

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

			Please	ındıcat	e wnici	ı type o	ı granı	you na	ive:	
R21										
RZ	24									
				G	eneral	Questic	ons			
1.	How likely are you to collaborate with other investigators studying complex patients?									
	1 <b>Not at all</b>	2	3	4	5	6	7	8	9 <b>Extr</b>	10 emely
2.	In your op		ow impo	ortant is i	t for the	investig	ators stu	ıdying c	omplex	patients to
	1 <b>Not at all</b>	2	3	4	5	6	7	8	9 <b>Extr</b>	10 emely
3.	How confident do you currently feel about your research team's ability to carry out all of the tasks as required by your grant?									
	1 <b>Not at all</b>	2	3	4	5	6	7	8	9 Extra	10 emely
4.	In your opinion, how important is it for complex patient investigators to make their data available to other researchers?									
	1 <b>Not at all</b>	2	3	4	5	6	7	8	9 Extra	10 emely
<ul><li>R24 grants only:</li><li>5. How confident do you currently feel about your research team's ability to create a public use dataset as required by your grant?</li></ul>										
	1 Not at all	2	3	4	5	6	7	8		10 emely
<ul><li>R24 grants only:</li><li>6. How concerned are you about making your data available to other researchers?</li></ul>										
	1 Not at all	2	3	4	5	6	7	8	9 Extra	10 emely
	Public r	eporting	burden fo	or this coll	ection of	informati	on is esti	mated to	average	e 10

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required 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: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.



#### **Complex Patient Research Learning Network and Technical Assistance activities**

7.	Please indicate which Complex Patient Research Learning Network and Technical Assistance activities you participated in during the last year:								
	In-person Learning Network meeting								
	Workgroup teleconferences								
	Webinars/ other group technical assistance								
	Individual technical assistance								
	Accessed project website (Plexnet)								
8.	How useful did you find the project website (Plexnet)?  1 2 3 4 5 6 7 8 9 10  Not at all  Extremely								
	Please answer the following "yes" or "no" questions								
	rease answer the ronowing yes or no questions								
9.	Have you made any changes to your research (i.e., study design/ protocol/ implementation/ analysis/ results interpretation) because of your involvement in the Complex Patient Research Learning Network and Technical Assistance project (e.g., from something you learned during a Learning Network session, a webinar, technical assistance you received, or due to collaboration with another complex patient investigator)?  Yes  No  If YES, please briefly describe:								
9.	Have you made any changes to your research (i.e., study design/ protocol/ implementation/ analysis/ results interpretation) because of your involvement in the Complex Patient Research Learning Network and Technical Assistance project (e.g., from something you learned during a Learning Network session, a webinar, technical assistance you received, or due to collaboration with another complex patient investigator)?  Yes  No								
9.	Have you made any changes to your research (i.e., study design/ protocol/ implementation/ analysis/ results interpretation) because of your involvement in the Complex Patient Research Learning Network and Technical Assistance project (e.g., from something you learned during a Learning Network session, a webinar, technical assistance you received, or due to collaboration with another complex patient investigator)?  Yes  No								



10.	Has your research been enhanced or facilitated by collaboration (e.g., shared research methods, shared code or variables, shared datasets, etc.) with other complex patient investigators?							
	☐ Yes ☐ No							
	If YES, please briefly describe:							
11.	Have you created any new measures, developed new coding schemes, or otherwise created something new with other complex patient investigators?  Yes No  If YES, please briefly describe:							
	Has participation in the Complex Patient Research Learning Network and Technical Assistance project helped you with the development of your public use dataset?  Yes No							
	Please briefly explain:							



General Comments							
. Other comments:							
	Other comments:						