



# Cooperative Studies Program (CSP)

## Customer Satisfaction Survey

**Respondent Burden Statement:** This information is collected in accordance with Section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 10 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

## CSP Customer Satisfaction Survey

Check one:   ----- I am a study site investigator  
                  ----- I am a study coordinator

I have worked on this study for 1 year or more \_\_\_\_\_ Yes \_\_\_\_\_ No

Rate your satisfaction with the services you received from the \_\_\_\_\_ (insert name of Center) in the last 12 months. If the study was recently initiated, consider the time period from study funding to present. This survey will be available for 30 days for your feedback and comments.

### **Part 1 Overall Satisfaction**

The following questions are designed to gather feedback on the **overall satisfaction with the quality of services** received from the \_\_\_\_\_ (insert name of Center) using the 5 point scale below where:

- 1=strongly disagree
- 2=disagree
- 3=neither agree or disagree
- 4=agree
- 5=strongly agree

Check the box next to the answer that best describes your overall satisfaction with the \_\_\_\_\_ (insert name of Center).

#### **I am satisfied with the services provided.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

#### **I am satisfied with the quality of the services provided.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

### **Part 2 Accessibility and Responsiveness**

The following questions are designed to gather feedback on the staff's **accessibility and responsiveness to your needs** received from the \_\_\_\_\_ (insert name of Center) using the 5 point scale below where:

- 1=strongly disagree
- 2=disagree
- 3=neither agree or disagree
- 4=agree
- 5=strongly agree

Check the box next to the answer that you best describes the accessibility and responsiveness of the \_\_\_\_\_ (insert name of Center) staff.

**I am satisfied with the accessibility of coordinating center staff when I need to reach them.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

If you answered 1 or 2 please check the staff who were not accessible. You may check more than one box if needed.

\_\_\_\_\_ Biostatistician  
\_\_\_\_\_ Project Manager  
\_\_\_\_\_ Other (specify by title) \_\_\_\_\_

**I am satisfied with the promptness of coordinating center staff when returning telephone calls.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

**I am satisfied with the promptness of coordinating center staff when responding to emails.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

**I get timely communications involving study issues.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

**Part 3 Courtesy, Knowledge, and Professionalism**

The following questions are designed to gather feedback on the staff's courtesy, knowledge, and ability from the \_\_\_\_\_ (insert name of Center) using the 5 point scale below where:

1=strongly disagree  
2=disagree  
3=neither agree or disagree  
4=agree  
5=strongly agree

Check the box next to the answer that you feel best describes the courtesy, knowledge, and ability of the \_\_\_\_\_ (insert name of Center) staff.

**I am satisfied with the courtesy of CSP Coordinating Center staff**

1	2	3	4	5
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

**I am satisfied with the knowledge of CSP Coordinating Center staff**

1	2	3	4	5
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

**I am satisfied with the professionalism of CSP Coordinating Center staff**

1	2	3	4	5
strongly disagree	disagree	neither agree or disagree	agree	strongly agree

**Part 4 Process Specific Questions**

The following questions are designed to gather feedback with the services, documents, and processes developed to support your study from the \_\_\_\_\_ (insert name of Center) using the 5 point scale below where:

- 1=strongly disagree
- 2=disagree
- 3=neither agree or disagree
- 4=agree
- 5=strongly agree
- NA = does not apply

If a question does not apply to you or your site, for whatever reason, please choose NA (does not apply).

Check the box next to the answer that you feel best describes your satisfaction with specific services for the \_\_\_\_\_ (insert name of Center).

**I am satisfied with the support to answer questions regarding the Institutional Review Board submission(s)**

1	2	3	4	5	NA
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**I am satisfied with the content of the last major study meeting. (this would include an initial study kick off meeting(s) or annual meeting).**

1	2	3	4	5	NA
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**The study conference calls convey useful information**

1	2	3	4	5	NA
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strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply
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**The study operations manual is complete**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**The study case report forms are clear**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**The electronic data capture (EDC) training and education is helpful**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**The technical support for use of the electronic data capture (EDC) system is appropriate**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**Data queries are clear**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**The assistance to support data collection/completion is appropriate**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**The assistance to complete study close out procedures is appropriate**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**The organization and usefulness of the study SharePoint site is appropriate**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
strongly disagree	disagree	neither agree or disagree	agree	strongly agree	Does not apply

**For responses indicating a 1 (strongly disagree) or 2 (disagree) please provide additional detail to assist us in developing meaningful improvements:**

**Part 5 Willingness to Recommend**

Answer the following question about your **willingness to recommend working with** the (insert name of Center) for future CSP studies using the following 5 point scale where:

- 1=definitely will not recommend
- 2=might not recommend
- 3=neither not recommend or recommend
- 4=might recommend
- 5=definitely will recommend

**If asked by a colleague, how willing would you be to recommend the \_\_\_\_\_(insert name of Center). to work with you on your future CSP research?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
definitely will not recommend	might not recommend	neither recommend or recommend	might recommend	definitely will recommend

**Do you have any needs that we are currently not addressing?**

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**Do you have any comments, complaints, or concerns about the\_\_\_\_(insert name of Center)?**

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**Do you have any compliments or recognitions involving particular people at the \_\_\_\_\_(insert name of Center)?**

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**You may include your name on this survey. (Optional)**

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**If you would like to speak to someone personally about this survey or the service you receive, please contact XXX at the XX CSP Coordinating Center by calling XXX XXX XXXX.**