

NIH Library Instruction Customer Feedback Survey

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Public reporting burden for this collection of information is estimated to average 7 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 (0925-0648). Do not return the completed form to this address.

Please provide feedback on your experience with the NIH Library training you recently attended.

* 1. Your institute, center, agency name, office or operational division

* 2. Please select the area that best fits your primary role.

- Affiliate (student, fellow, trainee, etc.)
- Clinical Staff
- Extramural Grants Management
- Intramural Research
- Laboratory Technician
- Legal / Business Development / Technology Transfer
- Scientific Administration / Policy / Analyst
- Other (please specify)

* 3. Date of training

Required

* 4. Instructor name

* 5. Training name

* 6. How did you participate in this training session?

- In person
- Webinar

7. If you experienced technical difficulties during the training, please share it with us.

* 8. How engaging was the instructor?

- Not Engaging
- Moderately Engaging
- Very Engaging

* 9. How well did the content that was delivered match your expectation of the training?

- Did Not Meet Expectation
- Met Expectation
- Exceeded Expectation

* 10. Questions about your subject knowledge

	Not at all Knowledgeable	Not too Knowledgeable	Somewhat Knowledgeable	Very Knowledgeable	Extremely Knowledgeable
Your knowledge of the material before the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your knowledge of the material after the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 11. How satisfied are you with this training?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 12. How likely are you to recommend this training?

Very Unlikely	Somewhat Unlikely	Neutral	Somewhat Likely	Very Likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. What is the best way to communicate upcoming training to you and your colleagues? (e.g., email, flyers, NIH Library website, listserv)

14. What training would you like to see the NIH Library offer in the future?

15. Please provide any additional feedback to improve the NIH Library's Training Program.

16. If you would like to be contacted to discuss this training, please provide your contact information below.

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>