

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: <u>March 23, 2013</u>	Attending Staff: <u>JLS</u>
Services inquired on/availed:			
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> 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: ALLAN RANCIO

School/Company/Organization Name:

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

SILUM, NAGDIVANG, ILOILO CITY

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

First time to visit DOST? Yes No

Sex: Male Female

Age Group:

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

Person with Disability? Yes No

Level of Education:

- | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Elementary
<input type="checkbox"/> High School
<input checked="" type="checkbox"/> College | <input type="checkbox"/> Masters/ PhD.
<input type="checkbox"/> 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.

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Agri/Horticulture
<input type="checkbox"/> Aquaculture/Marine
<input type="checkbox"/> Furniture | <input type="checkbox"/> Food Processing
<input type="checkbox"/> Gifts, Housewares, Decors
<input type="checkbox"/> Health and Pharma. | <input type="checkbox"/> ICT
<input type="checkbox"/> Metals & Engineering
<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"/> Leisure/general enjoyment | <input type="checkbox"/> Independent learning/research
<input type="checkbox"/> 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:	Attending Staff:
<u>March 23, 2023</u>		
Services inquired on/availed:		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <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: <u>Dianisa Marvin</u>	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
School/Company/Organization Name:	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female								
Address (Brgy./Mun./Prov.): <u>Anilang-an, Magdiwang, Romblon</u>	Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> 15 & below</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> 41-50</td> </tr> <tr> <td><input type="checkbox"/> 16-20</td> <td><input checked="" type="checkbox"/> 51-59</td> </tr> <tr> <td><input type="checkbox"/> 21-30</td> <td><input type="checkbox"/> 60 & above</td> </tr> <tr> <td><input type="checkbox"/> 31-40</td> <td></td> </tr> </table>	<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40	
<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50								
<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59								
<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above								
<input type="checkbox"/> 31-40									
Tel or Cel No./E-mail Add.:	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Classification: <input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify _____	Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Elementary</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Masters/ PhD.</td> </tr> <tr> <td><input type="checkbox"/> High School</td> <td><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> College</td> <td></td> </tr> </table>	<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____	<input checked="" type="checkbox"/> College			
<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.								
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____								
<input checked="" type="checkbox"/> College									
SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)									

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.....	[✓]	[]	[]	[]	[]
Quality of service rendered.....	[✓]	[]	[]	[]	[]
Relevance of service rendered.....	[✓]	[]	[]	[]	[]
Staff competence.....	[✓]	[]	[]	[]	[]
Staff attitude.....	[✓]	[]	[]	[]	[]
Overall perception of service rendered	[✓]	[]	[]	[]	[]

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

Not at all likely 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?

To support course of study/school requirement Independent learning/research
 Leisure/general enjoyment Others, pls. specify _____

CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		Date of visit/encounter: March 23, 2013	Attending Staff: PLS
Services inquired on/availed:			
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <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"/> CAPE <input type="checkbox"/> CPT	
		<input type="checkbox"/> Energy Audit <input type="checkbox"/> 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: <u>JOSELITO RIVAS</u>	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
School/Company/Organization Name:	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Address (Brgy./Mun./Prov.): <u>DAMANGAN MAGDIVANG TAMBAW</u>	Age Group:	
Tel or Cel No./E-mail Add.:	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input checked="" type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above
Classification:	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify <u>MRAFA - Membran</u>	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input checked="" type="checkbox"/> Others, pls. specify _____	
Level of Education:	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	
	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> 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.

