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1. Position Title					
Predoctoral student					
Postdoctoral Fellow					
Professor					
Staff Researcher					
Health Care Provider Advocate					
Patient					
Member of the public					
Other (please specify)					
2. Organization Type					
University December Opposite the Alexander					
Research Organization/Institution Hospital/Clinic					
Advocacy Organization					
Patient					
Member of the public					
Other (please specify)					
2. Organization Type					
University					
Research Organization/Institution					
O Hospital/Clinic					
Advocacy Organization					
Other (please specify)					
3. How would you rate?					
	ngly disagree			Si	trongly agree
I had enough time to network with colleagues.		0			
There was enough time to visit all the	0	0	0	0	
posters I was interested in viewing. I had enough time for questions.					
The handouts provided were a useful					
resource	0	0	0	0	0
The topics were timely, interesting and well-covered. This symposium allowed me to	0	0	0		
strengthen an existing collaboration or develop a new collaboration.					
There was enough time to talk to NIH staff.	0	0	0	0	0
4. Overall, how would you rate the sympos	sium?				
Very Valuable					
Valuable					
Somewhat Valuable Not Valuable					
Not valuable					
5. What part of the symposium did you fin	d the most beneficial and v	why?			
	•				
6. How can the symposium be improved?					
7. Were there any areas or topics you wish	ned were covered more add	equately? Please elaborate	e.		
		Done			
	Check ou	Powered by SurveyMonkey at our <u>sample surveys</u> and create your ov	vn now!		

The Annual NIH Pain Consortium Symposium

OMB#: 0925-0648 ExpDate: 3/31/18

Pain Consortium Symposium: Evaluation Questions

Thank you for participating in this brief Survey! Your valuable input will help make the Symposium a stronger and more effective meeting. Results will be compiled by the Survey Team and summary reports will be provided to the Leadership Team.