



Homeland Security

Critical Infrastructure Stakeholder Feedback Survey: Partnership Feedback

General Information

Date of activity/event/engagement/product or tool use

Name of activity/event/engagement/product or tool use

What classification best describes your organization?

Organization's State/Territory

Organization's sector

Overall Assessment

1 This activity, event, product, or tool was important to foster relationship building and sustain effective partnerships with other organizations.

Strongly Agree Agree Neutral Disagree Strongly Disagree NA

2 The necessary private and public sector partners were present at the meeting.

Yes No NA

If no, who should have attended?

3 This product or tool was easy to use.

Strongly Agree Agree Neutral Disagree Strongly Disagree NA

If no, who/what was missing?

4 The information provided was current and relevant.

Strongly Agree Agree Neutral Disagree Strongly Disagree NA

5 My organization is likely to incorporate the information provided into future risk mitigation and resilience enhancements.

Strongly Agree Agree Neutral Disagree Strongly Disagree NA

6 The information provided will contribute to my organization's counterterrorism actions, security improvements, and/or terrorism preparedness planning.

Strongly Agree Agree Neutral Disagree Strongly Disagree NA

7 The amount of time spent on this activity, event, or tool was appropriate for the take-home or outcome.

No—too short No —too long NA

8 The process used during this activity or event was effective for the goal.

Strongly Agree Agree Neutral Disagree Strongly Disagree NA

9 The goal for the activity or event was clear and achievable.

Strongly Agree Agree Neutral Disagree Strongly Disagree NA

10 Please provide any recommendations that you may have on how future activities or events of this type could be improved to enhance their quality and relevance.

11 Please provide any feedback you wish to provide regarding specific speakers or panelists, if applicable.

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