

NIAMS Client Survey Questions

Public reporting burden for this collection of information is estimated to average 10 minutes, 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: OMB Control number: 0925-0648, Expiration date: 03/2018. Do not return the completed form to this address.

The purpose of this brief questionnaire is to gain information from research Investigators, study team members, Data and Safety Monitoring Board members, Safety Officers, and NIAMS Program Directors whom KAI Research, Inc. (KAI) interfaces with as the Executive Secretary to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), NIH. We will use the information gained from you to improve our processes and the services we provide.

OMB Control number: 0925-0648

Expiration date: 03/2018

1. Please specify your affiliation with the NIAMS(select all that apply):

Research Investigator
Study Team member (e.g. Clinical Coordinator, Research Assistant)
Data and Safety Monitoring Board member
Safety Officer
NIAMS Program Director
Other (please specify)

2. How satisfied are you with the process used to schedule this meeting?

Very Satisfied Satisfied Unsatisfied Very Unsatisfied

3. How satisfied are you with KAI's facilitation of meetings (i.e., starting on time, keeping to agenda, level of professionalism)?

Very Satisfied Satisfied Unsatisfied Very Unsatisfied

4. Did you encounter any technical problems with the technology used for this meeting?

Yes No (If no, please go to Question # 5)

- 4a. If yes, please specify which technology:

NIAMS Shared Calendar (Web site link sent to enter your availability to schedule the meeting)
NIAMS materials Web site (Secure Web site you log into to access study materials)
AdobeConnect Webinar (Web site you log into as a guest to see the materials during the meeting)
Teleconference Number
Other, please specify

5. How would you rate your overall satisfaction with KAI as the NIAMS Executive Secretary and its ability to meet your needs?

Very Satisfied Satisfied Unsatisfied Very Unsatisfied

6. Please add any additional information or suggestions you feel could improve the facilitation of this meeting:

Thank you for your time!