Exp. Date: XX/XX/20XX

Burden Disclosure: Public reporting burden for this collection of information is estimated to average 30 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-XXXX. Do not return the completed form to this address.

Appendix 19: Extramural Researcher External Stakeholder Survey Screenshots

OMB No. 0925-XXXX

1. Are you a PPD-DAIDS Site monitor?

- O Yes

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2. You have indicated that you are a PPD-DAIDS Site monitor. While you are eligible to participate in this study, you will not receive compensation (i.e. an incentive) for your participation. Do you still wish to participate in this survey?

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Yes

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First, please answer the following questions three questions. These questions are required in order to generate unique identifiers. As such, we are asking for very limited information.

★ 3. Please enter the first know your mother's na	two letters of your mother's first name. For instance, if your mother's name is Catherine, please enter 'CA.' If you do not ime, please enter 'NA.'
* 4. Please enter the first your father's name, ple	two letters of your father's first name. For instance, if your father's name is Frank, please enter 'FR.' If you do not know ase enter 'NA.'
★ 5. Please enter the last	two digits of your year of birth. For instance, if you were born in 1970, please enter '70.'

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BACKGROUND INFORMATION

Please provide the following information about yourself

4. Select your role with DAIDS (check all that apply)
CRS Leader
CRS Coordinator
CTU Principal Investigator
CTU Coordinator
Clinical site personnel
Contracted site monitor
Network leadership
Operation center staff
Data management staff
Protocol team member
Other (please specify)

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6. If applicable, enter the DAIDS Network(s) you are affiliated with (check all that apply):
ACTG
HVTN
☐ HPTN
IMPAACT
MTN
7. Are you involved with a non-network study?
○ Yes
○ No
8. Select the type of clinical research site you work at (check all that apply):
International (non-U.S. site)
Domestic (U.S. site)
New CRS Site (site not affiliated with DAIDS research before 2013)
Not Applicable
Other (please specify)

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. Are you a native English speaker?
Yes
○ No
. Enter your number of years' experience with clinical research:
0. Please rate your current level of knowledge pertaining to the Critical Events Policy and Manual:
Extremely knowledgeable
Very knowledgeable
Moderately knowledgeable
Not very knowledgeable
Not at all knowledgeable

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On a scale from 1 to 5 (1 meaning strongly DISAGREE and 5 meaning strongly AGREE), please indicate your level of agreement with the following statements:

On a scale from 1 to 5 (1 meaning str	oligiy DISAGREE and 5 meaning stron	gly AGREE), please indicate your level	or agreement with the following statem	erits.			
11. I know where to find the Critical	l Events Policy and Manual.						
Strongly Disagree	Disagree	O Not sure	Agree	Strongly Agree			
12. I regularly access the Critical E	vents Policy and Manual.						
Strongly Disagree	Disagree	O Not sure	Agree	Strongly Agree			
13. For what reason(s) do you access the Critical Events Policy and Manual?							
14. What information or section are you referencing?							
	//						

NIAID Critical Event Policy Implementation Extramural Researcher/External Stakeholder Survey OMB No. 0925-XXXX Exp. Date: XX/XX/20XX 15. I can access the Critical Events Policy and Manual easily. Strongly Disagree Disagree Not sure Agree Strongly Agree 16. I am satisfied with the clarity and understandability of the Critical Events Policy and Manual. Strongly Disagree Disagree Not sure Strongly Agree Agree 17. There are barriers that hinder my access to the Critical Events Policy and Manual. Strongly Disagree Disagree Not sure Agree Strongly Agree 18. If you selected "Agree" or "Strongly Agree" in the last question, please describe these barriers: 19. I know where to find additional Critical Events supplemental resources, including the primer on Critical Events, supplemental Critical Events training aids, and the Critical Events Web Training Presentation Slides. Strongly Disagree Disagree Not sure Agree Strongly Agree 20. If you selected "Agree" or "Strongly Agree" in the last question, please list the supplemental resources that you know are available:

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				OMB No. 0925-X	XXX		
21. I regularly access additional Critical Events supplemental resources.							
Strongly Disagree	Disagree	O Not sure	Agree	Strongly Agree			
22. For what reason(s) do yo	ou access the Critical Events Pol	icy and Manual?					
	//						
23. What information or sect	tion are you referencing?						
		Prev Nex	et]				

