# American Sign Language (ASL) Interpreting Services Survey

## Survey Overview and Instructions

Overview
- Survey will be accessed through link from introductory email **OR** a link on a website
- Survey will be distributed to (Interpreting Services responsibility)
- <span style="color:blue">Words in blue font are informational to survey developer and should not appear on survey.</span>
- At end of survey, respondent will be sent to Events Management Branch (EMB) Interpreting Services website at https://ors.od.nih.gov/pes/emb/interpret/Pages/default.aspx .
- Survey developer may add explanatory notes as necessary to survey screens to clarify situations for respondents. Example: Some questions are mandatory. Should a respondent attempt to continue without answering, a note should appear explaining that the respondent must answer question.

OMB # 0925-0648
Expiration date 06/30/2024

## Burden Disclosure:

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 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.

## Introduction:

Thank you in advance for participating in this survey! Your feedback helps us better understand the diverse and evolving needs of the NIH Deaf and Hard of Hearing community and its partners. To better understand our current and potential customer requirements please begin with providing the following information regarding your Institute/Center (IC) and work characteristics.

Survey responses reside behind the NIH firewall and are secure to the extent permitted by law. For each question select the option that best represents your view. The survey will take about 5 minutes to complete. Questions about this survey can be sent to Dr. Janice Rouiller and Isaiah with the NIH Office of Research Services (ORS) Office of Quality Management (OQM) at **ORSSurveySystem@mail.nih.gov**

## Section 1: Demographics

1. Please select your Institute/Center (IC)
   - CC

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- CIT
- CSR
- FIC
- NCATS
- NCCIH
- NCI
- NEI
- NHGRI
- NHLBI
- NIA
- NIAAA
- NIAID
- NIAMS
- NIBIB
- NICHD
- NIDA
- NIDCD
- NIDCR
- NIDDK
- NIEHS
- NIGMS
- NIMH
- NIMHD
- NINDS
- NINR
- NLM
- OD (other than ORF or ORS)
- OD ORF
- OD ORS

2. What is your primary work location? **NOTE:** If you are mostly working from home due to COVID-19, please select the location you worked at before the pandemic
   - Baltimore, MD
   - NIH Main Campus
   - Montgomery County, MD (not on the NIH Campus)
   - Frederick, MD
   - Phoenix, AZ
   - Poolesville, MD
   - Research Triangle Park, NC
   - Rocky Mountain Labs, MT
   - Other (Please specify) _____

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## Section 2:  uSked Portal Ratings

3.  Did you use the uSked Portal to enter service requests in the past 3 months?
    - Yes
    - No (skip to Section 3)

4.  Please rate the following aspects of the uSked Portal: (Optional ratings) Use the following scale (1) Unacceptable to (10) Outstanding.
    - Ease of Use
    - Confirmation Email
    - Help Desk Support (nih@ainterpreting.com)

5.  Comments on the uSked Portal? (Optional)  _____

## Section 3:  ASL Interpreter Ratings

6.  Did you use our **Interpreting Staff Services** in the past 3 months?
    - Yes
    - No (skip to Section 4)

7.  Please rate the following aspects of our **Interpreting Staff Services**: (Optional ratings) Use the following scale (1) Unacceptable to (10) Outstanding.
    - Punctuality
    - Professionalism of Staff
    - Quality of Interpretation

8.  Comments on our Interpreting Staff Services? (Optional) _____

## Section 4:  Virtual Interpreting Service Ratings

9.  Did you use our **Virtual Interpreting Services** in the past 3 months?
    - Yes
    - No (skip to Section 5)

10. Please rate the following aspects of our **Virtual Interpreting Services**. (Optional ratings) Use the following scale (1) Unacceptable to (10) Outstanding.
    - User Friendly Platform
    - Speed of Connectivity/Reliability
    - Quality of Remote Interpretation
    - Professionalism of Staff

11. Comments on our **Video Remote Interpreting Services**? If you have had any problems, please explain and let us know what building you are in. (Optional) _____

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## Section 5:  Computer Accessed Realtime Translation (CART) Services Ratings

12. Did you use our **Computer Accessed Realtime Translation (CART) Services** in the past 3 months?
    - Yes
    - No (skip to Section 6)

13. Please rate the following aspects of our **CART Services**. (Optional ratings) Use the following scale (1) Unacceptable to (10) Outstanding.
    - Punctuality
    - Timeliness of Translation (i.e. pace of translation)
    - Accuracy of Translation
    - Effectiveness of Screen Placement

14. Comments on our Cart Services? (Optional) _____

## Section 6:  Comments
15. Thinking about your experience, what did we do particularly well? (Optional) _____
16. What needs to be improved with our services? (Optional) _____

17. Other comments? (Optional) _____

Thank you for your participation in this survey! You will now be redirected to the Interpreting Services website.

END OF SURVEY: Link to https://ors.od.nih.gov/pes/emb/interpret/Pages/default.aspx