NIST Customer Satisfaction Survey

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.

1. Overall Satisfaction

	Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
This (product or service) met my expectations:	0	1	2	3	4	5	6
I would recommend this (product or service) to others:	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

	Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
Availability and format of (product or service)	0	1	2	3	4	5	6
Quality of visuals/audio/graphics or readability	0	1	2	3	4	5	6

3. Satisfaction: Responsiveness

	Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
Professionalism and courtesy of NIST staff	0	1	2	3	4	5	6
Timeliness of delivery of (product or service)	0	1	2	3	4	5	6
Ease of navigation/finding information	0	1	2	3	4	5	6

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4. Satisfaction: Content

	Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
The technical content was relevant and applicable to my work:	0	1	2	3	4	5	6
The depth and quality of information were appropriate:	0	1	2	3	4	5	6
The length of the entire (product or service) was appropriate:							
The (product or service) will help/helped me to do my job:	0	1	2	3	4	5	6
The (product or service) was sufficiently interactive:	0	1	2	3	4	5	6

5. Learning

	No Knowledge	Somewhat Familiar	Familiar	Very Familiar	Very Familiar/Able to implement and share examples	Expert
My understanding of this topic prior to using this (product or service) was at this level:	0	1	2	3	4	5
I think my current understandng of this topic after using the (product or service) is at this level:	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 responsiblities:

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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.