			OMB No. 0925-XXX	X
cal Events supplemental reso	ources easily.		Exp. Date: XX/XX/20	X
Disagree	O Not sure	☐ Agree	Strongly Agree	
y and understandability of the	e additional Critical Events supplemen	tal resources.		
Disagree	O Not sure	O Agree	Strongly Agree	
ain my access to Critical Eve	nts supplemental resources:			
Disagree	○ Not sure	Agree	Strongly Agree	
e" or "Strongly Agree" in the	last question, please describe these be	arriers:		
	Disagree y and understandability of the Disagree ain my access to Critical Ever	y and understandability of the additional Critical Events supplement Disagree Not sure Disagree Not sure Not sure or "Strongly Agree" in the last question, please describe these be	Disagree Not sure Agree y and understandability of the additional Critical Events supplemental resources. Disagree Not sure Agree ain my access to Critical Events supplemental resources: Disagree Not sure Agree e" or "Strongly Agree" in the last question, please describe these barriers:	cal Events supplemental resources easily. Disagree Not sure Agree Strongly Agree y and understandability of the additional Critical Events supplemental resources. Disagree Not sure Agree Strongly Agree ain my access to Critical Events supplemental resources: Disagree Not sure Agree Strongly Agree or "Strongly Agree" in the last question, please describe these barriers:

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28. I know where to locate t	the DAIDS Online Critical Events	Training.		Exp. Date: XX/XX/20X
Strongly Disagree	Disagree	O Not sure	Agree	Strongly Agree
29. I have accessed the DAI	DS Online Critical Events Traini	ng.		
Strongly Disagree	Disagree	O Not sure	O Agree	Strongly Agree
30. I can access the DAIDS	Online Critical Events Training	easily.		
Strongly Disagree	Disagree	O Not sure	Agree	Strongly Agree
31. I am satisfied with the o	larity and understandability of the	ne DAIDS Online Critical Events Train	ning.	
Strongly Disagree	Disagree	O Not sure	O Agree	Strongly Agree
32. There are barriers that h	ninder my access to the DAIDS C	RSS Online Critical Events Training.		
Strongly Disagree	Disagree	O Not sure	O Agree	Strongly Agree
33. If you selected "A	Agree" or "Strongly Agree" in the	e last question, please describe these	barriers:	
	//			
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4. How did you receive train	ning? (check all that apply)			E	Exp. Date: XX/XX/20
In person- DAIDS Regional Tra	aining Event (DRTE)				
In person- Network meeting					
Online- DAIDS Learning Mana	gement System (DLMS)				
Online- HIV Clinical Research	Support Services (CRSS) Contract webs	ite			
Webinar					
Other (please specify)					
55. I know where to find info	ormation about Critical Events di	ssemination activities (webinars, net	work meeting information sessions,	in-person staff trainings, etc).	
Strongly Disagree	Disagree	O Not sure	Agree	Strongly Agree	
36. I regularly access/partici	pate in Critical Event Policy diss	semination activities.			
Strongly Disagree	Disagree	○ Not sure	Agree	Strongly Agree	
37. I can access/participate i	in Critical Event Policy dissemin	ation activities easily.			
Strongly Disagree	Disagree	O Not sure	Agree	Strongly Agree	
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		LICA NEX			

NIAID Critical Event Policy Implementation Extramural Researcher/External Stakeholder Survey OMB No. 0925-XXXX Exp. Date: XX/XX/20XX 38. I am satisfied with the clarity and understandability of the Critical Event Policy dissemination activities. Strongly Disagree Not sure Disagree Strongly Agree Agree 39. There are barriers that hinder my access/participation in Critical Event Policy dissemination activities. Strongly Disagree Disagree Not sure Agree Strongly Agree 40. If you selected "Agree" or "Strongly Agree" in the last question, please describe these barriers: 41. Did you receive any of the following communications describing the Critical Events Policy and Manual (please check all that apply)? HANC listsery email HANC newsletter HANC Conference Call OPCRO email alert DAIDS Training and Safety Branch email alert Other (please specify)

