

PRN Survey - Investigator

1. PRN Survey - Investigator/Research Team

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

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

- ☐ Yes
- ☐ Somewhat
- ☐ No

2. How likely are you to utilize the services provided by the PRN?

- ☐ Already utilized
- ☐ Likely
- ☐ Undecided
- ☐ Not Likely

3. If you have utilized PRN services, have they met your expectations?

- ☐ Yes
- ☐ No
- ☐ Not Sure
- ☐ Never utilized PRN services

4. How much have you benefited from partnering with the Practice Research Network liaisons?

- ☐ Significantly benefited
- ☐ Benefited
- ☐ Undecided
- ☐ Not benefited
- ☐ Never utilized PRN services

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

I have learned new study recruitment approaches or strategies due to the influence of the PRN.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

6. Which research center are you affiliated with (check all that apply)?

- ☐ DSR
- ☐ MIRECC
- ☐ CBTS
- ☐ MPRC

Other (please specify)

7. What is your role within research?

- ☐ Investigator
- ☐ Research Coordinator
- ☐ Research Assistant

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 PRN or receive suggestions please give us your contact information below. Thank you very much for completing this survey!

Name:

Email Address:

Phone Number: