

CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff



DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

Date of visit/encounter:

October 13, 2022

Attending Staff:

JAF

Services inquired on/availed:

☐ Technology Needs Assessment (TNA)

☐ Techno. Transfer & Commercialization (SETUP/GIA)

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Metals & Engineering

☐ Health and Pharma.

☐ ICT

☐ Others, pls. specify

☐ Project Proposal Preparation

☐ Packaging and Labeling

☒ Technology Training

☐ Technology Clinics/Forum

☐ Scholarship

☐ Laboratory (Metrology/Microbiology)

☐ Library/Information

☐ Others, pls. specify

☐ Techno. Consultancy

☐ MPEX

☐ CAPE

☐ CPT

☐ Energy Audit

☐ Others, pls. specify

How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: *Donna A. Gacuan*

School/Company/Organization Name:

BLGU

Address (Brgy./Mun./Prov.):

Pinaragagan, San Jose, Romblon

Tel or Cel No./E-mail Add.:

09300764820

First time to visit DOST? ☐ Yes ☒ No

Sex: ☐ Male ☒ Female

Age Group:

☐ 15 & below

☐ 16-20

☐ 21-30

☐ 31-40

☐ 41-50

☒ 51-59

☐ 60 & above

Classification:

☐ Student

☐ Owner of a business

☐ Employee of a business

☒ Government employee

☐ Professional, pls. specify

☐ Overseas Filipino

Worker

☐ Not employed

(retiree/displaced)

☐ Others, pls. specify

Person with Disability? ☐ Yes ☒ No

Level of Education:

☐ Elementary

☒ High School

☐ College

☐ Masters/ PhD.

☐ Others, pls. specify

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Health and Pharma.

☐ ICT

☐ Metals & Engineering

☐ Others, pls. specify

What is your main reason for using the library?

☐ To support course of study/school requirement

☐ Leisure/general enjoyment

☐ Independent learning/research

☐ Others, pls. specify

CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff



DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

Date of visit/encounter:

OCTOBER 13, 2022

Attending Staff:

JAF

Services inquired on/availed:

☐ Technology Needs Assessment (TNA)

☐ Techno. Transfer & Commercialization (SETUP/GIA)

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Metals & Engineering

☐ Health and Pharma.

☐ ICT

☐ Others, pls. specify

☐ Project Proposal Preparation

☐ Packaging and Labeling

☒ Technology Training

☐ Technology Clinics/Forum

☐ Scholarship

☐ Laboratory (Metrology/Microbiology)

☐ Library/Information

☐ Others, pls. specify

☐ Techno. Consultancy

☐ MPEX

☐ CAPE

☐ CPT

☐ Energy Audit

☐ Others, pls. specify

How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)

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SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: Analee A. Vicente

School/Company/Organization Name:

Ati Tribe

Address (Brgy./Mun./Prov.):

Pinamihagan, San Jose, Romblon

Tel or Cel No./E-mail Add.:

09462347964

First time to visit DOST? ☒ Yes ☐ No

Sex: ☐ Male ☒ Female

Age Group:

☐ 15 & below

☐ 16-20

☐ 21-30

☐ 31-40

☒ 41-50

☐ 51-59

☐ 60 & above

Classification:

☐ Student

☐ Owner of a business

☐ Employee of a business

☐ Government employee

☐ Professional, pls. specify

☐ Overseas Filipino

☐ Worker

☐ Not employed

☐ (retiree/displaced)

☒ Others, pls. specify

Person with Disability? ☐ Yes ☒ No

Level of Education:

☐ Elementary

☐ High School

☒ College

☐ Masters/ PhD.

☐ Others, pls. specify

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Health and Pharma.

☐ ICT

☐ Metals & Engineering

☐ Others, pls. specify

What is your main reason for using the library?

☐ To support course of study/school requirement

☐ Leisure/general enjoyment

☐ Independent learning/research

☐ Others, pls. specify

CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
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To be filled out by DOST-MIMAROPA staff



DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

Date of visit/encounter:

October 13, 2022

Attending Staff:

JAF

Services inquired on/availed:

☐ Technology Needs Assessment (TNA)

☐ Techno. Transfer & Commercialization (SETUP/GIA)

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Metals & Engineering

☐ Health and Pharma.

