



Extramural Training Event/Activity Feedback Survey

OMB Control Number: 0925-0648 Expiration Date: 05/31/2021

Public reporting burden for this collection of information is estimated to average 5 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 current 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 answer the following questions to help us improve future training opportunities.

1. Please select One answer choice that best describes your current primary position

- | | |
|--|---|
| <input type="checkbox"/> Program | <input type="checkbox"/> Grants Officer |
| <input type="checkbox"/> Scientific Director | <input type="checkbox"/> Grants Specialist |
| <input type="checkbox"/> Program Officer/Official | <input type="checkbox"/> Health Policy Analyst |
| <input type="checkbox"/> Program Analyst | <input type="checkbox"/> Branch Chief |
| <input type="checkbox"/> Medical Officer | <input type="checkbox"/> Director of Extramural Research/Activities |
| <input type="checkbox"/> Scientific Review Officer | <input type="checkbox"/> Other (please specify: _____) |
| <input type="checkbox"/> Grants Management Lead | |

2. What are the three most important **things you learned** during this training?

1.

2.

3.

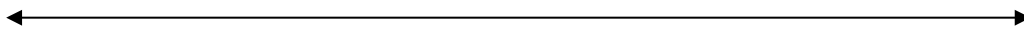
3. What are the three **greatest strengths** of this training?

1.

2.



- 3.
4. What presentation styles were the most effective for you? Please select all that apply.
- Case Studies
 - Role play
 - Lecture
 - Quiz
 - Group exercise
 - Other (please specify):
5. Please rate the training in terms of its impact and usefulness in the following areas, using the scale below.



1 = Not useful at all

5 = Very useful

Impact Area	1	2	3	4	5
Useful in your daily work	1	2	3	4	5
Useful for teams within your IC/OPDIV	1	2	3	4	5
Increasing your ability to train and mentor others	1	2	3	4	5

6. Please provide one example of how your practice will change because of this training (if any).
7. Provide any additional assistance needed to be able to implement what you've learned at this training. (e.g., supervisory support, videos, newsletters, preceptorships, clinical consultations, classroom-based training, etc.). Please be as specific as possible.
8. If you were given the task of revising, adjusting, or redesigning this training, what would you change?



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9. Other comments: