

Customer Satisfaction Survey

**Page 1 - Customer Satisfaction Survey**

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This survey is a *sample only* of how to measure customer loyalty and satisfaction on a number of factors.

NOTE: All information can be collected and analyzed anonymously.

The survey would usually take approximately 15 minutes to complete. In this case, please email any comment about it to Irene Hall at [i.hall@cinde.ca](mailto:i.hall@cinde.ca) Your feedback is important to us.

Thank you!

Barry deLong, CINDE Membership Director

**Page 2 - Your feedback on NDT training**

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1. How did you learn about NDT training?

- ☐ Internet
- ☐ Email
- ☐ Print publication
- ☐ Radio
- ☐ Television
- ☐ Personal reference
- ☐ If other, please specify

**Page 3 - Your Satisfaction**

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2. How satisfied are you with the NDT training you received?

- ☐ Extremely satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Extremely dissatisfied
- ☐ If other, please specify

3. How satisfied are you with the NDT Member Services?

- ☐ Extremely satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Extremely dissatisfied
- ☐ If other, please specify

4. How likely are you to recommend Training or Member Services to a friend or colleague?

- ☐ 10 - Extremely Likely to recommend
- ☐ 9
- ☐ 8
- ☐ 7
- ☐ 6
- ☐ 5 - Neutral
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1
- ☐ 0 - Not at all likely to recommend
- ☐ If other, please specify

5. Please rate how easy it is to get Training or Member Services:

- ☐ Extremely easy
- ☐ Very easy
- ☐ Neutral
- ☐ Not so easy
- ☐ Impossible

6. When did you last call for help with training or Member Services?

- ☐ In the past 1 Month
- ☐ In the past 6 Months

- ☐ In the past 1 Year
- ☐ More than a year
- ☐ I've never called
- ☐ If other, please specify

**Page 4 - Member Services Support**

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7. How satisfied were you when you last called?

- ☐ Extremely satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ I don't remember
- ☐ If other, please specify

8. Please rate the service support team you received when you last called:

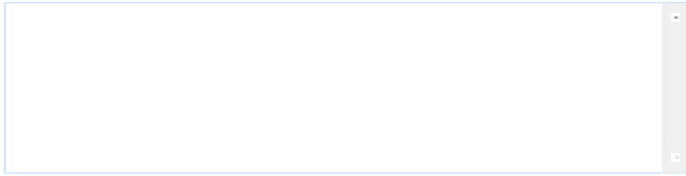
	Excellent	Very Good	Average	Below Average	Poor	Unsure
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to listen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What suggestions do you have for our Member Services support?

**Page 5 - Suggested Improvements**

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10. What improvements do you suggest we make to NDT Training and Member Services?



**Page 6 - Tell us about yourself**


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11. How many employees are at your company?

- ☐ 1 to 5
- ☐ 5 to 50
- ☐ 51 to 100
- ☐ 101 to 500
- ☐ 501 to 1000
- ☐ 1000 to 2000
- ☐ 2000 to 5000
- ☐ Greater than 5000

12. How many employees in your organization have NDT training?

- ☐ 1 to 5
- ☐ 5 to 50
- ☐ 51 to 100
- ☐ 101 to 500
- ☐ 501 to 1000
- ☐ 1000 to 2000
- ☐ 2000 to 5000
- ☐ Greater than 5000

13. What NDT certifications do you hold?

	Level 1	Level 2	Level 3
MT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How long have you been in the NDT industry?

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 to 10 years
- ☐ More than 10 years

**Page 7 - Further Feedback**

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15. My we contact you if we have any further questions regarding your responses on this survey?

☐ Yes ☐ No



**Page 8 - Contact Information**

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16. Enter your contact information below - you will only be contacted if we have further questions. Your information is NEVER shared with 3rd parties.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
US State	<input type="text" value="--Please Select--"/>
Postal Code	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
Work Phone	<input type="text"/>
Email Address	<input type="text"/>

