

## Attachment C: Unfunded Applicants Customer Satisfaction Survey Consent Form Screenshot

### *Assessment of the Provocative Questions (PQ) Initiative:* Applicant Customer Satisfaction Survey

#### Informed Consent Form

Burden Disclosure:  
OMB No.: 0925-0046  
Expiration Date: 5-31-16

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can learn more about satisfaction with the Provocative Questions Initiative.

Public reporting burden for this collection of information is estimated to average 2 minutes to complete the consent form. 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 (0925-0046). Do not return the completed form to this address.

#### Identification of Project

National Cancer Institute (NCI) Center for Strategic Scientific Initiatives (CSSI) Assessment of the Provocative Questions (PQ) Initiative.

#### Statement of Age of Subject

I am at least 18 years of age and wish to participate in a survey being conducted by the National Institutes of Health (NIH) Center for Strategic Scientific Initiatives (CSSI), Bethesda, Maryland 20892.

#### Purpose

The purpose of this survey is to assess customer satisfaction with the PQ Initiative.

#### Procedures

Participants will be asked to access a web-based questionnaire and complete the questionnaire by a specific date. The total time involved will be no more than 2 minutes for the consent form and 8 minutes for instructions and the survey.

#### Confidentiality

All information collected through this survey and for the project as a whole will be kept secure and private to the extent permitted by law. I understand that my responses to the survey questions will be combined with those from other survey respondents for the purposes of analysis, reporting, and presentation, and that my name will not be used.

#### Risks

I understand that the risks of my participation are expected to be minimal in nature.

#### Benefits, Freedom to Withdraw, & Ability to Ask Questions

I understand that this survey is not designed to help me personally but that the investigators hope to determine satisfaction with the PQ Initiative and ways that the program could be improved. I understand that the survey is voluntary and I may skip questions I do not wish to answer or stop completing the survey at any time without penalty.

#### Contact Information

For questions regarding the survey or any study-related issues, please contact Dr. Emily Greenspan by email at [emily.greenspan@nih.gov](mailto:emily.greenspan@nih.gov). If you have any technical questions and/or have difficulty accessing the survey please contact Jennifer Sargent by email at [jsargent@madrillongroup.com](mailto:jsargent@madrillongroup.com) or by telephone at 888-236-9826 (toll-free).

#### Agreement to Consent \*

- I have read the information about this study, and I agree to participate in this survey.
- I have read the information about this study, and I do not agree to participate in this survey at this time.

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