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What type of Critical Event did the communication entail?		Exp. Date: XX/XX/20XX
Unanticipated Problem		
Serious Noncompliance		
Continuing Noncompliance		
Suspension or Termination of IRB approval		
2. Did you receive a response?		
Yes Yes		
○ No		
3. If so, did you understand the response received?		
Yes Yes		
○ No		
4. Could the response have been clearer or easier to understand?		
○ Yes		
○ No		
5. What would have increased response understandability and clarity of the response?		
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					OMB No. 0925-XXXX
On a scale from 1 to 5 (1 meani	ing strongly DISAGREE and 5 meaning	g strongly AGREE), please indicate	e your level of agreement with the foll	lowing statements:	Exp. Date: XX/XX/20X
56. I am satisfied with my abil	lity to apply the Critical Events Pol	icy and Manual to DAIDS clinical	research studies.		
Strongly Disagree	Disagree	Not su	re	Agree	Strongly Agree
57. I am satisfied that the sup	plemental resources and trainings	improved my ability to apply th	e Critical Events Policy and Manu	al to DAIDS clinical research.	
Strongly Disagree	Disagree	Not su	re	Agree	Strongly Agree
58. I view the Critical Events F	Policy and Manual as applicable to	DAIDS clinical research.			
Strongly Disagree	Disagree	◯ Not su	re	Agree	Strongly Agree
59. I would benefit from addit	tional training to improve my unde	rstanding and application of the	Critical Events Policy and Manua	al.	
Strongly Disagree	Disagree	○ Not su	re	Agree	Strongly Agree
60. Webinars increased my kn	nowledge of the Critical Events Pol	icy and Manual.			
Strongly Disagree	Disagree	Not sure		Strongly Agree	Not Applicable
61. Network meeting informat	tion sessions increased my knowle	edge of the Critical Events Policy	y and Manual.		
Strongly Disagree	O Disagree	Not sure	○ Agree	Strongly Agree	Not Applicable
			Prev Next		

	OMB No. 0925-XXXX
2. Is there any policy or part of the Critical Events Policy and Manual that you do not view as applicable?	Exp. Date: XX/XX/20XX
○ Yes	
○ No	
63. If 'Yes,' please identify what is not applicable:	
4. Have there been changes made to your site's SOPs or routine activities to meet the Critical Events Policy and Manual mandates?	
○ Yes	
○ No	
65. If 'Yes,' please identify what changes have been made:	

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66. How much additional time do these changes take to carry out?	Exp. Date: XX/XX/20X
27 What burdens exist in complying with the Critical Events Believ and Manual requirements?	
37. What burdens exist in complying with the Critical Events Policy and Manual requirements?	
88. What challenges or barriers exist in complying with the Critical Events Policy and Manual requirements?	
69. What can be done to improve accessibility of Critical Events documents?	

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70. Which requirement(s) are the easiest to comply with? (check all that apply)
Notify PI within 24 hrs of becoming aware of incident
Determine type of Critical Event that occurred
Submit initial report to DAIDS within three reporting days after becoming aware of Critical Event
Reporting Critical Event to IRB/EC in accordance with institutional policies
Following corrective actions as directed by IRB/EC, DAIDS or other relevant entity
Provide update/final report to DAIDS within 15 calendar days
Other (please specify)
71. Which requirement(s) are the most challenging to comply with? (check all that apply)
Notify PI within 24 hrs of becoming aware of incident
Determine type of Critical Event that occurred
Submit initial report to DAIDS within three reporting days after becoming aware of Critical Event
Reporting Critical Event to IRB/EC in accordance with institutional policies
Following corrective actions as directed by IRB/EC, DAIDS or other relevant entity
Provide update/final report to DAIDS within 15 calendar days
Other (please specify)
72. What recommendations do you have for Critical Events Policy Implementation improvement?

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74. For quality control purposes, please re-confirm your status as a PPD-DAIDS Site monitor.

I am a PPD-DAIDS Site monitor

I am NOT a PPD-DAIDS Site monitor

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Thank you for your participation in this important survey!

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Thank you for your participation in this important survey! In order to receive your incentive, please click the following link.	Exp. Date: XX/XX/20XX
https://www.surveymonkey.com/s/HF2WS3D	
Prev Done	