

Travis County Facilities Management Department

Planning, Design and Construction (PDC) Division Survey Questionnaire

Project Name: _____

Your Name: _____ **Today's Date:** _____

1. Were you personally involved in working with the project designers on the planning and design of the project?

Yes_____ No_____

2. Do you believe that your department's needs were respectfully considered and appropriately incorporated into the project design and completed construction?

Yes_____ No_____

3. How would you rate your overall satisfaction with your new accommodations?

Excellent_____ Good_____ Fair_____ Poor_____

4. How would you rate the operational efficiency of the new accommodations compared to the previous work space?

Excellent_____ Good_____ Fair_____ Poor_____

5. How satisfied are you with the new furniture?

Excellent_____ Good_____ Fair_____ Poor_____ Not Applicable_____

6. How would you rate your communications with PDC staff during the design and construction of this project?

Excellent_____ Good_____ Fair_____ Poor_____ Not Applicable_____

7. How would you rate the overall performance of PDC project staff?

Excellent_____ Good_____ Fair_____ Poor_____

8. What comments or suggestions would you offer for PDC consideration on future projects?

SUBMIT YOUR RESPONSE TO: gabriel.stock@traviscountytexas.gov