

Purdue MRI Facility – User Satisfaction Survey

Dear user of the Purdue MRI Facility,

Your opinion of the Purdue MRI Facility is very important to us, and we would like to improve our services for your future use. Therefore we greatly appreciate your completion of this user satisfaction survey and return of an electronic copy to Greg Tamer (gtamer@purdue.edu).

| <i>Question</i> | <i>Response (select one)</i> | <i>Comments (Please provide if you answered “No”)</i> |
|---|----------------------------------|---|
| Was your work completed in a timely fashion? | Yes No | |
| Was it easy to schedule time on the 3T scanner? | Yes No | |
| Was your work completed without interruption (e.g., unplanned facility downtime)? | Yes No | |
| Were your data transferred to you efficiently and in their entirety? | Yes No | |
| Were problems or conflicts addressed promptly and to your satisfaction? | Yes No | |
| Were the costs of services clear? | Yes No | |
| Were payment policies clear? | Yes No | |
| Are the publication/authorship policies clear? | Yes No | |
| Are you likely to use the Facility in the future? | Yes No | |

On a scale of 1-10 (with 1=completely dissatisfied and 10=completely satisfied) how would you rate the facility’s personnel’s ability to support your specific project? _____

On a scale of 1-10 (with 1=completely dissatisfied and 10=completely satisfied) how would you rate your interactions with the Purdue MRI Facility? _____

How can the Purdue MRI Facility improve to better assist you with conducting your imaging experiments?

Please provide any further comments you may have:

Thank you!

Greg Tamer, Manager of Operations
Charles Bouman and Thomas Talavage, Co-Directors