

SDG&E PSPS POST INCIDENT SURVEY
Online
2021 VersionLanguage[-1] English
[-2] SpanishCustomer Type (from sample)[-1] Residential
[-2] Small BusinessPSPS Segment (from sample)[-1] Notified Only (N=300)
[-2] Power Shut Off (N=300)**EMAIL INVITATION****(PROGRAMMER NOTE: HYPERLINK TO SURVEY CANNOT USE UTILITY NAME)**

TO: (Name of Respondent)

FROM: Travis Research on Behalf of San Diego Gas & Electric (travissurvey@travisresearch.com)

SUBJECT: Important safety study for SDG&E

Travis Research is conducting a customer survey on behalf of San Diego Gas & Electric (SDG&E®) regarding the recent Public Safety Power Shutoff and associated notifications (you/your business) may have received.

(NOTIFIED ONLY) If you qualify and complete the survey, you will be entered into a drawing to **win one of ten \$100 Amazon gift cards** that we will be giving away to participants.

(POWER SHUT OFF) If you qualify and complete the survey, you will receive a **\$20 Amazon gift card** that we will be giving away to participants.

Please take a few minutes to complete this survey by clicking on the link below or pasting it into your browser window. To help ensure confidentiality and allow for your candid feedback, the research is being conducted by Travis Research, an independent research firm.

For English: [http://travis-surveys.com/\(need unique ID sequence\)](http://travis-surveys.com/(need unique ID sequence))

This survey should take no more than 10 minutes to complete, and will only be available for a limited time, so please attempt to complete it within three days of receiving this message.

(OPT-OUT TEXT:) If you do not wish to participate in this research study you may click here to be removed.

(INSERT SPANISH INVITATION)

ONLINE SURVEY – ENGLISH

SCREENER

[NEW SCREEN]

Thank you for taking time to complete this survey. Please note that you are now on a website hosted by Travis Research. Travis Research is not part of SDG&E®. The Terms and Conditions and Privacy Policy of this website will apply, which may be viewed here.

(Click here for Terms and Conditions and Privacy Policy)

Please be assured that your responses will be kept confidential. Simply use your mouse to move ahead or scroll, and click the appropriate boxes to select your answers.

[NEW SCREEN]

A. Are you 18 years of age or older?

- | | | | |
|--------------------------|-----|-----|-------------------------|
| <input type="checkbox"/> | (1) | Yes | |
| <input type="checkbox"/> | (2) | No | → (THANK AND TERMINATE) |

[NEW SCREEN]

A.1 The email address we used to reach you is the one at which notifications would be sent. Is this address most associated with your... ***(Please select one response)***

- | | | | |
|--------------------------|-----|--|--------------------------------------|
| <input type="checkbox"/> | (1) | Home/residence with SDG&E service | → (CONTINUE AS RESIDENTIAL CUSTOMER) |
| <input type="checkbox"/> | (2) | Business with SDG&E service | → (CONTINUE AS BUSINESS CUSTOMER) |
| <input type="checkbox"/> | (3) | Home and Business, both with SDG&E service | → (CONTINUE AS RESIDENTIAL CUSTOMER) |

(IF QUALIFIED, GO TO MAIN QUESTIONNAIRE. DO NOT ALLOW RESPONDENT TO GO BACKWARDS IN SURVEY.)

MAIN QUESTIONNAIRE

Notification/Outage Awareness

[NEW SCREEN]

6. Have you ever heard of a Public Safety Power Shutoff (or PSPS)? This is when an energy utility may need to intentionally shut off power due to high winds or other high fire risk weather conditions to prevent wildfires from occurring.

- ☐ (1) Yes
☐ (2) No

[NEW SCREEN]

1. Do you recall receiving a **notification** or message from SDG&E recently regarding a Public Safety Power Shut Off (PSPS) at your (home/business)? These could have been through email, text, SDG&E App or a phone message.

- ☐ (1) Yes
☐ (2) No → **(SKIP TO Q.2)**

[NEW SCREEN]

12. **(MOVED FROM Q.12)** How did you receive notification(s) from SDG&E about the Power Shutoff? **(Please select all that apply)**

(PROGRAMMER ALLOW MULTIPLE RESPONSES)

- ☐ (1) Text
☐ (2) Phone
☐ (3) Email
☐ (4) PSPS App

[NEW SCREEN]

2. Was the power actually shut off at your (home/business) recently?

- ☐ (1) Yes
☐ (2) No

Overall Favorability

[NEW SCREEN]

3. How would you rate SDG&E **OVERALL** on the below scale? The more favorable you generally feel toward SDG&E, the higher the number you would give.

Very Favorable							Very Unfavorable
(7)	(6)	(5)	(4)	(3)	(2)	(1)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. **(DELIBERATELY OMITTED)**

[NEW SCREEN]

- 4.1 How would you rate SDG&E's handling of the most recent Public Safety Power Shutoff?

- ☐ (5) Very Positive
- ☐ (4) Somewhat Positive
- ☐ (3) Neither Positive nor Negative
- ☐ (2) Somewhat Negative
- ☐ (1) Very Negative
- ☐ (9) Did Not Experience a Recent Public Safety Power Shutoff → **(SKIP TO INSTRUCTION BEFORE Q.9)**

[NEW SCREEN]

- 4.2 Please describe how you were personally impacted by the Public Safety Power Shutoff?
(Please be as specific as possible)

5. **(DELIBERATELY OMITTED)**

(IF "NO" AT Q.2, SKIP TO INSTRUCTION BEFORE Q.9)

[NEW SCREEN]

7. Regarding the most recent Public Safety Power Shutoff, about how long was the outage in hours? Your best estimate is fine. **(Please enter whole number – Enter 001 for one hour or less)**

___ ___ ___

(Number of hours)

DK/NA = 999

[NEW SCREEN]

8. When you experienced the outage, were you aware the power was shut off by SDG&E for public safety due to high winds or other high fire risk weather conditions?

- ☐ (1) Yes
☐ (2) No

Recall Notification

(IF “NO” AT Q.1, SKIP TO INSTRUCTION BEFORE Q.17.1)

[NEW SCREEN]

9. Thinking about the recent outage notification(s), how satisfied are you **OVERALL** with the Public Safety Power Shutoff notifications or messages that you received from SDG&E?

Very Satisfied						Very Dissatisfied
(7)	(6)	(5)	(4)	(3)	(2)	(1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[NEW SCREEN]

10. (DELIBERATELY OMITTED)

- 10.1 How would you rate SDG&E’s performance during the **most recent** Public Safety Power Shutoff on each of the following? *(Please select one response for each row)*

(RANDOMIZE)		(5) <i>Extremely Satisfied</i>	(4) <i>Satisfied</i>	(3) <i>Neither Satisfied Nor Dissatisfied</i>	(2) <i>Dissatisfied</i>	(1) <i>Extremely Dissatisfied</i>	(9) <i>Not Applicable</i>
a.	Amount of notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Usefulness of the PSPS app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Usefulness of the SDG&E website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Accuracy of notifications and updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Usefulness of social media updates (Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. (DELIBERATELY OMITTED)

12. (MOVED TO AFTER Q.1)

13. (DELIBERATELY OMITTED)

[NEW SCREEN]

14. Which of the following messages do you recall receiving from SDG&E? **(Please select “yes” or “no” for each)**

(RANDOMIZE ALL EXCEPT “N”)		Yes (1)	No (2)
a.	Weather conditions may require a power shutoff for public safety	<input type="checkbox"/>	<input type="checkbox"/>
b.	Possible power shutoff	<input type="checkbox"/>	<input type="checkbox"/>
c.	Prepare to activate your personal family emergency plan	<input type="checkbox"/>	<input type="checkbox"/>
d.	Power is off	<input type="checkbox"/>	<input type="checkbox"/>
e.	Power should now be fully restored	<input type="checkbox"/>	<input type="checkbox"/>
f.	SDGE monitors weather conditions	<input type="checkbox"/>	<input type="checkbox"/>
g.	If power is turned off, it will stay off until we can safely restore it	<input type="checkbox"/>	<input type="checkbox"/>
h.	A Community Resource Center has opened	<input type="checkbox"/>	<input type="checkbox"/>
i.	When conditions improve, our crews will assess the safety of the electrical system and determine when power can be restored	<input type="checkbox"/>	<input type="checkbox"/>
j.	For more information visit SDG&E’s website	<input type="checkbox"/>	<input type="checkbox"/>
k.	Check our mobile app	<input type="checkbox"/>	<input type="checkbox"/>
l.	Follow us on Twitter	<input type="checkbox"/>	<input type="checkbox"/>
m.	Fire risk conditions decreased; power restored; PSPS risk continues	<input type="checkbox"/>	<input type="checkbox"/>
n.	Other (Please describe:)	<input type="checkbox"/>	<input type="checkbox"/>

