

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

Option	d: Name:									
OVER	ALL LEARNING NETWORK MEETING QUESTIONS									
1.	Overall, how satisfied are you with this learning network meeting (i.e., with the topics covered, the number and types of sessions, etc.)?									
	1 2 3 4 5 6 7 8 9 10 Not at all Extremely									
2.	What would have made this learning network meeting better/ more useful?									
		Yes	No							
3.	Did this learning network meeting help facilitate networking among the complex patient investigators?									

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4.	What topics	would you	like to se	e cover	ed in fut	ure mee	tings and	l webinars?	
INDIV	IDUAL SESS	ION QUES	STIONS						
Instructions: Please answer the following questions for each learning network session you attended.									
Session Title:									
Session	n Leader:								
1. '	This session	did no met n excee	ny expec	tations					
2.	The leader(s		ssion hac	l the kno	owledge	and exp	ertise to	deliver the inf	ormation in an
	1 2 Completely Disagree	3	4	5	6	7	8	9 10 Completely Agree	
3.	I gained info		l knowle	edge thro	ough my	particip	ation in	this session th	at will be helpful
	1 2 Completely	3	4	5	6	7	8	9 10 Completely	



4. I am likely to make changes to my research (study design/ protocol/ implementation/ analysis/ results interpretation) because of information or knowledge I gained from this session

1 2 3 4 5 6 7 8 9 10

Completely
Disagree

Completely
Agree



5.	Ple	rase tell us how this session could have been better/more useful:
	,	
6.		
	Oth	ner comments:
	,	
	,	