

CBIIT Town Hall Survey

OMB No.: 0925-0642

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Public reporting burden for this collection of information is estimated to average 4 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 (0925-0642). Do not return the completed form to this address.

All questions are optional and you may exit the survey at any time.

1. How did you learn about this event?

- ☐ Announcement at a CBIIT Sync Meeting
- ☐ CBIIT Central
- ☐ Colleague
- ☐ Digital Signage
- ☐ Email
- ☐ Poster

☐

 Other

2. Overall, how satisfied were you with this event?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

3. Please rate the following from 1 to 5 (1 being worst and 5 being best):

	Option 1	Option 2	Option 3	Option 4	Option 5
Agenda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of presenters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Event frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audience engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Room setup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Option 1	Option 2	Option 3	Option 4	Option 5
Room acoustics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What did you like about the event?

Enter your answer

5. What did you dislike about the event?

Enter your answer

6. What would you recommend to improve the event?

Enter your answer

7. What programs or topics would you like to learn more about?

Enter your answer

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