<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 _____

CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

 DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: March 23, 2013	Attending Staff: JLW																																												
Services inquired on/availed:																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 50%; padding: 2px;"> <input type="checkbox"/> Technology Needs Assessment (TNA) </td> <td colspan="2" style="width: 50%; padding: 2px;"> <input type="checkbox"/> Project Proposal Preparation </td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) </td> <td colspan="2"> <input type="checkbox"/> Packaging and Labeling </td> </tr> <tr> <td style="width: 25%;"> <input type="checkbox"/> Food Processing </td> <td style="width: 25%;"> <input type="checkbox"/> Metals & Engineering </td> <td style="width: 25%;"> <input type="checkbox"/> Technology Training </td> <td style="width: 25%;"> <input type="checkbox"/> Health and Pharma. </td> </tr> <tr> <td> <input type="checkbox"/> Gifts, Housewares, Decors </td> <td> <input type="checkbox"/> ICT </td> <td> <input type="checkbox"/> Technology Clinics/Forum </td> <td> <input type="checkbox"/> Scholarship </td> </tr> <tr> <td> <input checked="" type="checkbox"/> Agri./Horticulture </td> <td> <input type="checkbox"/> Others, pls. specify _____ </td> <td> <input type="checkbox"/> Laboratory (Metrology/Microbiology) </td> <td> <input type="checkbox"/> Library/Information </td> </tr> <tr> <td> <input type="checkbox"/> Aquaculture/Marine </td> <td> <input type="checkbox"/> Others, pls. specify _____ </td> <td> <input type="checkbox"/> Others, pls. specify _____ </td> <td> <input type="checkbox"/> Others, pls. specify _____ </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Furniture </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Techno. Consultancy </td> <td colspan="2"></td> </tr> <tr> <td style="width: 25%;"> <input type="checkbox"/> MPEX </td> <td style="width: 25%;"> <input type="checkbox"/> Energy Audit </td> <td colspan="2"> <input type="checkbox"/> Others, pls. specify _____ </td> </tr> <tr> <td> <input type="checkbox"/> CAPE </td> <td> <input type="checkbox"/> Others, pls. specify _____ </td> <td colspan="2"></td> </tr> <tr> <td> <input type="checkbox"/> CPT </td> <td></td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Technology Needs Assessment (TNA)		<input type="checkbox"/> Project Proposal Preparation		<input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Packaging and Labeling		<input type="checkbox"/> Food Processing	<input type="checkbox"/> Metals & Engineering	<input type="checkbox"/> Technology Training	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> ICT	<input type="checkbox"/> Technology Clinics/Forum	<input type="checkbox"/> Scholarship	<input checked="" type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Laboratory (Metrology/Microbiology)	<input type="checkbox"/> Library/Information	<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Furniture				<input type="checkbox"/> Techno. Consultancy				<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit	<input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify _____			<input type="checkbox"/> CPT			
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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: Olympia Regla Alvarez	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
School/Company/Organization Name: Proper Tao-asen, Magdiwang Romblon	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female								
Address (Brgy./Mun./Prov.): 0517872657	Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 15 & below </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 41-50 </td> </tr> <tr> <td> <input type="checkbox"/> 16-20 </td> <td> <input type="checkbox"/> 51-59 </td> </tr> <tr> <td> <input type="checkbox"/> 21-30 </td> <td> <input checked="" type="checkbox"/> 60 & above </td> </tr> <tr> <td> <input type="checkbox"/> 31-40 </td> <td></td> </tr> </table>	<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	
<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.:									

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 checked="" type="checkbox"/> Others, pls. specify MRFIA - Member
<input type="checkbox"/> Government employee	
<input type="checkbox"/> Professional, pls. specify	

Person with Disability?

<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
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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

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SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? Yes No

Please specify subject of interest.

<input checked="" type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input checked="" 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 _____

CUSTOMER SATISFACTION FEEDBACK FORM

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 DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: <i>March 23, 2013</i>	Attending Staff: <i>JLS</i>																												
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How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.) <hr/>																														

