

OMB #: 0925-xxxx
Expiry Date: xx/xx/xxxx

CTSU Customer Service Satisfaction Survey Questions

Public reporting burden for this collection of information is estimated to vary from 10 to 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-xxxx). Do not return the completed form to this address

- 1) Which Help Desk do you contact most frequently?
- CTSU Main Help Desk
 - CTSU Regulatory Help Desk
 - Both CTSU Main Help Desk and CTSU Regulatory Help Desk equally

*Please rate your level of satisfaction with the following aspects of the CTSU **Main** Help Desk. These questions apply to your most recent help desk experience.*

- 2) Generally, how frequently do you or your staff utilize the **Main** Help Desk Services?
- Frequently (weekly)
 - Moderately (monthly)
 - Occasionally
 - Once
- 3) How would you rate your satisfaction with the ability of the **Main** Help Desk Staff to provide an acceptable solution to your inquiry?
- Extremely satisfied
 - Satisfied
 - Neutral
 - Dissatisfied
 - Extremely dissatisfied
- 4) If you contacted the Help Desk by e-mail or had to leave a voice mail, how would you rate your satisfaction with the length of time required by the **Main** Help Desk to provide a response to your inquiry?
- Extremely satisfied
 - Satisfied
 - Neutral
 - Dissatisfied

_____ Extremely dissatisfied

- 5) How would you rate your satisfaction with the level of knowledge demonstrated by the **Main** Help Desk Staff regarding the subject(s) of your inquiry?

_____ Extremely satisfied
_____ Satisfied
_____ Neutral
_____ Dissatisfied
_____ Extremely dissatisfied

- 6) In reference to Question #5, please indicate the subject(s) of your inquiry:

- 7) If your inquiry had to be referred to other CTSU or Cooperative Group Staff, how satisfied were you with the length of time needed to obtain a final response from the **Main** Help Desk?

_____ Extremely satisfied
_____ Satisfied
_____ Neutral
_____ Dissatisfied
_____ Extremely dissatisfied

- 8) Regarding your most recent contact with the CTSU **Main** Help Desk, what is your overall level of satisfaction with the services provided?

_____ Extremely satisfied
_____ Satisfied
_____ Neutral
_____ Dissatisfied
_____ Extremely dissatisfied

- 9) Please provide us with comments and/or suggestions about our **Main** Help Desk Services.

*Please rate your level of satisfaction with the following aspects of the CTSU **Regulatory** Help Desk.*

- 10) Generally, how frequently do you or your staff utilize the **Regulatory** Help Desk Services?

_____ Frequently (weekly)
_____ Moderately (monthly)
_____ Occasionally

_____ Once

- 11) As a result of your contact(s) with the **Regulatory** Help Desk Staff, please indicate in which areas you gained a better understanding of the submission processes and/or regulatory requirements. Mark all that apply.

_____ Initial Approval submissions

_____ Continuing Renewal submissions

_____ Amendment Approval submissions

_____ Special Requirements set up for collection by the Lead Group of a trial

_____ Renewal Submission after a Protocol is Closed to Accrual

_____ Documentation required when using the NCI CIRB

_____ FWA Updates submissions

- 12) As a result of your contact(s) with the **Regulatory** Help Desk Staff, please indicate if you gained a better understanding of any of the following areas. Mark all that apply.

_____ Investigator's NCI Status

_____ Requests for Protocol Related Material

_____ Identifying Contacts for Protocol Related Questions

_____ Roster Information for Your Site

_____ Navigation of CTSU Web Site

- 13) How would you rate your satisfaction with the **overall** level of assistance provided by the **Regulatory** Help Desk regarding your topic(s) of inquiry?

_____ Extremely Satisfied

_____ Satisfied

_____ Neutral

_____ Dissatisfied

_____ Extremely Dissatisfied

14) Please provide us with comments and/or suggestions about our **Regulatory** Help Desk Services.

Please complete the following questions if you have enrolled patients through the CTSU:

Patient Registrar Questions

Please rate your level of satisfaction with the following aspects of the CTSU Patient Registration Services. These questions apply to your most recent Patient Registration experience.

15) Generally, how frequently do you utilize the CTSU Patient Registrar Services?

- _____ Frequently (weekly)
 _____ Moderately (monthly)
 _____ Occasionally
 _____ Rarely

16) How would you rate your satisfaction with the length of time required by the CTSU Patient Registrars to process your enrollment and provide you with a confirmation of the registration?

- _____ Extremely satisfied
 _____ Satisfied
 _____ Neutral
 _____ Dissatisfied
 _____ Extremely dissatisfied

17) How would you rate your overall satisfaction with the services provided by the Patient Registrars?

- _____ Extremely satisfied
 _____ Satisfied
 _____ Neutral
 _____ Dissatisfied
 _____ Extremely dissatisfied

18) Please provide us with comments and/or suggestions about the Patient Registrar Services.

19) Would you like to enter a drawing for a chance to win a \$25 Visa gift card?

-Yes

-No