

## ***Section 0: All Respondents***

### ***Burden Disclosure***

Public reporting burden for this collection of information is estimated to average 5 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 (0925-0642\*). Do not return the completed form to this address.

### ***Introduction***

This survey asks a series of questions about your perceptions of NIH Events Management (EM) Scheduling 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](mailto:ORSSurveySystem@mail.nih.gov).

## ***Section 1: All Respondents***

### ***Service Arrangements***

1. Did you make the initial reservation? *(Mandatory, Allow only one choice)*
  - Yes
  - No *(skip to end of survey)*
  
2. Did you receive a confirmation regarding your reservation? *(Mandatory, Allow only one choice)*
  - Yes
  - No
  - Don't Know *(skip to question 5)*
  
3. Did you receive a revised email confirmation when changes were made to your reservation? *(Mandatory, Allow only one choice)*
  - Yes
  - No

- Don't Know
  - Not Applicable
4. Was the confirmation accurate? (*Mandatory, Allow only one choice*)
- Yes
  - No
  - Don't Know

## **Section 2: All Respondents**

### **Customer Service Ratings**

Please rate your satisfaction with your recent scheduling experience on the following dimensions. (*Optional Ratings*) (*Scale range is (1) Unsatisfactory to (10) Outstanding*)

- Competence of staff
- Courtesy of staff
- Timeliness response to scheduling request

## **Section 3: All Respondents**

### **Comments**

1. What was done particularly well in regards to scheduling services?

(*Optional*) \_\_\_\_\_

2. What could be improved in regards to scheduling services?

(*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>