

## ***Section 0: All Respondents***

### ***Burden Disclosure***

Public reporting burden for this collection of information is estimated to average 15 minutes or less per response including the time for reviewing instructions. 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.

### ***Introduction***

This survey asks a series of questions about your perceptions of DVR Animal Services. Your responses are completely confidential and secure since our software resides behind the NIH firewall. For each question select the option that best represents your view. The survey will take 15 minutes or less to complete. Try to answer each question within the survey as honestly and accurately as possible. Questions about this survey can be sent to Dr. Janice Rouiller, with the NIH Office of Research Services (ORS) Office of Quality Management (OQM) at [ORSSurveySystem@mail.nih.gov](mailto:ORSSurveySystem@mail.nih.gov).

## ***Section 1: All Respondents***

Respondents receive the following “Sections” as shown in Question1. Note that the Sections will not necessarily appear in the order you see in this document, as branching occurs and order varies.

1. Which of the following best describes you? **Check all that apply.** (Mandatory, Check all that apply)
  - Animal Program Director (receives Sections 1, 2, 3, 4, 5, 6, 7, 9, 10, 11)
  - Facility Manager (receives Sections 1, 2, 8, 9, 10, 11)
  - Facility Vet (receives Sections 1, 2, 5, 6, 7, 8, 9, 10, 11)
  - Research Scientist (receives Sections 1, 2, 3, 4, 5, 6, 7, 11)
  - Lead Veterinary Technicians (receives Sections 1, 2, 3, 8, 9, 10, 11)
  - Lead Technical Research Staff (receives Sections 1, 2, 3, 4, 5, 6, 7, 11)

## ***Section 2: All Respondents***

### ***DVR Rodent Quarantine***

1. Did you use DVR Rodent Quarantine during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (end of section)

2. Please rate your satisfaction with DVR Rodent Quarantine services during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of Problems by staff
  9. Cost

### ***Section 3: Animal Program Directors, Research Scientists, Lead Veterinary Technicians, and Lead Technical Research Staff Clinical Veterinary and Technical Services***

1. Did you use DVR Clinical Veterinary and Technical services during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No
2. Did you use DVR Technical Research Support services during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No

If answered NO to questions 1 and 2, skip to end of section.

3. Have you submitted a Technical Service Request (TSR) within the past 12 months?(Mandatory, Allow only one choice)
  - Yes
  - No
4. Please rate your satisfaction with DVR Clinical Veterinary and Technical services during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of problems by staff
  9. Cost
5. Thinking about the past 12 months, which facilities house (or have housed) your research animals? Check all that apply. (Check all that apply – must choose at least one)
  1. 10A
  2. 14B North- Primates

3. 14C
  4. 14D
  5. 14F/G Small Animal
  6. 14F/G Primates
  7. 28- Rodents
  8. 28- Large Animals
  9. NIHAC
6. Have these services met/Do these services meet your needs? (Mandatory, Allow only one choice)
    - Yes
    - No
  7. Please let us know how we can improve our facilities. Please associate your comments with specific facility locations. (Optional) \_\_\_\_\_
  8. Other comments about DVR Clinical Veterinary and Technical services (Optional) \_\_\_\_\_

## ***Section 4: Animal Program Directors, Research Scientists, Lead Veterinary Technicians, and Lead Technical Research Staff***

### ***Animal Holding Services***

1. Did you use DVR Animal Holding services during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (skip to question 3)
2. Please rate your satisfaction with DVR Animal Holding services during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of problems by staff
  9. Cost
3. Do you perceive a need for additional animal space over the next 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (skip to question 6)
  - Not able to predict (skip to question 6)
  - Not currently, but possibly in the future
4. For which species do you perceive a need for additional animal space? Check all that apply. (Check all that apply – must choose at least one)
  1. Dogs
  2. Guinea Pigs
  3. Non-human primates
  4. Mice
  5. Pigs

6. Rabbits
  7. Rats
  8. Other (Please specify) (Optional) \_\_\_\_\_
5. In which buildings do you perceive a need for additional animal space? Check all that apply. (Check all that apply – must choose at least one)
1. 10A-
  2. 14B North- Primates
  3. 14C
  4. 14D-N
  5. 14F/G Small Animal
  6. 14F/G Primates
  7. 28- Rodents
  8. 28- Large Animals
  9. NIHAC
6. Do you perceive a need for additional procedure space in buildings where you have animals over the next 12 months? (Mandatory, Allow only one choice)
- Yes
  - No
  - Not able to predict
7. Other comments about DVR Animal Holding services (Optional) \_\_\_\_\_

## ***Section 5: Animal Program Directors, Research Scientists, Facility Veterinarians, and Lead Technical Research Staff DVR Pharmacy***

1. Did you use the DVR Pharmacy during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (end of section)
2. Please rate your satisfaction with the DVR Pharmacy during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of problems by staff
  9. Product cost
3. Other comments about the DVR Pharmacy (Optional) \_\_\_\_\_

