#### KAI Research Monitoring Body Meeting **Evaluation**

To see in real time: http://altarum.dsmbeval.alchemer.com/s3//SG\_TEST\_RUN

Survey Page 1

Top



#### RESEARCH Monitoring Body Meeting **Evaluation**

Public reporting burden for this collection of information is estimated to average 10 minutes, including the time for reviewing instructions,

OMB Number - 0925-0648 Expiration date - 05/31/2021

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: OMB Control number: 0925-0648, Expiration date: 05/31/2021. Do not return the completed form to this address.

#### **Bottom**

The purpose of this brief questionnaire is to gain information from research Investigators, study team members, Data and Safety Monitoring Board members, Safety Officers, and NIAMS Program Directors whom KAI Research, Inc. (KAI) interfaces with as the Executive Secretary to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), NIH. We will use the information gained from you to improve our processes and the services we provide.

lease specify your affi	liation with the NIAMS:
Research Investigato	or
O Study Team membe	r (e.g. Clinical Coordinator, Research Assistant)
O Data and Safety Mor	nitoring Board member
O Safety Officer	
NIAMS Program Dire	ector
Other (please specif	y):
	Next
	0%



2. How satisfied are you	with KAI's efficiency at scheduling this meeting?
O Very Satisfied	
<ul><li>Satisfied</li></ul>	
<ul><li>Unsatisfied</li></ul>	
O Very Unsatisfied	
•	with KAI's facilitation of this meeting (i.e., starting nda, level of professionalism)?
O Very Satisfied	
<ul><li>Satisfied</li></ul>	
<ul><li>Unsatisfied</li></ul>	
O Very Unsatisfied	
	Back Next



O No	
4a. Please specify which (check all that apply)	technology:
<ul><li>NIAMS materials w materials)</li></ul>	vebsite (Secure website you log into to access study
Zoom (Meeting pla during the meeting	atform you log into as a guest to see the materials g)
Other (please spec	cify)
4b. Please provide a brid	ef description of the nature of the issue.



4. Did you encounter any technical problems with the technology used fo	r
this meeting?	











Very Satisfied	
Satisfied	
<ul><li>Unsatisfied</li></ul>	
Very Unsatisfied	
_	onal information or suggestions you feel are
Please add any additi evant:	onal information or suggestions you feel are
_	onal information or suggestions you feel are
_	onal information or suggestions you feel are  Back Submit



Thank you for completing our evaluation. Your response is very important to us.

