

Burden Disclosure: Public reporting burden for this collection of information is estimated to average 5 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 currently valid OMB control number. Send comments regarding this burden estimate or any 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# 0925-0668. Do not return the completed form to this address.

TELEPHONE FOLLOW-UP SCRIPT

INTRODUCTION

Hello, my name is _____, and I am calling for the National Institutes of Health. NIH/NIAID/DMID is conducting the *NIH/NIAID/DMID Partnerships Program Survey* to learn about your experiences regarding your Partnerships for Biodefense Translational Research grant number (AI-#####).

[Interviewer: Have reference Grant # and Title available as a reminder to the PI.]

Participation in this survey is voluntary. The information you provide about your Partnerships award and your experiences with it will have no effect on current or future grant awards. All information obtained in the survey will be reported in aggregate. Your responses are very important to NIAID. They will help NIAID enhance administration of the Partnerships program and the support the program provides to the scientific community. Information you provide will be kept secure to the extent permitted by law. Would you be willing to participate in this survey?

If NO: Thank you for your time. (End call.)

If YES: Great. Would you prefer to complete the survey online, using a paper questionnaire, or can we complete the survey right now over the phone?

- Online** → [GO TO ONLINE SURVEY](#)
- Paper** → [GO TO PAPER SURVEY](#)
- Telephone** → Ask if they would like to complete the telephone survey ([GO TO TELEPHONE INTERVIEW](#)) or if they would like to schedule a time at a later date. If so, attempt to schedule within one week.

ONLINE SURVEY

Do you still have one of your email invitations?

IF YES: Please use the link provided in the email invitation to access the survey or copy and paste it into your Internet browser window. [[CONFIRM THEY ARE ABLE TO ACCESS SURVEY](#)]

IF NO: We will send another email invitation to you right now. [[CONFIRM THEY RECIEVE NEW INVITE](#)]
Please use the link provided in the email invitation to access the survey, or copy and paste it into your Internet browser window. [[CONFIRM THEY ARE ABLE TO ACCESS SURVEY](#)]

If you have other trouble with the online survey, please contact: QDSWebSupport@novaresearch.com.

Thank you and we look forward to receiving your completed survey.

PAPER SURVEY

Please provide your mailing address so we can send you the paper survey:

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____

Burden Disclosure: Public reporting burden for this collection of information is estimated to average 5 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 currently valid OMB control number. Send comments regarding this burden estimate or any 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# 0925-0668. Do not return the completed form to this address.

I will be sending the survey out the next business day via USPS, so expect to receive it in the next few days. Thank you and we look forward to receiving your completed survey.