

PRN Survey - Consumer/Family Member/Advocacy Group

1. University of Maryland, Baltimore - Practice Research Network Survey

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

Please rate each of the following:

1. Do you know what the Practice Research Network liaisons do in the mental health community?

- ☐ Yes
- ☐ Somewhat
- ☐ No

2. How interested are you in participating in research after learning about possible study opportunities through the Practice Research Network?

- ☐ Very interested
- ☐ Interested
- ☐ Undecided
- ☐ Not interested
- ☐ Not interested at all
- ☐ Never learned about opportunities

3. How much have you benefited from the Practice Research Network by attending educational presentations, participating in a study, or being connected to other helpful resources?

- ☐ Significantly benefited
- ☐ Benefited
- ☐ Somewhat benefited
- ☐ No benefit at all
- ☐ Never attended presentations, participated in a study, or connected to other resources

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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

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

I have a better understanding of what behavioral health research is because of the Practice Research Network.

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

6. 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

7. Where do you live?

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

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8. (OPTIONAL) Please select all roles that apply to you?

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

Other (please specify)

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

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

Name:

Email Address:

Phone Number: