



## Conference or Security Seminar Feedback Survey

PROVIDING ANY INFORMATION FOR THIS QUESTIONNAIRE IS VOLUNTARY.

Paperwork Reduction Act Notice: The public reporting burden to complete this information collection is estimated at three (3) minutes per response, including the time completing and reviewing the collected information. The collection of this information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [chemical.security@cisa.dhs.gov](mailto:chemical.security@cisa.dhs.gov) and include ATTN: PRA: [1670-0027].

1 Please select one of the following that is applicable to you:

- Public Sector
- Private Sector
- International Attendee
- Press
- Other (please specify)

2 Please evaluate the following statement: the information at the [INSERT NAME OF EVENT] was current and relevant.

<input type="radio"/> Strongly Disagree	<input type="radio"/> Agree
<input type="radio"/> Disagree	<input type="radio"/> Strongly Agree
<input type="radio"/> Neutral	

3 Please evaluate the following statement: I anticipate sharing information from the [INSERT NAME OF EVENT] with my company/facility/community to strengthen security.

Strongly Disagree       Agree  
 Disagree       Strongly Agree  
 Neutral

4 Which session(s) did you find the most informative?

[TITLE OF SESSION 1]       [TITLE OF SESSION 4]  
 [TITLE OF SESSION 2]       [TITLE OF SESSION 5]  
 [TITLE OF SESSION 3]       [TITLE OF SESSION 6]

5 Would you attend future [INSERT NAME OF EVENT OR CONFERENCE(S)]?

Yes  
 No

6 Based on your experience from the [INSERT NAME OF EVENT/CONFERENCE], how likely are you to recommend future events to your colleagues?

Extremely unlikely       Likely  
 Unlikely       Extremely likely  
 Neutral

7 Did you attend the [INSERT NAME OF PAST EVENT/CONFERENCE(S)]?

- Yes
- No

8 Where would you prefer future [INSERT NAME OF EVENT(S)] to be held?

- [Metropolitan Area 1]
- [Metropolitan Area 4]
- [Metropolitan Area 2]
- [Metropolitan Area 5]
- [Metropolitan Area 3]
- [Metropolitan Area 6]
- Other (please specify)

9 Please review and rate the overall quality of each session from [INSERT NAME OF EVENT].

	Very Poor	Poor	Fair	Good	Excellent
TITLE OF SESSION 1	<input type="radio"/>				
TITLE OF SESSION 2	<input type="radio"/>				
TITLE OF SESSION 3	<input type="radio"/>				
TITLE OF SESSION 4	<input type="radio"/>				
TITLE OF SESSION 5	<input type="radio"/>				
TITLE OF SESSION 6	<input type="radio"/>				

10 If you have any additional comments or thoughts about the [INSERT NAME OF EVENT/CONFERENCE] or future [INSERT NAME OF EVENT/CONFERENCE], please feel free to provide them below.

## Privacy Settings within Survey Monkey for this Instrument

ANONYMOUS RESPONSES:	<span style="float: right;">?</span> <span style="float: right;">^</span>
<p><input type="radio"/> On, exclude ALL respondent information (names, email addresses, IP addresses, and custom data) from your survey results</p> <p><input checked="" type="radio"/> On, only exclude personal information (names, email addresses, and IP addresses) from your survey results</p> <p><input type="radio"/> Off, include all respondent information in your survey results</p>	
INSTANT RESULTS:	Off <span style="float: right;">?</span> <span style="float: right;">^</span>
CUTOFF DATE AND TIME:	Off <span style="float: right;">?</span> <span style="float: right;">^</span>
RESPONSE LIMITS:	Off <span style="float: right;">?</span> <span style="float: right;">^</span>
IP RESTRICTIONS:	Off <span style="float: right;">?</span> <span style="float: right;">^</span>
PASSWORD PROTECTION:	Off <span style="float: right;">?</span> <span style="float: right;">^</span>
CUSTOM DISQUALIFICATION:	Off <span style="float: right;">?</span> <span style="float: right;">^</span>