

National Institute of Mental Health (NIMH) Core Facility User Survey

[Core/Service name]

[Core/Service Director's name]

OMB Control Number: 0925-0648

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Public reporting burden for this collection of information is estimated to average 6 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, Maryland 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

1. Which option best describes your organizational affiliation? (NIH Institute pull-down, and if “non-NIH”—enter name of University, company, etc.)
2. Position Type
 - i. Principal Investigator
 - ii. Scientific Support Staff
 - iii. Clinical Staff
 - iv. Staff Scientist/Staff Clinician
 - v. Fellow (Postdoc, Clinical, Predoc, Postbac)
 - vi. Other (if checked, enter position type)
3. Have you used the [name of Core/Service] in the past 4 years? Yes or No [If No, survey ends]
4. On average, how frequently did you use the [name of Core/Service]? Daily, A few times per week, A few times per month, a few times a year, one or a few times in the last 4 years
5. Please rate the [name of Core/Service] on the following: [Poor, Below Average, Average, Good, Excellent]:
 - a. Technological quality (e.g., up-to-date equipment and techniques, appropriate application of methods and technology)
 - b. Customer service (e.g., promptness, responsiveness to questions)
 - c. Overall quality
 - d. Please feel free to share any comments regarding the technological quality, customer service, or overall quality of the core service. (optional comment section)
6. Has the [name of Core/Service] been essential to your research? Yes/No (optional comment section)

7. Have you had regular discussions with the core [or service] director (name of Core/Service Director) and/or staff regarding acknowledgement and authorship for work performed in the core that results in publication? Yes/No
(optional comment section)
8. Approximately how many of your publications has the core [or service] contributed to in the past 4 years? None, 1-3, 4-6, 7-10, 11-20, 21-30, 31+
(optional comment section)
9. Overall, how would you rate your experience with the **[name of Core/Service]**?
 - e. Very satisfied
 - f. Somewhat satisfied
 - g. Neutral
 - h. Somewhat dissatisfied
 - i. Very dissatisfied
10. How likely is it that you would recommend the **[name of Core/Service]** to a colleague?
 - a. Very likely
 - b. Somewhat likely
 - c. Neutral
 - d. Not so likely
 - e. Not at all likely
11. Please share any suggestions for improvement of the **[name of Core/Service]** optional comment section)