

1. University of Maryland, Baltimore - Practice Research Network CSA/Provider ...

We really appreciate you taking the time to complete the survey! Your answers will provide helpful feedback about the Practice Research Network.

1. Do you know the purpose of the Practice Research Network?

- ☐ Yes
- ☐ Somewhat
- ☐ No

2. How much has your organization benefited from the Practice Research Network by hosting educational or study presentations, receiving helpful feedback or research related news, and/or being connected to other helpful resources?

- ☐ Significant benefit
- ☐ Benefit
- ☐ Small benefit
- ☐ No benefit at all
- ☐ Did not host educational/study presentations, receive feedback or news, or connected to resources

3. How helpful is the Practice Research Network to your organization?

- ☐ Very Helpful
- ☐ Somewhat Helpful
- ☐ Undecided
- ☐ Not at all helpful

4. Have your experiences with the Practice Research Network liaisons changed your opinion of research participation in general?

- ☐ Yes, I have a more POSITIVE opinion of research participation.
- ☐ No changes regarding my opinion of research participation.
- ☐ Yes, I have a more NEGATIVE opinion of research participation.
- ☐ Undecided
- ☐ Never had any experiences with the Practice Research Network liaisons

PRN Survey - CSA/Provider

5. How much do you agree or disagree with this statement?

I am interested in learning more about what the Practice Research Network has to offer.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

6. What area do you work in?

- ☐ Southern Maryland
- ☐ Western Maryland
- ☐ Metro Baltimore
- ☐ Metro Washington D.C.
- ☐ Eastern Shore

7. (OPTIONAL) Please select all the roles that apply to you.

- ☐ Consumer
- ☐ Provider
- ☐ Family Member
- ☐ CSA

Other (please specify)

8. If you would like, please record any comments or suggestions about the Practice Research Network here:

9. If you would like us to contact you to provide more information about the Practice Research Network please give us your contact information below. Thank you very much for completing this survey!

Name:

Email Address:

Phone Number: