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1. NIH CAP 2013 Feedback Form

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Form Approved
 OMB No. 0925-0627
 Exp. Date 2/28/2014

NIH is very interested in your experience with and your feedback about NIH's Small Business Innovative Research (SBIR)/Small Business Technology Transfer (STTR) Commercialization Assistance Program (CAP). We hope the CAP was helpful in meeting your needs.

Please take approximately 15 minutes to answer all of the questions on the feedback form below as comprehensively as possible. The information is for internal use only. For any question that is not relevant to you, please indicate "not applicable" (N/A). You may add comments to clarify any answer or add additional information.

Thank you! Your feedback is very valuable to us and will help us improve the CAP in the future.

*** 1. Please indicate the effectiveness of the CAP in each category. (1 is least, 5 is most). Some of these questions are dependent on your business model and targeted outcome, so all may not be appropriate. Indicate "Not Applicable" (N/A) where necessary.**

	1	2	3	4	5	n/a
Assess your intellectual property and freedom to operate strategy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve your business/strategic plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a licensing package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare for an FDA submission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare and/or develop a reimbursement strategy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify and/or connect with potential equity investors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Identify and/or connect with strategic alliance partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop management tools for future use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop your presentation materials and improve your presentation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

*** 2. Did your principal advisor perform to your satisfaction, in terms of their professionalism, expertise, and amount of effort and interest that they provided to you?**

Yes

No

Comments:

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 (0925-0627). Do not return the completed form to this address.

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*** 3. The use of Other Advisors is an important component of the CAP. Please indicate the quality of expertise provided by the advisors you were introduced to during the program. Not all types of advisors were needed by every participant, so indicate N/A where necessary. The PA is not included as an Other Advisors. (1 is poor, 5 is excellent)**

	1	2	3	4	5	n/a
Legal Advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry Advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory Advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reimbursement Advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investment Advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing/branding Advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall value added by working with professional service advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

*** 4. Did the contractors' staff (Humanitas team) perform to your satisfaction, in terms of their professionalism, timeliness, helpfulness, and communication skills?**

Yes

No

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*** 4. Did the contractors' staff (Humanitas team) perform to your satisfaction, in terms of their professionalism, timeliness, helpfulness, and communication skills?**

Yes

No

Comments:

*** 5. Did the sub-contractor's staff (Larta team) perform to your satisfaction, in terms of their professionalism, timeliness, helpfulness, and communication skills?**

Yes

No

Comments:

*** 6. When you started the CAP, did you have a clear understanding of how your participation might help with your commercialization efforts?**

Yes

No

Comments:

*** 7. Was the amount of effort required to complete the CAP what you expected when you enrolled?**

Yes

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Comments:

*** 6. When you started the CAP, did you have a clear understanding of how your participation might help with your commercialization efforts?**

Yes

No

Comments:

*** 7. Was the amount of effort required to complete the CAP what you expected when you enrolled?**

Yes

No

Comments:

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3. NIH CAP 2013 Feedback Form

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*** 8. In your judgment, did you invest the effort required for the CAP?**

Yes

No

Comments:

*** 9. Please estimate the total number of hours per month you and your colleagues spent on the CAP.**

5

*** 10. Overall, was the CAP worth your time and effort?**

Yes

No

Comments:

*** 11. Would you recommend the CAP to other SBIR/ STTR grantees?**

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Yes
 No

Comments:

*** 11. Would you recommend the CAP to other SBIR/ STTR grantees?**

Yes
 No

Comments:

12. Please provide comments, ideas, and/or suggestions for improving the CAP that may not have been brought out by the previous questions.

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