriate:

The (product or service) will help/helped me to do my job:

The (product or service) was sufficiently interactive:

Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6

5. Learning

My understanding of this topic prior to using this (product or service) was at this level:

I think my current understanding of this topic after using the (product or service) is at this level:

No Knowledge	Somewhat Familiar	Familiar	Very Familiar	Very Familiar/Able to implement and share examples	Expert
0	1	2	3	4	5
0	1	2	3	4	5

6. Application

Please describe three (3) things that you learned from this (product or service):

- 1)
- 2)
- 3)

Please describe three (3) items that you will apply in the performance of your job:

- 1)
- 2)
- 3)

May we contact you in 45 days to follow up on the application of this (product or service)?

Yes No

Contact Information: Name: _____
 Address: _____
 Phone/Email: _____

7. Needs Assessment

I need the following additional information or materials to improve performance of my responsibilities:

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45 Day Follow-Up Questions

1. If you applied some aspect of this product/service, what did you apply and what has been the impact? Please describe.

2. If you have not applied any aspect of this product/service, but intended to do so, what are the barriers that have prevented your implementation?

Please explain.