

CTIMeS On-line Training Questionnaire for 10081 Study
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Hospital Name : _____

Step 1. Regsitration

Function	Operating	Speed
40 – Clinical Operations		
402 – Registration process		
3110001 - Registration	<input type="checkbox"/> OK	<input type="checkbox"/> OK <input type="checkbox"/> Slow
Please indicate the registration case number if you have completed operations of 3110001-registration process. Case number:		

Step 2. Data entry

Function	Operating	Speed
50 – Clinical Data Management		
503 – Data Entry		
3320103 – Data Entry New	<input type="checkbox"/> OK	<input type="checkbox"/> OK <input type="checkbox"/> Slow
Please indicate the visit schedule and eCRFs code if you have completed operations of 3320103 – Data Entry New Visit Schedule: eCRF code:		

Questions	
Suggestions	

Signature: _____

Date: _____