

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 (0925-0648).

Introduction

This survey asks a series of questions about your perceptions of NIH Events Management (EM) Audio Visual 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 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

Location and Room

1. Where was the meeting held? *(Mandatory, Allow only one choice)*
 - Building 1
 - Building 10
 - Building 31
 - Building 35
 - Building 38
 - Building 40
 - Building 45
 - Building 49
 - Building 50
 - Building 60
 - Neuroscience
 - Rockledge
 - Fishers Lane

2. Was the room open when you arrived? *(Mandatory, Allow only one choice)*

- Yes
- No

3. Was the room AV set up when you arrived? (*Mandatory, Allow only one choice*)

- Yes
- No

Section 2: All Respondents

Customer Service Ratings

Please rate your satisfaction with the meeting experience and customer service provided on the following dimensions. (*Optional Ratings*) (*Scale range is (1) Unsatisfactory to (10) Outstanding. Include “Don’t Know” and “Not Applicable” as options*)

- Competence of AV staff
- Responsiveness of AV staff
- Courtesy of AV Staff
- Functioning of equipment
- Quality of instruction on use of equipment

Section 3: All Respondents

Comments

1. What was done particularly well in regards to your meeting experience?

(*Optional*) _____

2. What could be improved in regards to your future meeting experiences?

(*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.

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