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POSTAL RATE COMMISSION
OFFICE OF THE SECRETARY

BEFORE THE
POSTAL RATE COMMISSION
WASHINGTON, D.C. 20268-0001

POSTAL RATE AND FEE CHANGES, 2000

Docket No. R2000-1

**RESPONSE OF UNITED STATES POSTAL SERVICE
TO INTERROGATORY OF DAVID B. POPKIN
(DBP/USPS—204)**

The United States Postal Service hereby provides its response to the following interrogatory of David B. Popkin: DBP/USPS—204, filed on April 25, 2000.


The interrogatory is stated verbatim and is followed by the response.

Respectfully submitted,

UNITED STATES POSTAL SERVICE

By its attorneys:

Daniel J. Foucheaux, Jr.
Chief Counsel, Ratemaking


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May 4, 2000

**RESPONSE OF UNITED STATES POSTAL SERVICE
TO INTERROGATORY OF DAVID B. POPKIN**

DBP/USPS-204 Please refer to your response to DBP/USPS-142. [a] The two versions that I have seen were both in English. Please reevaluate your response to subpart b. [b] Please provide me with hard copies of all survey forms.

RESPONSE:

- a. The original response, *i.e.* “[o]ne version is currently used for residential customers,” is correct. Without seeing copies of the forms to which the question alludes, it cannot be determined whether such forms consist of a retired survey form that is no longer being used, and/or a local survey form unrelated to the Customer Satisfaction Measurement System.

- b. A hard copy of the current U. S. Postal Service Customer Satisfaction Survey of residential customers is attached.

U.S. POSTAL SERVICE CUSTOMER SATISFACTION SURVEY

S502E

To be completed by an individual knowledgeable about the household's mail. Please base your answers only on **your household's direct experience during the past 30 days** - not on what you've heard from others, experienced in the workplace, learned from the news, or on experiences older than 30 days.

Please follow the steps below carefully when completing this survey:
 • Use a blue or black ink pen that does not soak through the paper.
 • Make solid marks that fit in the response boxes. (Make no stray marks on the survey.)



Delivery of Your Mail

1 Based on your experiences during the *past 30 days*, please rate the Postal Service on each of the following aspects of your mail delivery. (PLEASE MARK ONE ANSWER BY PUTTING AN "X" IN THE APPROPRIATE BOX FOR EACH STATEMENT.)

	Excellent ▼	Very Good ▼	Good ▼	Fair ▼	Poor ▼	Don't Know ▼
a. Consistency of delivering mail to your location within a half hour of the same time each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Delivery of mail to the correct address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Delivery of mail in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The length of time it usually takes a letter mailed in your local area to be delivered in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The amount of time it usually takes a letter mailed in other parts of the country to be delivered in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing products and services that are a good value for the price ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The security of First-Class mail (that your mail will remain unopened and safe from theft and loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 In the *past 30 days*, have you experienced the following situations with Postal Service deliveries to your residence? (IF "NO," MARK THE "NOT AT ALL" BOX. IF "YES," MARK THE BOX INDICATING HOW MANY TIMES.)

	Not at all ▼	Once ▼	2-3 times ▼	More than 3 times ▼	Don't Know ▼
How often in the past 30 days?					
a. Received mail intended for a different address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Received damaged mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mail sent within your local area which took more time to arrive than you thought it should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mail sent from other parts of the country which took more time to arrive than you thought it should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Letter or package delivered to your home which was left in an unsafe place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lost or stolen mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post Office

3 During the *past 30 days*, how many times did you visit a post office for personal or household needs? (MARK ONLY ONE)
 Not at all (*Go to question #8*) 1 - 2 times 3 - 5 times More than 5 times

4 Based on your experiences during the *past 30 days*, please rate the post office you have visited most often on each of the following. (PLEASE MARK ONE ANSWER BY PUTTING AN "X" IN THE APPROPRIATE BOX FOR EACH STATEMENT.)

	Excellent ▼	Very Good ▼	Good ▼	Fair ▼	Poor ▼	Don't Know ▼
a. Waiting time in line.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ability of clerks to explain postal products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Helpful service from clerks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Courteous and friendly service from clerks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Convenience of hours when post office is open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stamp vending machines in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Availability of parking at the post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Range of services available at the post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 During post office visits in the *past 30 days*...
 (IF "NO," MARK THE "NOT AT ALL" BOX. IF "YES," MARK THE BOX INDICATING HOW MANY TIMES.)

	Not at all ▼	Once ▼	2-3 times ▼	More than 3 times ▼	Don't Know ▼
How often in the past 30 days?					
a. Did you have to wait in line more than 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were you served by a clerk who gave especially good service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were you served by a clerk who was unable to explain postal services or answer questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were you served by a clerk who was unwilling to help with a problem or request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Were you served by a clerk who was discourteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Were you unable to find parking near the post office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Were you unable to get stamps when you needed them from a lobby vending machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Please provide the ZIP code of the post office you visit most often.

7 During your most recent visit to the post office, how long did you wait in line?

- No wait/No line
- Less than 1 minute
- 1 - 3 minutes
- 4 - 5 minutes
- 6 - 10 minutes
- More than 10 minutes
- Don't know

Other Postal Service Functions

8 During the *past 30 days*...

a. Have you telephoned the Postal Service to get information?
 Yes No (*Go to question #9*)

If "Yes," rate the postal service on...

	Excellent	Very Good	Good	Fair	Poor	Don't Know
b. Ease of getting through to a person when you phoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Obtaining the information you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Accuracy of the information you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being served promptly by an actual person (not an automated voice menu).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Where did you call? <input type="checkbox"/> National Service Center (Call Center) <input type="checkbox"/> Local post office <input type="checkbox"/> Other						

9 During the *past 30 days*...

a. Has any of your household's mail been delivered to a Postal Service post office box?
 Yes No (*Go to question #10*)

If "Yes," have the following occurred during the past 30 days?
 (IF "NO," MARK THE "NOT AT ALL" BOX, IF "YES," MARK HOW MANY TIMES.)

	Not at all	Once	2-3 times	More than 3 times	Don't Know
b. Delivery of mail later than the posted time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Received mail not addressed to your post office box.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 In the *past 30 days*...

a. Has anyone in your household completed a change-of-address card so that your mail would be forwarded to a different address, including a temporary or vacation address?
 Yes No (*Go to question #11*)

If "Yes," rate the Postal Service on...

	Excellent	Very Good	Good	Fair	Poor	Don't Know
b. Prompt start-up of delivery to your forwarding address.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Delivery of forwarded mail within a reasonable number of days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Delivery of forwarded mail to correct address.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 During the *past 30 days*, have you had any problems with the Postal Service?
 Yes No (*Go to question #17*)

12 If "Yes," to question #11, please describe the problem(s) in detail.

13 Did you contact the Postal Service to complain about the problem?
 Yes No (*Go to question #16*)

14 How did you contact the Postal Service? (MARK ONLY ONE)

By telephone By written correspondence In person Email By other means

15 Please rate the Postal Service on how well they handled your complaint in terms of:

	Excellent	Very Good	Good	Fair	Poor	Don't Know
a. Ease of reaching someone who could help.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The way you were dealt with.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Speed of response to your complaint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16

Would you like a Postal Service representative to contact you about this problem?

- Yes (*Complete the information below*) No (*Go to question #17*)

Your full name:

Mr./Mrs./Ms. first name MI last name

Your daytime phone: () Your evening phone: ()

Overall Performance

17

Thinking about all aspects of U.S. Postal Service performance during the past 30 days, please rate the service you have received.

- Excellent Very Good Good Fair Poor Don't Know

18

Right now the only way to mail a First-Class letter is through the U.S. Postal Service. But if there were another mail service which you could use to mail a letter at the same price, would you switch to another service?

- Definitely would switch Probably would not switch Don't Know
 Probably would switch Definitely would not switch

Information to Classify Your Answers

Responses to the following questions will be used solely for research purposes and kept strictly confidential.

19

Do you operate a business from your home?

- Yes No

20

Is anyone in your household employed by the U.S. Postal Service or by a national company which specializes in shipping or delivery of mail or packages?

- Yes No

21

Please mark the one response which best describes where you normally receive your mail:

- Individual mailbox or mail slot at your residence
 Individual mailbox attached to a post at a road
 Mailbox or mail slot **inside** an apartment building or townhouse complex
 Mailbox or mail slot **outside** an apartment building or townhouse complex
 In a box at a U.S. Postal Service post office (P.O. box)
 Rented mailbox somewhere other than at a U.S. Postal Service post office

22

About how many pieces of mail with your address does your household receive on a typical delivery day? Please include all mail delivered by your carrier, including letters, bills, magazines, catalogs, advertisements, and other mail.

- 0 - 2 pieces 9 - 11 pieces
 3 - 5 pieces 12 or more pieces
 6 - 8 pieces

23

What is your age?

- Under 25 years 45 - 54 years
 25 - 34 years 55 - 64 years
 35 - 44 years 65 or older

24

What is the highest level of education that you have completed?

- Did not complete high school
 High school graduate/GED
 Technical/Trade School
 Some college
 Associate's degree
 Bachelor's degree
 Graduate degree
 Post graduate

Thank you for completing this survey!

Your answers to these questions will be kept confidential and will only be used to identify groups of similar respondents for statistical purposes.

Please return completed survey to: **The Gallup Organization • P.O. Box 82572 • Lincoln, NE 68501-9573**

CERTIFICATE OF SERVICE

I hereby certify that I have this day served the foregoing document upon all participants of record in this proceeding in accordance with section 12 of the Rules of Practice.


Anthony Alverno

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May 4, 2000