

PTTMS Pilot Survey

Thank you for participating in the Preclinical Test Tracking and Management System (PTTMS) Pilot Survey. To improve the quality of the software, please take time to answer a few questions regarding your experience.

1. The survey will take no more than 15 minutes to complete.
2. The survey does NOT have to be completed in one sitting; your responses can be saved by finishing the page, clicking the "Next" button at the bottom of the page and then closing the browser. You can return at a later time to where you left off in order to complete and/or edit your responses prior to submission. However, if you wish to "save and return later" please note that you must use the same device and web browser with "cookies" enabled for the entire survey.
3. SurveyMonkey supports the following browsers:

Chrome 16 and later
Firefox 13.0 and later
Safari 5.0 and later
Internet Explorer 9.0 and later

Please complete the survey within 10 days of receipt. We will greatly appreciate your feedback. If you have any questions or concerns about the survey functionality, please contact the [NIAID Evaluation Team](#). If you have any questions about the survey questions, please contact [Tracy LaPorte](#).

Thank you for your valuable input.

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1. Are you a full-time government employee (i.e., non-contractor, non-fellow/trainee, non-grantee)?

Yes

No

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2. What is your current role?

Extramural Researcher

Contractor

DMID staff

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3. The following questions ask about "**functionality**", which is defined as "what the system allows you to do." Please rate the extent to which you agree or disagree with whether or not the functionality in the PTTMS:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Meets my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is relevant to my job function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on your responses.


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4. How frequently do you use the PTTMS?

- Very Frequently (3+ times/day)
- Frequently (1-2 times/day)
- Occasionally (2-3 times/week)
- Rarely (1-3 times/month)
- Never

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5. On average, how much time (if any) do you spend preparing the following in the PTTMS?

	Less than 30 minutes	Between 30 minutes and 1 hour	More than 1 hour	I do not enter this information in PTTMS
Non-Clinical Evaluation Agreements (NCEAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preclinical Service Request Forms (SRFs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving test requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6. How satisfied are you with the layout of the PTTMS?

- Very dissatisfied Somewhat dissatisfied Neither satisfied nor dissatisfied Somewhat satisfied Very satisfied


Do you have any suggestions to improve the layout of the system?

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7. What features do you like the MOST about the PTTMS? Please elaborate on any positive attributes that you have found.


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8. What features do you like the LEAST about the PTTMS? Please elaborate on any negative attributes that you have found.

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9. Overall, how would you describe your experience with the PTTMS?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Very satisfied


Please comment on your response.

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10. Please include any other feedback you may have on the PTTMS:

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✓ Thank you for taking the survey

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