

# NIH Library Document Delivery Survey

**OMB#: 0925-0648**

**Exp. Date: 06/30/2024**

Public reporting burden for this collection of information is estimated to average 5 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 provide your feedback by completing this survey. Your responses are anonymous. This evaluation should take no more than 5 minutes to complete.

\* Required






1. Did you receive the document you requested? \*

Yes

No



4. Choose the responses that best describe the impact or value of the assistance you received. \*

	 Strongly disagree	 Somewhat disagree	 Neither agree nor disagree	 Somewhat agree	 Strongly agree	Not applicable/ No opinion
Enhanced my knowledge or skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped me with decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved me time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved me money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. **(Optional)** What is something we can do to improve your experience?

Enter your answer

6. **(Optional)** We like to hear when our staff goes above and beyond. If there was something done particularly well and you want to commend a staff member, please put their **first and last name** and what they did.

**NIHL Staff Directory:** <https://www.nihlibrary.nih.gov/about-us/nih-staff-directory>

Enter your answer

7. **(Optional)** Although this survey is anonymous, if you would like to be contacted to discuss your experience, please provide your contact information below.

Enter your answer

Submit