



## SPCRN Project Evaluation Form

### Background

Name

Research project title

How did you hear about SPCRN?

*Please click all that apply*

- Word of mouth
- SPCRN leaflet
- Website
- Conference
- Presentation on SPCRN
- Other \_\_\_\_\_

### Application

Are there any ways in which the SPCRN application procedure could be improved? Please give details:

### Recruitment

Have you encountered any particular difficulties relating to recruitment of practices and/or patients?

- Yes
- No

If Yes, please outline these difficulties:

What were the final numbers of participants recruited into your study from each network node?

<i>East</i>	<i>North</i>	<i>North East</i>	<i>South East</i>	<i>West</i>



## Overall rating of SPCRN

<p><b>Would you use SPCRN again?</b></p>	<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No' why not?</p>
<p><b>Would you recommend SPCRN to another research team?</b></p>	<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No' why not?</p>
<p><b>Did you encounter any problems in using SPCRN?</b></p>	<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes' please explain</p>

**Please indicate your overall rating of the following aspects of SPCRN's service. Please click the appropriate box on each line (N/A for questions irrelevant to your study).**

	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Fair</i>	<i>Poor</i>	<i>N/A</i>
Application procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to facilitate recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value added by SPCRN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with SPCRN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How could the services that SPCRN provide be improved?**

**Additional comments:**

**Signature and date:**

Thank you for completing this form. Please return to Jill Sutherland at Mackenzie Building, University of Dundee, Kirsty Semple Way, Dundee DD2 4BF or by email [jill.sutherland@cpse.ac.uk](mailto:jill.sutherland@cpse.ac.uk)

