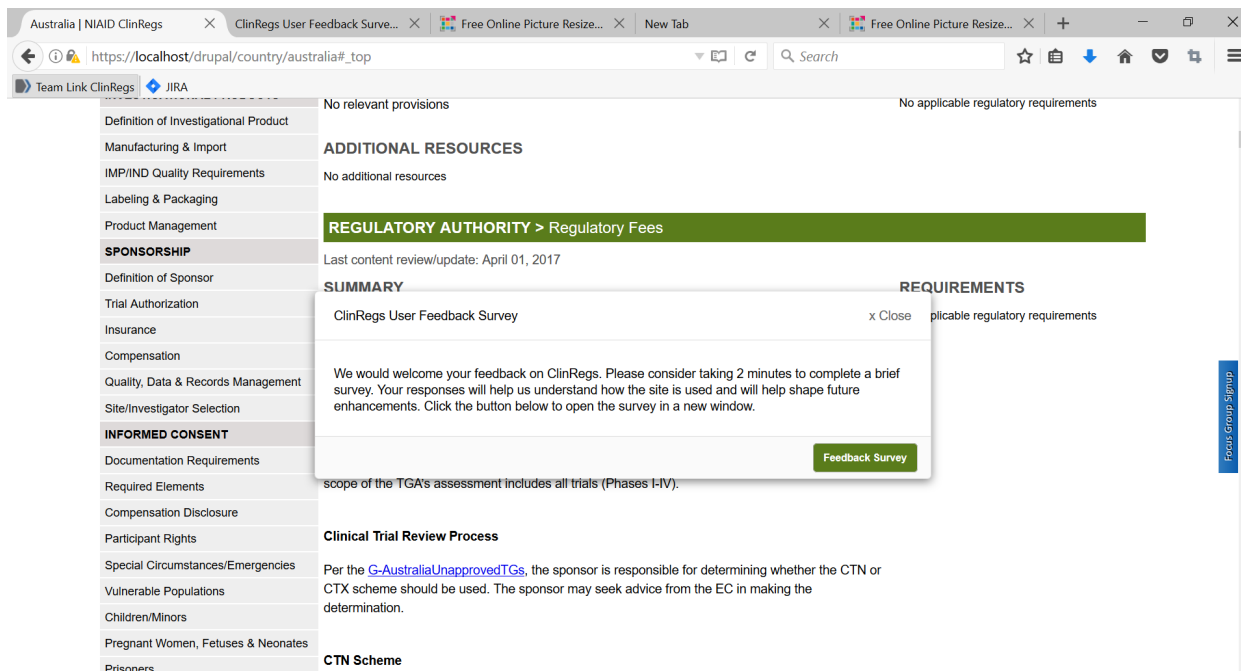


1. The ClinRegs user is prompted with a survey request when they are on the site.



2. The user also has the option of accessing the survey by clicking on “Feedback Survey” at the top of the website.



3. If the user clicks on “Feedback Survey,” the survey opens in a new window.

4. Survey screen shots

Australia | NIAID ClinRegs | ClinRegs User Feedback Surve... | +

https://localhost/drupal/survey/feedback

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ClinRegs User Feedback Survey

Form Approved OMB0925-0668; Exp. date: 02/28/2019

1. How frequently do you visit the ClinRegs website?

- I have only visited ClinRegs once
- Weekly
- Monthly
- Infrequently
- I have never visited ClinRegs for my work

2. Has ClinRegs saved you time?

- Yes
- No

3. When visiting ClinRegs, were you able find the information you were looking for?

- Yes
- No

4. Please list any regulatory topics you would like added to ClinRegs

5. Please list any countries you would like added to ClinRegs

6. When visiting ClinRegs, which of the following sections did you rely on for information?

- Quick facts table
- Summary content
- Requirements
- Additional Resources
- Country Comparison

7. Do you believe ClinRegs is a reliable information source?

- Yes
- No

8. Would you recommend ClinRegs to your colleagues?

- Yes
- No

9. Do you believe ClinRegs helps to assure safety, quality, and regulatory compliance in clinical trials?

- Yes
- No

10. Are you involved in NIAID-funded clinical research (for example: grantee, contractor, partner, clinical trials network, etc.)?

- Yes
- No

11. What is your primary organizational affiliation?

- NIAID
- NIH (non-NIAID)
- US Government, Other
- Industry
- Academia
- Not-For-Profit
- Other

12. What is your role?

- Investigator
- Clinical Research Associate or Monitor
- Clinical Research/Study Coordinator
- IRB/Ethics Committee
- Finance
- Other

13. Do you have any other suggestions for improving ClinRegs?

Submit

Survey Burden Disclaimer: Public reporting burden for this collection of information is estimated to average 2 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# 0925-0668. Do not return the completed form to this address.

5. Survey questions 2 and 9 have the following text box forms expand if the user selects “Yes.”

2. Has ClinRegs saved you time?

- Yes
- No

Please tell us how:

9. Do you believe ClinRegs helps to assure safety, quality, and regulatory compliance in clinical trials?

- Yes
- No

Please tell us how:

6. Questions 2, 3, 7, 8, and 9 have the following text box forms expand if the user selects “No.”

2. Has ClinRegs saved you time?

- Yes
- No

Please tell us why not:

3. When visiting ClinRegs, were you able find the information you were looking for?

- Yes
- No

7. Do you believe ClinRegs is a reliable information source?

- Yes
- No

Please tell us why not:

8. Would you recommend ClinRegs to your colleagues?

- Yes
- No

Please tell us why not:

9. Do you believe ClinRegs helps to assure safety, quality, and regulatory compliance in clinical trials?

- Yes
- No

Please tell us why not:

7. Questions 11 and 12 have the following text box forms expand if the user selects “Other”

11. What is your primary organizational affiliation?

- NIAID
- NIH (non-NIAID)
- US Government, Other
- Industry
- Academia
- Not-For-Profit
- Other

Please specify:

12. What is your role?

- Investigator
- Clinical Research Associate or Monitor
- Clinical Research/Study Coordinator
- IRB/Ethics Committee
- Finance
- Other

Please specify:

8. After the user clicks “submit,” the following message appears.

ClinRegs User Feedback Survey... X +

https://localhost/drupal/node/140/done?sid=19&token=73f111565d82e433d263cb341b163bab

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ClinRegs User Feedback Survey

Thank you! Your survey responses have been submitted.

We may want to follow up with you regarding your feedback. If you are open to this, please provide your email address.

9. After the user selects from the options, the window will close.