

## CISA Exercises Participant Survey

Thank you for participating in this important survey.

OMB Control Number: 1670-0027

OMB Expiration Date: 5/31/2024

The Cybersecurity and Infrastructure Security Agency (CISA) has partnered with Team Grant Thornton to conduct an evaluation to learn more about what happens after a customer participates in an exercise for their organization.

The survey takes approximately 10 minutes to complete. The purpose of the survey is to learn what you thought of the exercise and how things are going since you participated in the exercise with CISA and received your After- Action Report (AAR). We are interested in learning what recommendations your organization and its partners have been able to implement and/or what barriers or challenges you've encountered with implementing the recommendations in the AAR. As a reminder, please do not include any information about your organization or any personally identifiable information about yourself or others in open field text boxes as part of your response.

CISA Exercises would like to assure all participants that survey responses are confidential. Information shared in the CISA Exercise Participant Survey will not be shared with anyone outside of CISA. Furthermore, your name or your organization name will not be identified in our reports. Findings will be presented in aggregate form to other relevant program offices within CISA. Additionally, this survey is not an assessment of you or your agency organization; it is intended to help inform CISA, and improve its products and services. If you have any questions about the survey or your participation, feel free to contact Betsy Santos at 609-750-2018.

### **Privacy Notice:**

**Authority:** 5 U.S.C. § 301 and 44 U.S.C. § 3101 authorize the collection of this information.

**Purpose:** The DHS Cybersecurity and Infrastructure Security Agency (CISA) Exercise Program will use this information to improve facilitation and format of their exercises, gain a better understanding of the overall impact of the exercise, and to understand the barriers customers face with implementing the recommendations provided by CISA.

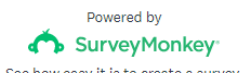
**Routine Use:** The information collected will be aggregated for disclosure to CISA divisions and program offices to leverage and improve upon capability-building approaches as it relates to enhancing the security and resilience of critical infrastructure.

**Disclosure:** Furnishing this information is voluntary; however failure to provide any of the information requested may prevent the DHS/CISA Exercise Program from contacting you regarding any potential clarification of survey responses from past participation in CISA.

**Paperwork Reduction Act**

The public reporting burden to complete this information collection is estimated at 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of 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 DHS's Office of the Chief Procurement Officer, Office of Acquisition Policy and Legislation, 7th and D Street, Washington, D.C., ATTN: PRA [OMB Control No. 1670-0027].

Next



Survey Format



## Screener Section

Please note that starred questions (\*) in blue are from CISA's existing follow-up survey.

**S1. \*Our records indicate you participated in [EXERCISE NAME] Exercise on [DATE]. Is that correct?**

- Yes - *Go to A2*
- No

**S2. Thank you. This survey is for those who participated in [EXERCISE NAME] on [DATE] and are familiar with the recommendations in the After-Action Report.**

Please provide the name and email address of the person from your organization who attended the Exercise and would be better suited to complete this survey.

Name:

Email  address:

*Go to end*

## Section A. Organization Characteristics

### A2. Approximately, how many employees does your organization have?

- 1- 100
- 101 – 999
- 1000 or more

### A3. \*What classification best describes your organization?

- Public
  - State
  - Local
  - Tribal
  - Territorial
- Private Sector
  - Chemical
  - Commercial Facilities
  - Communications
  - Critical Manufacturing
  - Dams
  - Defense Industrial Base
  - Emergency Services
  - Energy
  - Financial Services
  - Food and Agriculture
  - Government Facilities
  - Healthcare and Public Health
  - Information Technology
  - Nuclear Reactors, Materials, and Waste
  - Transportation Systems
  - Water and Wastewater Systems
- Non-Governmental Organization
- Other (please specify) \_\_\_\_\_

### A3A. *[shown if public selected in question A3 above]* Please select the type of public organization from the following list:

- 9-1-1 or Dispatch Center
- Public Health Department or Emergency Medical Service (EMS)
- Fire Department
- Law Enforcement
- School District or Education Department
- Emergency Management or Homeland Security
- Information Technology Department
- Elections Office
- Public Utility
- Other (please specify) \_\_\_\_\_

### A4. \*What role did you play during the exercise?

- Player
- Observer
- Planner
- Controller or Facilitator
- Evaluator
- Simulator
- Actor

A5. \*Using a scale of 1 to 5, where 1 = *Strongly Disagree* and 5 = *Strongly Agree*, please indicate how much you agree or disagree with the following statements:

Based on participation in this exercise...

Statement	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
a. I am better prepared to respond to threats or incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My organization is better prepared to respond to threats or incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My organization has taken or is now taking action(s) to enhance its preparedness to respond to threats or incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would recommend similar exercises hosted by CISA to colleagues or other relevant professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The question below is shown if statement "c" in question A5 above = agree or strongly agree*

A6. \*Which action(s) has your organization taken, or is now taking, in response to the exercise to enhance its preparedness?

Mark all that apply.