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: <i>Manuel Asbel Jr</i>	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
School/Company/Organization Name: <i>Cataya Farmers Association</i>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																
Address (Brgy./Mun./Prov.): <i>Jav-asan Cataya Masbate, Zamboanga</i>	Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 15 & below </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 41-50 </td> </tr> <tr> <td> <input type="checkbox"/> 16-20 </td> <td> <input checked="" type="checkbox"/> 51-59 </td> </tr> <tr> <td> <input type="checkbox"/> 21-30 </td> <td> <input type="checkbox"/> 60 & above </td> </tr> <tr> <td> <input type="checkbox"/> 31-40 </td> <td> </td> </tr> </table>	<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40									
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<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above																
<input type="checkbox"/> 31-40																	
Tel or Cel No./E-mail Add.: <i>0935 61 89141</i>	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Student </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Overseas Filipino Worker </td> </tr> <tr> <td> <input type="checkbox"/> Owner of a business </td> <td> <input type="checkbox"/> Not employed (retiree/displaced) </td> </tr> <tr> <td> <input type="checkbox"/> Employee of a business </td> <td> <input type="checkbox"/> Others, pls. specify _____ </td> </tr> <tr> <td> <input type="checkbox"/> Government employee </td> <td> </td> </tr> <tr> <td> <input type="checkbox"/> Professional, pls. specify </td> <td> </td> </tr> </table>	<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 type="checkbox"/> Government employee		<input type="checkbox"/> Professional, pls. specify		Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Elementary </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Masters/ PhD. </td> </tr> <tr> <td> <input type="checkbox"/> High School </td> <td> <input type="checkbox"/> Others, pls. specify _____ </td> </tr> <tr> <td> <input checked="" type="checkbox"/> College </td> <td> </td> </tr> </table>	<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____	<input checked="" type="checkbox"/> College	
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<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.																
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____																
<input checked="" 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 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 _____

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: <i>March 23, 2013</i>	Attending Staff: <i>SLS</i>
Services inquired on/availed:		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____
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How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.) <hr/>		

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: <i>CHERAN F. MATUR</i>	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
School/Company/Organization Name: <i>HAGDINAW NATIONAL HIGH SCHOOL</i>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female					
Address (Brgy./Mun./Prov.): <i>AGUTAY, MADIWANG, DOBLON</i>	Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 31-40 </td> <td style="width: 50%;"> <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above </td> </tr> </table>		<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above		
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Tel or Cel No./E-mail Add.: <i>0907-522-3737</i>	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input checked="" type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify </td> <td style="width: 50%;"> <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify </td> </tr> </table>	<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input checked="" type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify	Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College </td> <td style="width: 50%;"> <input checked="" type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify </td> </tr> </table>		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input checked="" type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input checked="" type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify					
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input checked="" type="checkbox"/> Masters/ PhD. <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 2 3 4 5 6 7 8 9 10	<input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Please specify subject of interest.					
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <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"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____				

CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
Rev 1/04-25-16

<u>To be filled out by DOST-MIMAROPA staff</u>										
 DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: <i>March 23, 2023</i>	Attending Staff: <i>OLS</i>								
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How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.) <hr/>										

<u>To be filled out by all customers</u>					
To help us serve you better, please completely fill up this survey.					
SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)					
Name: CLAIR R. MITIA School/Company/Organization Name: AGSAO RICE FARMERS ASSOCIATION Address (Brgy./Mun./Prov.): AGSAO MAGDIWANG MIMAROPA Tel or Cel No./E-mail Add.: _____	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 31-40 </td> <td style="width: 50%;"> <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above </td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above		
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<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify				
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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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <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"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____										

CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

 DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter:	Attending Staff:
------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	------------------

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 type="checkbox"/> Technology Training |
| <input type="checkbox"/> Gifts, Housewares, Decors | <input type="checkbox"/> Technology Clinics/Forum |
| <input checked="" 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"/> Others, pls. specify _____ | |

 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: DULANGAN RICE FARMERS <i>YES</i>	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
School/Company/Organization Name: DULANGAN MGA DIWAHZ ROM PILON	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Brgy./Mun./Prov.):	Age Group:
CP: # 09196147682	<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.:	Person with Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Classification:	Level of Education:
<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 type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Elementary <input type="checkbox"/> Masters/ PhD. <input 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 _____ |