

Background Information

OMB No.: 0925-0648

Expiration Date: 05/30/2021

Public reporting burden for this collection of information is estimated to average 7 minutes per survey, 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.

Please help us evaluate your experience by completing this survey. Please note that your responses are anonymous. This evaluation should take no more than 5 minutes to complete.

* 1. What is your institute, center, agency name, office or operational division?

2. 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)

Overall Satisfaction

* 3. How well did the content delivered meet your expectations?

Did not meet expectations

About what I expected

Exceeded expectations

* 4. How satisfied were you with the service you received?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied

5. What can we do to make your experience better?

6. We are glad to hear you feel that way. What did you like or appreciate most about your experience?

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

Very Unlikely

Not Likely

Undecided

Likely

Very Likely

8. Thank you for your honesty. Our goal is to create the best possible service, and your thoughts, ideas, and suggestions are important. What can we do to improve?

9. Thank you for the support. It is great to hear that you are a fan of our service. What is the one thing we could do to make you even happier with your experience?

10. If you would like to be contacted to discuss your experience with this service, please provide your contact information below.

Name

Email Address

Phone Number