## ***Section 6: Animal Program Directors, Facility Vets, Research Scientists, and Lead Technical Research Staff Veterinary Pathology (Necropsy and Histopathology) Services***

1. Did you use DVR Veterinary Pathology services during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (end of section)
  - Not currently, but possibly in the future (end of section)
2. How frequently did you use DVR Veterinary Pathology services during the past 12 months? Choose the best fit. (Mandatory, Allow only one choice)
  - Once
  - Quarterly
  - Monthly
  - Weekly
3. Please rate your satisfaction with DVR Veterinary Pathology services during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of problems by staff
4. Other comments about DVR Veterinary Pathology services (Optional) \_\_\_\_\_

## ***Section 7: Animal Program Directors, Facility Vets, Research Scientists, and Lead Technical Research Staff Veterinary Pathology (Phenotyping) Services***

Display Text: Note: Phenotyping services consist of hematology, blood chemistries, necropsy, organ weights, and histopathology

1. Did you use DVR Veterinary Phenotyping services during the past 12 months? (Mandatory, Allow only one choice)
  - Yes (skip to question 3)
  - No
  - Not currently, but possibly in the future (*end of section*)
2. Were you aware that DVR offers Veterinary Phenotyping services?
  - Yes (end of section)
  - No (end of section)
3. How frequently did you use DVR Veterinary Phenotyping services during the past 12 months? Choose the best fit. (Mandatory, Allow only one choice)

- Once
  - Quarterly
  - Monthly
  - Weekly
4. Please rate your satisfaction with DVR Veterinary Phenotyping services during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
    1. Overall quality of service
    2. Timeliness of service
    3. Reliability of service
    4. Convenience of service
    5. Availability of staff
    6. Responsiveness of staff
    7. Competence of staff
    8. Handling of problems by staff
    9. Cost
  5. Other Comments about DVR Veterinary Phenotyping services (Optional)\_\_\_\_\_

***Section 8: Facility Managers, Facility Vets, and Lead Veterinary Technicians***  
***Animal Health Surveillance Services includes contract PCR, Parasitology, and Serology***

1. Did you use DVR Animal Health Surveillance services (including contract PCR) during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (end of section)
2. How frequently did you use DVR Animal Health Surveillance services (including contract PCR) during the past 12 months? Choose the best fit. (Mandatory, Allow only one choice)
  - Once
  - Quarterly
  - Monthly
  - Weekly
3. Please rate your satisfaction with DVR Animal Health Surveillance services (including contract PCR) during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of problems by staff
  9. Cost
4. Other Comments about DVR Animal Health Surveillance services (Optional)\_\_\_\_\_

## ***Section 9: Animal Program Directors, Facility Vets, Facility Managers, and Lead Veterinary Technicians Bacteriology Services***

1. Did you use DVR Veterinary Bacteriology services during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (end of section)
2. How frequently did you use DVR Veterinary Bacteriology services during the past 12 months? Choose the best fit. (Mandatory, Allow only one choice)
  - Once
  - Quarterly
  - Monthly
  - Weekly
3. Please rate your satisfaction with DVR Veterinary Bacteriology services during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of problems by staff
  9. Cost
4. Other Comments about DVR Veterinary Bacteriology services (Optional)\_\_\_\_\_

## ***Section 10: Animal Program Directors, Facility Vets, Facility Managers, and Lead Veterinary Technicians Molecular Biology (PCR) Services (In-house)***

1. Did you use DVR In-house Molecular Biology (PCR) services during the past 12 months? (Mandatory, Allow only one choice)
  - Yes
  - No (end of section)
2. How frequently did you use DVR In-house Molecular Biology (PCR) services during the past 12 months? Choose the best fit. (Mandatory, Allow only one choice)
  - Once
  - Quarterly
  - Monthly
  - Weekly

3. Please rate your satisfaction with DVR In-house Molecular Biology (PCR) services during the past 12 months on the following dimensions: (Optional ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)
  1. Overall quality of service
  2. Timeliness of service
  3. Reliability of service
  4. Convenience of service
  5. Availability of staff
  6. Responsiveness of staff
  7. Competence of staff
  8. Handling of problems by staff
  9. Cost
4. Other Comments about DVR In-house Molecular Biology (PCR) services (Optional)\_\_\_\_\_

## ***Section 11: All Respondents Comments***

1. What is the one thing that DVR does particularly well? If comment is specific to a service and/or location, please identify each. (Optional) \_\_\_\_\_
2. What is the one thing that you would like to see DVR improve? If comment is specific to a service and/or location, please identify each. (Optional) \_\_\_\_\_
3. Other comments? (Optional) \_\_\_\_\_

Thank you for your participation in this survey. Your responses will be kept confidential and summarized as part of a combined analysis for improving our services. You will now be redirected to the DVR Website. (<http://dvrnet.ors.od.nih.gov>)