OMB No.: 0925-0641 Expiration Date: 1/31/2021

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can maintain current information about our network of research advocates.

Public reporting burden for this collection of information is estimated to average 30 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 (0925-0641). Do not return the completed form to this address.

Thank you for participating in the NCI activity, we appreciate your time and willingness to contribute to NCI's work. We're hoping to ask you a few questions about your experience participating in this activity.

- 1. How much opportunity do you feel you got to contribute and provide the collective patient perspective?
- 2. How well prepared did you feel for this activity?
- 3. How well did you feel you understood your role?
 - a. Was it clear up front or was it any different than you expected?
- 4. How well did this experience match your expectations?
- 5. How much did you feel your perspective was heard and valued when providing feedback?
- 6. Please share any other general thoughts, suggestions or feedback on the activity or ways to improve any aspect of the process.