

**PEO MLB Voice of the Customer (VoC) Full Length Survey – DITPR/DADMS**

*Introductory Text*

The Navy's Program Executive Office for Manpower, Logistics, and Business Solutions (PEO MLB) has prioritized measuring and improving customer and user experience as a strategic goal. As a PEO MLB customer and a Navy DITPR/DADMS user, your voice matters. Your voice will help improve DITPR/DADMS both now and in the future. Your participation is voluntary and anonymous. Third-party aggregation of survey responses and comments ensure each participant's individual confidentiality. Your input is valued and we greatly appreciate your time and involvement.

AGENCY DISCLOSURE NOTICE: The public reporting burden for this collection of information, OMB Control Number 0704-0553, is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

*Demographics (vary based on system but focus on system use)*

1. Which repositories do you access? *Mark all that apply.*

- ☐ DITPR (DoD)
- ☐ DITPR-DON (DON)
- ☐ DADMS (DON)

2. For what purpose(s) do you use the system? *Mark all that apply.*

- ☐ View records
- ☐ Edit/Create records
- ☐ Extracts/Reports
- ☐ Other (Please specify)

3. How long have you used the system? *Select one.*

- ☐ 0-6 months
- ☐ 7-11 months
- ☐ 1-3 years
- ☐ 4-7 years
- ☐ 7+ years

*Voice of the Customer Questions*

4. Overall, how satisfied are you with the system? *Select one.*

- ☐ Extremely dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Strongly satisfied

4a. Please share the reason for the rating you provided (Optional)

5. I can easily complete my tasks in the system. *Select one.*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

5a. Please share the reason(s) for the rating you provided. (Optional)

6. The time it takes to complete my tasks in the system is reasonable. *Select one.*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

6a. Please share the reason(s) for the rating you provided. (Optional)

7. What change(s) would you recommend to improve your overall experience? (Optional)

8. The functionality of the system enhances my productivity. *Select one.*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

8a. Please share the reason(s) for the rating you provided. (Optional)

9. I find the system intuitive and easy-to-use. *Select one.*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree

- ☐ Strongly agree

9a. Please share the reason(s) for the rating you provided. (Optional)

10. Have you called the Help Desk regarding this system? *Select one.*

- ☐ Yes  
☒ No – *If participant selects No, skip to Q11*

10a. The Help Desk resolved my issue or problem in a timely manner. *Select one.*

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither disagree nor agree  
☐ Agree  
☐ Strongly agree

10a1. Please share the reason for the overall rating you provided. (Optional)

10b. How satisfied are you with your Help Desk experience? *Select one.*

- ☐ Extremely dissatisfied  
☐ Dissatisfied  
☐ Neither dissatisfied nor satisfied  
☐ Satisfied  
☐ Extremely satisfied

10b1. Please share the reason for the overall rating you provided. (Optional)

11. I notice continual improvements being made to the system. *Select one.*

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither disagree nor agree  
☐ Agree  
☐ Strongly agree

11b. Please share the reason for the overall rating you provided. (Optional)

12. If you would like to participate in follow-on research (e.g., a short focus group, interview, or usability evaluation) please provide your email below. \*Note: Your survey responses will remain anonymous regardless of participation. (Optional)

*Blue italics indicates notes for survey developer*

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Thank you for taking the time to complete this survey. Your responses have been received.