

Appendix 1: Participant Questionnaire

[Title of Meeting/Session]
[DATE]
Participant Questionnaire

Instructions:

- Please do not write your name on this sheet.
- Completion of this questionnaire is voluntary and there are no consequences for choosing not to participate. Participants are not required to complete all questions, and may stop taking the survey at any time.
- Responses will be used by NIAID [, **name of contractor/grantee,**] and presenters to improve future **[meetings/sessions/presentations]**.
- After completion, please return the form to **[designated location]**.

Public reporting burden for this collection of information is estimated to average 12 minutes per response. This time includes the length of time allotted to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0585). Do not return the completed form to this address.

Please circle the number that represents your response to the statements below:

	Strongly Disagree			Strongly Agree	
Overall, the information presented was useful	1	2	3	4	5
*Information presented by [1 st presenter] was useful	1	2	3	4	5
The materials and handouts were helpful	1	2	3	4	5
I was satisfied with the meeting logistics (location, facilities, etc.)	1	2	3	4	5
I would recommend this meeting/workshop to my colleagues	1	2	3	4	5
This meeting/workshop helped me better understand HIV prevention research	1	2	3	4	5

* Question is repeated for each presenter

Please answer the following questions:

1. What did you like *most* about the meeting/workshop?

