

Background Information

OMB No.: 0925-0648

Expiration Date: 05/31/2021

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

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.

Thank you for using the NIH Library Editing Service. Please help us evaluate the service by completing this survey. Please note that your responses are anonymous. This evaluation should take less than 5 minutes to complete.

* 1. What is the name of the editor who helped you?

* 2. What is your Institute or Center?

3. 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)

Evaluation Information

* 4. Please provide feedback

[illegible]

Overall Satisfaction

* 5. How satisfied were you with the editing service you received?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
☐	☐	☐	☐	☐

* 6. Thank you for your feedback. How can we improve our editing service to make it better for you?

* 7. How likely are you to recommend this editing service to your colleagues?

	Very Unlikely	Not likely	Neutral	Likely	Very Likely
Recommendation to colleagues:	☐	☐	☐	☐	☐

8. What else can you tell us about your editing needs or our Editing Service?

9. If you would like to be contacted to discuss your editing experience, please provide your contact information below.

Name

Email Address

Phone Number