

Section 0: All Respondents

Burden Disclosure

Public reporting burden for this collection of information is estimated to average 5 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 the DIS Immigration Conference. Your responses are secure to the extent permitted by law since our software resides behind the NIH firewall. For each question select the option that best represents your view. The survey will take 5 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.

Section 1: All Respondents

Demographics

1. How did you hear about the conference? (Mandatory, Check all that apply)
 - a. DIS Email
 - b. IC Email
 - c. NIH Email
 - d. DIS Website
 - e. Flyer
 - f. Colleague
 - g. Other (Please specify) (Optional)_____

2. Please provide your position title (Mandatory, Allow only one choice)
 - a. Administrative Officer
 - b. Administrative Technician
 - c. Laboratory/Branch Manager
 - d. Laboratory/Branch Secretary
 - e. Office Manager

- f. Program Analyst
 - g. Program Specialist
 - h. Program Support
 - i. Other (Please specify) (Optional)_____
3. How long have you worked with DIS? (Mandatory, Allow only one choice)
- a. 0-2 years
 - b. 2-3 years
 - c. More than 3 years

Section 2: All Respondents

Conference Session Satisfaction

Please rate your satisfaction with the following aspects of the conference. (Mandatory Ratings) (Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options)

- 4. The pre-registration materials and information were clear.
- 5. Registration at the conference was well organized.
- 6. My training objectives were met.
- 7. I will use the knowledge gained in my work activities.
- 8. The handouts were useful.
- 9. Overall, I was satisfied with the conference.

Section 3: All Respondents

Comments

- 10. Please recommend a session for future presentation. (Optional)_____
- 11. What was done well regarding the conference? (Optional)_____
- 12. What could be improved upon regarding the conference? (Optional)_____
- 13. Provide any additional comments and/or feedback for next year’s conference. (Optional)_____

Thank you for your participation in this survey. Your responses will be kept confidential and will be used to improve our conference next year.

END OF SURVEY: Link to <https://www.ors.od.nih.gov/pes/dis/Pages/default.aspx>

SURVEY LINK: