



2. Please select how your Zoom review meeting **compared** to your normal face-to-face meetings.

|  | Much more             | Slightly more         | About the same        | Slightly less         | Much less             | Don't know/NA         |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>I contributed to the discussion.</b>                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>I felt confident voicing my opinions.</b>                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>I felt others were receptive and responsive to my feedback.</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>I was able to clearly communicate my opinions.</b>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>I felt comfortable voting outside the range.</b>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>My attention span at the meeting lasted.</b>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Approximately how many face-to-face review meetings have you participated in for NIH?

- 1
- 2-5
- 6-15
- 16+

4. Assuming no or minimal health risks from COVID-19, would you be more likely to participate in a review meeting if it was held face-to-face or over Zoom/video?

- Face-to-face
- Zoom/video
- No preference

5. Did you experience any technical difficulties with your Zoom review meeting (e.g. audio, visual, connecting, etc.)?

- Yes
- No

6. What stage of your career are you in?

- Assistant Professor
- Associate Professor
- Professor
- Other

7. What is your sex?

- Male
- Female
- I prefer not to respond

8. Are you Hispanic or Latino?

- Yes
- No
- I prefer not to respond

9. Which racial group do you primarily identify as? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- I prefer not to respond

10. How was the overall quality of your virtual review meeting compared to your normal face-to-face meetings?

11. Please share any comments (positive or negative) about your experience or general thoughts on having your review meeting over Zoom?

**Please click on the 'Next' button below to send your responses. Thank you for taking the survey.**

Submit