

CCH Consultation Satisfaction Survey

Thank you for taking the time to complete this brief survey! Results will be utilized to improve the CCH consultation services.

Please indicate your level of satisfaction with the following aspects of your CCH consultation experience, on a five-point scale from a low of "very dissatisfied" to a high of "very satisfied."

How satisfied were you with the...

| | Very dissatisfied | Dissatisfied | Neutral | Satisfied | Verysatisfied |
|--------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...timeliness of the consultation service(s) provided? | <input type="radio"/> |
| ...quality of the service(s) provided? | <input type="radio"/> |
| ...service you/your study team experienced overall? | <input type="radio"/> |

If you were "very dissatisfied" or "dissatisfied" with one or more of the aspects described above, do you have suggestions of ways to improve the service?

What was the most useful or effective aspect of your CCH consultation experience?

Was there anything the CCH team member was not able to provide, or do you have any additional comments regarding your experience?

Please rate your level of agreement with the following statements:

| | Stronglydisagree | Disagree | Neutral | Agree | Stronglyagree |
|-----------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I would recommend the CCH consultation service to others. | <input type="radio"/> |

I am likely to use the CCH consultation service again.

Please indicate your role:

- Community partner
- Faculty investigator
- Postdoctoral fellow
- Staff
- Student
- Other (please specify below)

Please specify:

How did you hear about us?

- Academic colleague
- Community partner
- Community event
- E-blast/newsletter
- Website
- Workshop/Presentation
- Other (please specify below)

Please specify:

Academic colleague:

- Northwestern University
- Lurie Children's Hospital
- Shirley Ryan AbilityLab
- Other (please specify below)

Please specify:

E-blast/newsletter:

- Center for Community Health (CCH)
- IPHAM
- NUCATS
- Other (please specify below)

Please specify:

Website:

- Center for Community Health (CCH)
- IPHAM
- NUCATS
- Other (please specify below)

Please specify:

Additional comments:

Thanks for taking the time to complete this survey. We greatly appreciate your feedback.