

Attachment 3 - Requester Survey

OMB#: 0925-XXXX
Expiration Date: XX/XX/XXXX

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can maintain current information about our network of research advocates.

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 (0925-0774). Do not return the completed form to this address.

Thank you for engaging advocates in the Request Activity *Pediatric Gastrointestinal Stromal Tumors*. Please fill out the following post-activity survey so we can improve the advocacy matching services OAR provides for NCI staff.

Post-Activity Surveys for the NCI Office of Advocacy Relations (OAR)

Activity Title – Pediatric Gastrointestinal Stromal Tumors

Requester Survey – Dr. Daniel Edelman (04/26/2024)

1. How was your overall experience with the research advocate(s)? Please elaborate.

1 - Poor 2 3 4 5 - Excellent

Comments:

0 characters | 0 words | max 2000 characters

2. Would you want to work with the research advocate(s) again? Please elaborate on the extent to which he or she met your expectations.

Yes No

Comments:

0 characters | 0 words | max 2000 characters

3. Indicate the level of support you feel you received from the NCI Office of Advocacy Relations. Please elaborate.

1 - Poor 2 3 4 5 - Excellent

Comments:

0 characters | 0 words | max 2000 characters

4. Could you involve research advocates in other areas of your program? Why or why not?

Yes No

Comments:

0 characters | 0 words | max 2000 characters

Submit