☐ ICT

☐ Others, pls. specify

☐ Techno. Consultancy

☐ MPEX

☐ CAPE

☐ CPT

☐ Energy Audit

☐ Others, pls. specify

☐ Project Proposal Preparation

☐ Packaging and Labeling

☒ Technology Training

☐ Technology Clinics/Forum

☐ Scholarship

☐ Laboratory (Metrology/Microbiology)

☐ Library/Information

☐ Others, pls. specify

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SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: Done la A. Vicente

School/Company/Organization Name:

At Tribe

Address (Brgy./Mun./Prov.):

Panamihagan, San Juan Ronblon

At Tribe

Tel or Cel No./E-mail Add.:

0910 3455565

First time to visit DOST? ☒ Yes ☐ No

Sex: ☐ Male ☒ Female

Age Group:

☐ 15 & below

☐ 16-20

☐ 21-30

☐ 31-40

☐ 41-50

☐ 51-59

☒ 60 & above

Classification:

☐ Student

☐ Owner of a business

☐ Employee of a business

☐ Government employee

☐ Professional, pls. specify

☐ Overseas Filipino

Worker

☐ Not employed

(retiree/displaced)

☒ Others, pls. specify

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Person with Disability? ☐ Yes ☒ No

Level of Education:

☐ Elementary

☐ High School

☐ College

☐ Masters/ PhD.

☐ Others, pls. specify

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 ☐ Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☒ Food Processing

☐ Gifts, Housewares, Decors

☐ Health and Pharma.

☐ ICT

☐ Metals & Engineering

☐ Others, pls. specify

What is your main reason for using the library?

☐ To support course of study/school requirement

☐ Leisure/general enjoyment

☐ Independent learning/research

☐ Others, pls. specify

CUSTOMER SATISFACTION FEEDBACK FORM

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To be filled out by DOST-MIMAROPA staff



DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

Date of visit/encounter:

October 13, 2022

Attending Staff:

JAF

Services inquired on/availed:

☐ Technology Needs Assessment (TNA)

☐ Techno. Transfer & Commercialization (SETUP/GIA)

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Metals & Engineering

☐ Health and Pharma.

☐ ICT

☐ Others, pls. specify

☐ Techno. Consultancy

☐ MPEX

☐ CAPE

☐ CPT

☐ Energy Audit

☐ Others, pls. specify

☐ Project Proposal Preparation

☐ Packaging and Labeling

☒ Technology Training

☐ Technology Clinics/Forum

☐ Scholarship

☐ Laboratory (Metrology/Microbiology)

☐ Library/Information

☐ Others, pls. specify

How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: Donna la A. Vicente

School/Company/Organization Name:

PH Tribe

Address (Brgy./Mun./Prov.):

Panamihagan, San Jose Romblon

Atti Tribe

Tel or Cel No./E-mail Add.:

0910 8455565

First time to visit DOST? ☒ Yes ☐ No

Sex: ☐ Male ☒ Female

Age Group:

☐ 15 & below

☐ 16-20

☐ 21-30

☐ 31-40

☐ 41-50

☐ 51-59

☒ 60 & above

Classification:

☐ Student

☐ Owner of a business

☐ Employee of a business

☐ Government employee

☐ Professional, pls. specify

☐ Overseas Filipino Worker

☐ Not employed

(retiree/displaced)

☒ Others, pls. specify

ip

Person with Disability? ☐ Yes ☒ No

Level of Education:

☒ Elementary

☐ High School

☐ College

☐ Masters/ PhD.

☐ Others, pls. specify

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 ☐ Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☒ Food Processing

☐ Gifts, Housewares, Decors

☐ Health and Pharma.

☐ ICT

☐ Metals & Engineering

☐ Others, pls. specify

What is your main reason for using the library?

☒ To support course of study/school requirement

☐ Leisure/general enjoyment

☐ Independent learning/research

☐ Others, pls. specify

CUSTOMER SATISFACTION FEEDBACK FORM

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To be filled out by DOST-MIMAROPA staff



DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

Date of visit/encounter:

October 13, 2022

Attending Staff:

JAF

Services inquired on/availed:

☐ Technology Needs Assessment (TNA)

☐ Techno. Transfer & Commercialization (SETUP/GIA)

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Metals & Engineering

☐ Health and Pharma.

☐ ICT

☐ Others, pls. specify

☐ Project Proposal Preparation

☐ Packaging and Labeling

☒ Technology Training

☐ Technology Clinics/Forum

☐ Scholarship

☐ Laboratory (Metrology/Microbiology)

☐ Library/Information

☐ Others, pls. specify

☐ Techno. Consultancy

☐ MPEX

☐ CAPE

☐ CPT

☐ Energy Audit

☐ Others, pls. specify

How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: Pym B. M. Celido

First time to visit DOST? ☒ Yes ☐ No

School/Company/Organization Name: PLEUM - P. W. M. A. C. C. C.

Sex: ☐ Male ☒ Female

Address (Brgy./Mun./Prov.):

Age Group:

☐ 15 & below

☐ 16-20

☐ 21-30

☐ 31-40

☐ 41-50

☐ 51-59

☒ 60 & above

Tel or Cel No./E-mail Add.:

0907 280 0778

Classification:

☐ Student

☐ Owner of a business

☐ Employee of a business

☒ Government employee

☐ Professional, pls. specify

☐ Overseas Filipino Worker

☐ Not employed

(retiree/displaced)

☐ Others, pls. specify

Person with Disability? ☐ Yes ☒ No

Level of Education:

☐ Elementary

☐ High School

☒ College

☐ Masters/ PhD.

☐ Others, pls. specify

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Health and Pharma.

☐ ICT

☐ Metals & Engineering

☐ Others, pls. specify

What is your main reason for using the library?

☐ To support course of study/school requirement

☐ Leisure/general enjoyment

☐ Independent learning/research

☐ Others, pls. specify

CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff



DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

Date of visit/encounter:

October 13, 2012

Attending Staff:

JAF

Services inquired on/availed:

- | | |
|---|--|
| <input type="checkbox"/> Technology Needs Assessment (TNA) | <input type="checkbox"/> Project Proposal Preparation |
| <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) | <input type="checkbox"/> Packaging and Labeling |
| <input type="checkbox"/> Food Processing | <input checked="" type="checkbox"/> Technology Training |
| <input type="checkbox"/> Gifts, Housewares, Decors | <input type="checkbox"/> Technology Clinics/Forum |
| <input type="checkbox"/> Agri./Horticulture | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Aquaculture/Marine | <input type="checkbox"/> Laboratory (Metrology/Microbiology) |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Library/Information |
| <input type="checkbox"/> Metals & Engineering | <input type="checkbox"/> Others, pls. specify _____ |
| <input type="checkbox"/> Health and Pharma. | |
| <input type="checkbox"/> ICT | |
| <input type="checkbox"/> Others, pls. specify _____ | |
| <input type="checkbox"/> Techno. Consultancy | |
| <input type="checkbox"/> MPEX | <input type="checkbox"/> Energy Audit |
| <input type="checkbox"/> CAPE | <input type="checkbox"/> Others, pls. specify _____ |
| <input type="checkbox"/> CPT | |

How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: RODOLFO A. ZACARIAS

First time to visit DOST? ☒ Yes ☐ No

School/Company/Organization Name: BLGU - Pinamhagan

Sex: ☒ Male ☐ Female

Address (Brgy./Mun./Prov.): Pinamhagan, San Jose, Romblon

Age Group:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> 15 & below | <input type="checkbox"/> 41-50 |
| <input type="checkbox"/> 16-20 | <input type="checkbox"/> 51-59 |
| <input type="checkbox"/> 21-30 | <input checked="" type="checkbox"/> 60 & above |
| <input type="checkbox"/> 31-40 | |

Tel or Cel No./E-mail Add.: 09460971472

Classification:

- | | |
|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Overseas Filipino Worker |
| <input type="checkbox"/> Owner of a business | <input type="checkbox"/> Not employed (retiree/displaced) |
| <input type="checkbox"/> Employee of a business | <input type="checkbox"/> Others, pls. specify _____ |
| <input checked="" type="checkbox"/> Government employee | |
| <input type="checkbox"/> Professional, pls. specify _____ | |

Person with Disability? ☐ Yes ☒ No

Level of Education:

- | | |
|---|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Masters/ PhD. |
| <input checked="" type="checkbox"/> High School | <input type="checkbox"/> Others, pls. specify _____ |
| <input type="checkbox"/> College | |

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

- | | | |
|---|--|---|
| <input type="checkbox"/> Agri./Horticulture | <input type="checkbox"/> Food Processing | <input type="checkbox"/> ICT |
| <input type="checkbox"/> Aquaculture/Marine | <input type="checkbox"/> Gifts, Housewares, Decors | <input type="checkbox"/> Metals & Engineering |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Health and Pharma. | <input type="checkbox"/> Others, pls. specify _____ |

What is your main reason for using the library?

- | | |
|--|--|
| <input type="checkbox"/> To support course of study/school requirement | <input type="checkbox"/> Independent learning/research |
| <input type="checkbox"/> Leisure/general enjoyment | <input type="checkbox"/> Others, pls. specify _____ |