- Updated policies or plans.
- Created new positions or functions within the organization.
- Developed new relationships with partner organizations.
- Introduced new security measures.
- Implemented new training courses or programs.
- Conducted additional exercises.
- Other (Please specify) \_\_\_\_\_

## Section B. After-Action Report Recommendations

*Questions in this section are newly developed and focused on following up on actions related to the AAR.*

**B1. The next questions are about the After-Action Report (AAR) and the recommendations listed by CISA in that report.**

**Did you agree with all, most, some, or none of the strengths that were identified in the AAR about your organization?**

- All
- Most
- Some
- None

**B2. Did you agree with all, most, some, or none of the recommendations provided in the AAR based on the identified areas of improvement?**

- All
- Most
- Some
- None

**B3. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please indicate how much you agree or disagree with the following statements regarding the AAR report:**

Statement	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
a. The AAR was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The recommendations in the AAR were “on the mark” as far as what my organization needs to do to improve security and preparedness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The AAR gave my organization the guidance it needed to implement necessary changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B4. Approximately how many recommendations, for your organization (verses for partner organizations), were provided in the AAR?**

\_\_\_\_\_

**B5. The next questions are about the statuses of the recommendations in the AAR. As a reminder, this is not an assessment of your organization and responses are confidential.**

**Please indicate the current status of the recommendations for your organization in the AAR. The total should add up to [# ENTERED AT B4].**

Current status of recommendation	# recommendations that fall in this status
a. The recommendation has been addressed completely. <i>(By addressed completely we mean that your organization has implemented the change to the extent suggested in the AAR).</i>	_____
b. The recommendation is currently in progress. We expect to fully implement this recommendation in the next year.	_____
c. The recommendation was in progress, but status is currently stalled. The recommendation may or may not be fully	_____

implemented.	
d. Work to implement the recommendation is expected to start in the next year.	_____
e. Currently, there is no plan to implement this recommendation.	_____
f. Other status (Please describe): _____	_____

*The question below is shown if statement "e" in question B5 if greater than 0*

**B5a. Thinking about the (most important) recommendation that is not being implemented, why is your organization not addressing it at the moment?**

*Mark all that apply.*

- Other priorities take precedence
- Resource constraints (such as money, equipment, etc.)
- Leadership engagement
- Availability of qualified personnel
- Legal or regulatory constraints
- Other (please specify) \_\_\_\_\_

*The question below if shown if at least two responses are selected for question B5a*

**B5b. Of these reasons, which would you say has been the biggest obstacle in implementing the most important) recommendation?**

- Other priorities take precedence
- Resource constraints (such as money, equipment, etc.)
- Leadership engagement
- Availability of qualified personnel
- Legal or regulatory constraints
- Other (please specify) \_\_\_\_\_

**B6. Since attending the [EXERCISE NAME], has your organization taken other actions to enhance preparedness that were *not* part of the AAR?**

- Yes
- No

*Question below shown if question B6=Yes*

**B7. Which action(s) has your organization taken to enhance its preparedness?**

*Mark all that apply*

- Updated policies or plans.
- Created new positions or functions within the organization.
- Developed new relationships with partner organizations.
- Introduced new security measures.
- Implemented new training courses or programs.
- Conducted additional exercises.
- Other (Please specify) \_\_\_\_\_

**B8. The next questions are about partner organizations. Did any partner organizations participate in [EXERCISE NAME] on [DATE]?**

- Yes
- No - *Go to C1*



**B9. Did the tabletop exercise or AAR prompt conversations with the partner organization on our preparedness to respond to a cyber incident?**

- Yes
- No

## Section C. Satisfaction with Exercise

**C1. Did you attend any of the planning meetings in preparation for the [EXERCISE NAME]?**

- Yes
- No – *Go to C6*

**C2. Do you feel the right people from your organization attended the planning meetings, or do you feel there are others from your organization that should have attended (please list roles rather than names of specific people)?**

- The right people from my organization attended.
- Different/additional staff from my organization should have attended.

**C3. Please list the job roles of others within your organization that should have attended (please list job roles or positions rather than names of specific people)?** \_\_\_\_\_

*Question below shown if question B8 =Yes*

**C4. Do you feel the right partner organizations attended the planning meetings, or do you feel there are partner organizations that should have attended?**

- The right partner organization(s) attended.
- Different/additional partner organization(s) should have attended.

**C4a. Which partner(s) do you think should have attended? (please list partners rather than specific names of individuals)** \_\_\_\_\_

**C5. In your opinion, what, if anything, would have made the planning meeting(s) better?**

\_\_\_\_\_

**C6. Now shifting the focus to the actual [EXERCISE NAME] held on [DATE], please indicate how much you agree with the following statements:**

Statement	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
a. The Exercise was the right length of time--not too long or too short.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The exercise facilitation was effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The scenarios presented were relevant to my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The format of the Exercise was easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The right people from all levels of my organization were present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The right people from all levels of my partner organizations were present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C7. Please indicate how helpful you found each of these parts of the exercise.**

<b>Exercise components</b>	<b>Not at all helpful (1)</b>	<b>Slightly helpful (2)</b>	<b>Neither helpful nor unhelpful (3)</b>	<b>Helpful (4)</b>	<b>Very Helpful (5)</b>	<b>N/A</b>
Pre-planning Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threat briefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenario presentation and facilitated discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotwash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-Action Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your participation! We may be contacting you for an in-depth interview about your experience since the exercise. As with this survey, responses to the in-depth survey will be confidential. We appreciate your continued partnership in defending against today's threats and collaboration to build more secure and resilient infrastructure for the future.**