

#### POST-MEETING FEEDBACK

OMB#: 0925-0648 Exp Date: 6/2024

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 (0925-0648). Do not return the completed form to this address.

Thank you for attending the Inaugural Stakeholder Meeting for the Prioritization of Therapeutic Research Needs for Pregnant, Postpartum, and Lactating Persons! Please take a few minutes to evaluate this meeting. Our goal is to obtain feedback so that we can improve future meetings.

Responses are anonymous. If you would like a response, please include your name/email address at the end of the survey, or contact us at <a href="mailto:opptb\_events@infinityconferences.com">opptb\_events@infinityconferences.com</a>.

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



### **POST-MEETING FEEDBACK**

## **Meeting Attendance**

Did you attend the meeting in person or virtually?
O In person
○ Virtual



### POST-MEETING FEEDBACK

### Virtual Meeting Experience

On a scale of 1 to 5, with 5 being the best, how would you rate the hybrid meeting experience?

Poor				Excellent	N/A
					$\bigcirc$
Additional Comm	ents			_	
On a scale of 1 to received during		_	v would you ra	te the quality o	fsupport
Poor				Excellent	N/A
					$\bigcirc$
Additional Comm	ents				



### **POST-MEETING FEEDBACK**

### Agenda Feedback

On a scale of 1 to 5, with 5 being the best, how would you rate the following sessions?

Review of Nomina	ations				
Poor				Excellent	N/A
					$\bigcirc$
Additional Commer	nts				
Study Design for	Research on T	Γherapeutics ir	n Pregnant and		
Poor				Excellent	N/A
					$\bigcirc$
Additional Commer	nts				



#### POST-MEETING FEEDBACK

#### General Feedback

On a scale of 1 to 5, what is your overall rating of the Inaugural Stakeholder Meeting for the Prioritization of Therapeutic Research Needs for Pregnant, Postpartum, and Lactating Persons?

Poor				Excellent
Additional Comments				
Please provide any a		ents regarding th	ne hybrid meeting	format, agenda
content, or logistical	l support.			
			1	
Please provide sugg	estions on how t	o continue priori	tization discussion	ne such as
standing working gro		•		
			h	

Please provide you	ress, Therapeutic Area/Condition(s) (optional) our email address if you'd like a response to your comments, and please apeutic area or condition(s) for which you would be interested in re prioritization efforts.
Name	
Email Address	
Therapeutic Area/Condition(s)	
Thank you for your	feedback! Contact opptb_events@infinityconferences.com with any questions.