[NEW SCREEN]

15. Please indicate how much you agree or disagree with the following statements regarding the notification(s) you received from SDG&E. **(Please select one response for each row)**

(RANDOMIZE B-E)		Agree Completely					Disagree Completely	
		(7)	(6)	(5)	(4)	(3)	(2)	(1)
a.	The information was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The message(s) was received in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The message(s) was clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	The message(s) helped make me feel well informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	The message(s) provided me with enough information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[NEW SCREEN]

16. Would you say the notification(s) sent to you about shutting off power due to public safety... **(Please select one response)**

- ☐ (1) positively impacted your opinion of SDG&E
☐ (2) had no impact on your opinion of SDG&E
☐ (3) negatively impacted your opinion of SDG&E

[NEW SCREEN]

17. Did you take any of the following actions **as a result** of receiving the Public Safety Power Shutoff notification(s)? **(Please select “yes” or “no” for each row)**

(RANDOMIZE ALL EXCEPT “L”)		Yes (1)	No (2)
a.	Prepared an emergency kit with food, water or medicine	<input type="checkbox"/>	<input type="checkbox"/>
b.	Had your emergency plan ready	<input type="checkbox"/>	<input type="checkbox"/>
c.	Performed a safety check on your generator for your (home/business)	<input type="checkbox"/>	<input type="checkbox"/>
d.	Purchased/used a battery powered radio	<input type="checkbox"/>	<input type="checkbox"/>
e.	Notified others in area about potential power shutoff	<input type="checkbox"/>	<input type="checkbox"/>
f.	Activated your emergency plan	<input type="checkbox"/>	<input type="checkbox"/>
g.	Visited a Community Resource Center	<input type="checkbox"/>	<input type="checkbox"/>
h.	Went to SDG&E's website	<input type="checkbox"/>	<input type="checkbox"/>
i.	Checked the SDG&E mobile app	<input type="checkbox"/>	<input type="checkbox"/>
j.	Follow(ed) SDG&E on Twitter	<input type="checkbox"/>	<input type="checkbox"/>
k.	Prepared for multiple-day outage	<input type="checkbox"/>	<input type="checkbox"/>
m.	Checked in on family, friend or neighbor	<input type="checkbox"/>	<input type="checkbox"/>
l.	Other (Please describe:) _____	<input type="checkbox"/>	<input type="checkbox"/>

(IF Q.2 = NO, SKIP TO Q.18)

[NEW SCREEN]

- 17.1 Have you experienced a Public Safety Power Shutoff (PSPS) prior to this most recent occurrence?

- ☐ (1) Yes
- ☐ (2) No → (SKIP TO Q.17.3)
- ☐ (3) Not sure → (SKIP TO Q.17.3)

[NEW SCREEN]

- 17.2 Compared to previous shutoffs, would you say that SDG&E's handling of the **most recent** Public Safety Power Shutoff was...?

- ☐ (1) Much worse
- ☐ (2) Somewhat worse
- ☐ (3) About the same
- ☐ (4) Somewhat improved
- ☐ (5) Much improved
- ☐ (9) Not sure

[NEW SCREEN]

- 17.3 SDG&E supports a number of resources that are available to our customers during Public Safety Power Shutoffs. Please indicate whether you were aware or have used each item below in relation to the **most recent** shutoff. *(Please select one answer in each row)*

(RANDOMIZE)		Not Aware (1)	Aware But Did Not Use (2)	Used (3)
a.	Multiple Address Alerts During a Public Safety Power Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Community Resource Centers (CRCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Disability Disaster Access & Resources (DDAR) program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	County Food Bank Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Language Preferences for alerts and communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Portable Battery Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Hotel Accommodations for People with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Accessible Transportation for People with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Call 2-1-1 for shutoff information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Generator Rebate Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Medical Baseline Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[NEW SCREEN]

- 17.4 **(PROGRAMMER ONLY SHOW THOSE “USED” AT Q.17.3)** Please rate your satisfaction with the resource(s) you used during this most recent shutoff. *(Please select one answer for each row)*

(RANDOMIZE)		(5) Extremely Satisfied	(4) Satisfied	(3) Neither Satisfied Nor Dissatisfied	(2) Dissatisfied	(1) Extremely Dissatisfied
a.	Multiple Address Alerts During a Public Safety Power Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Community Resource Centers (CRCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Disability Disaster Access & Resources (DDAR) program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	County Food Bank Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Language Preferences for alerts and communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Portable Battery Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Hotel Accommodations for People with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Accessible Transportation for People with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Call 2-1-1 for shutoff information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Generator Rebate Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Medical Baseline Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[NEW SCREEN]

18. In your opinion, what can SDG&E do to improve their communications with customers during a Public Safety Power Outage and after power has been restored? Please be specific. We welcome your suggestions.

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[NEW SCREEN]

19. Please indicate how much you agree or disagree with the following statements regarding the Public Safety Power Shutoff. **(Please select one response in each row)**

(RANDOMIZE)		Agree Completely							Disagree Completely
		(7)	(6)	(5)	(4)	(3)	(2)	(1)	
a.	Shutting off power is necessary, as a last resort, to keep communities safe from wildfires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	A priority for SDG&E is keeping their customers safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Shutting off power is disruptive and does not prevent wildfires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	I don't know much about public safety power shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	(DELIBERATELY OMITTED)								
f.	(DELIBERATELY OMITTED)								
g.	I know how to find more information about a power outage on SDG&E's website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[NEW SCREEN]

20. Just a few final questions about you and your (household/business)...

(BUSINESS SKIP TO Q.26)

Demographics

[NEW SCREEN]

21. Which of the following best describes your age range? **(Please select one response)**

- ☐ (1) 18 to 24
- ☐ (2) 25 to 34
- ☐ (3) 35 to 44
- ☐ (4) 45 to 54
- ☐ (5) 55 to 64
- ☐ (6) 65 or older

[NEW SCREEN]

22. Which of the following best describes your current employment status? ***(Please select one response)***

- ☐ (1) Employed full-time (35+ hours per week)
- ☐ (2) Employed part-time (less than 35 hours per week)
- ☐ (3) On active military duty
- ☐ (4) A student
- ☐ (5) A homemaker
- ☐ (6) Not currently employed
- ☐ (7) Retired

[NEW SCREEN]

23. Which of the following categories best describes your ethnic background? ***(Please select one response)***

- ☐ (1) White or Caucasian
- ☐ (2) African American
- ☐ (3) Hispanic or Latino/a
- ☐ (4) Asian
- ☐ (5) Other *(Please Specify:)* _____
- ☐ (9) Prefer not to answer

[NEW SCREEN]

24. For classification purposes only, which category below best represents your total household income last year before taxes. ***(Please select one response)***

(DO NOT FORCE A RESPONSE)

- ☐ (1) Less than \$25,000
- ☐ (2) \$25,000 to \$49,999
- ☐ (3) \$50,000 to \$74,999
- ☐ (4) \$75,000 to \$99,999
- ☐ (5) \$100,000 to \$149,999
- ☐ (6) \$150,000 to \$199,999
- ☐ (7) \$200,000 and over
- ☐ (9) Prefer not to answer

[NEW SCREEN]

25. Are you...

- ☐ (1) Male
- ☐ (2) Female
- ☐ (3) Non-Binary
- ☐ (4) Prefer not to answer

[NEW SCREEN]

25.1 Do you, or does anyone in your household, rely on electrical equipment that is required or needed for your health, safety or ability to live independently? **(Please select one response)**

☐ (1) Yes

☐ (2) No

☐ (9) Prefer not to say

→ (SKIP TO Q.25.4)

[NEW SCREEN]

25.2 Is that electrical equipment easy to transport in the event of an emergency?

☐ (1) Yes

☐ (2) No

→ (SKIP TO Q.25.4)

[NEW SCREEN]

25.3 Were you able to utilize that equipment during the most recent Public Safety Power Shutoff?

☐ (1) Yes

☐ (2) No

[NEW SCREEN]

25.4 Do you or does anyone in your household have a permanent disability, related to mobility, hearing, vision, or chronic disease? **(Please select one response)**

☐ (1) Yes

☐ (2) No

☐ (9) Prefer not to say

→ (SKIP TO Q.25.6)

[NEW SCREEN]

25.5 Please indicate the type(s) of disabilities. **(Please select all that apply)**

☐ (1) Mobility

☐ (2) Hearing

☐ (3) Vision

☐ (4) Chronic disease

☐ (5) Other (Please specify:) _____

☐ (9) Prefer not to say

[NEW SCREEN]

25.6 Do you have access to personal transportation in case of an emergency?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (9) Prefer not to say

(RESIDENTIAL SKIP TO CLOSING)

Firmographics

[NEW SCREEN]

26. Which of the following statements best describes your level of responsibility for decisions regarding utilities for **THIS BUSINESS LOCATION?** *(Please select one response)*

- ☐ (1) You are the primary decision maker regarding your utilities
- ☐ (2) You share in these decisions with others in your company, or
- ☐ (3) You have no responsibility regarding utilities for this business location

27. Counting yourself, about how many full- and part-time employees does your company have at this business location? Your best estimate is fine.

____ , ____ ____ (number of employees)

DK/NA = 9999

(VERIFY RESPONSES OF 99+)

28. **In total**, how many business locations does your organization have?

____ ____ (number of locations)

DK/NA = 999

(VERIFY RESPONSES OF 9+)

Closing and Incentive Information

On behalf of SDG&E, thank you very much for taking time out of your busy day to participate in our study!

(NOTIFIED ONLY) You will be entered into a drawing for one of ten \$100 Amazon gift cards.

(POWER SHUT OFF) You will be receiving a \$20 Amazon gift card. Your gift card will be sent to (INSERT EMAIL ADDRESS FROM SAMPLE) unless you enter in a new one below.

_____ (insert new email if needed)

Record From Sample

(ALL INFORMATION RECEIVED WITH SAMPLE)

Terms and Conditions/Privacy Policy

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This Privacy Policy, together with our terms of use, explain what happens to any personal data that you provide to us, or that we collect from you when you are on this site or when you are participating in surveys.

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- Information that you provide by filling in forms on our website, such as when you request additional information, download white papers, or ask that we contact you.
- Information provided to us when you communicate with us for any reason.
- Market Research Survey data for research purposes only.

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- To provide information on other products which we feel may be of interest to you.
- To notify you about any changes to our website, such as improvements or service/product changes, that may affect our service
- The survey research we conduct and collect will never result in a sales call to research participants.

We do not share usage or tracking information with others. We will not reveal information about identifiable individuals to any organization or advertiser that is not associated with our organization and its affiliates.

Storing Your Personal Data

We may transfer data that we collect from you to locations outside of the United States should the sponsor of a Market Research Survey be located there. Data may be collected by staff located outside of the United States working for our organization or for one of its affiliates. By submitting your survey data, or a request for additional information, you agree to this potential transfer, storing or processing. We will take all reasonable steps to ensure that your data is treated securely and in agreement with this Privacy Policy.

Data that is provided to us on our website is stored on secure servers. In addition, details relating to any survey will be stored on secure servers to ensure its safety.

Disclosing Your Information

Research information will only be disclosed to the company sponsoring the research and will not be provided to third parties.

Disclose of your personal information, without notice, will only occur if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on our organization or its affiliates, or this site, and, (b) protect and defend the rights or property of our organization and its affiliates.