OMB No.: 0925-XXXX Expiration Date: xx/xx/20xx

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 telephone to complete this instrument so that we can improve international programs.

Public reporting burden for this collection of information is estimated to average 3 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.

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[**IF NOT AVAILABLE, ASK**]: When would be a good time to reach [**RESPONDENT**]? [**RECORD BEST DAY AND TIME.**]

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME, TITLE, and I/C]. I'm calling on behalf of the [I/C], about a Study of National Institute of Health's [PROGRAM NAME], which [RESPONDENT NAME] participated in.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the [I/C]. You received funding for [PROJECT NAME AND GRANT NUMBER] under the [PROGRAM NAME], and I would like to invite you to complete a brief survey about your experiences with the [PROGRAM NAME], and in working with your international counterpart on the project funded by this program. [I/C] is asking all PIs funded under the [PROGRAM NAME] to complete this survey. Your candid responses to questions will allow NIH to analyze and assess Requests for Applications (RFAs) specifically designed to promote international scientific collaboration, and to understand successes and challenges encountered in individual projects.

All information obtained will be kept secure. The online survey consists of [9, 11, OR 12] questions and can be completed in approximately one hour; however, the survey does not necessarily need to be finished in a single sitting. There are no risks to participating in this survey. There are no direct benefits to you for participating in the survey; however, information collected will provide NIH with valuable data and evidence to assess the effectiveness of RFAs specifically designed to promote international scientific collaborations, identify opportunities for improvement, and inform future program decisions.

Would you be willing to participate in this survey?

[IF YES] What is the best email address for me to send you the survey? [RECORD EMAIL ADDRESS]. Thank you very much for your willingness to participate. We look forward to receiving your completed survey.

[IF NO] Thank you very much for your time and have a wonderful day.