SAMPLE QUESTIONS FOR CY 2015 SURVEY

Question 1: Service on Boards of Directors and Other Fiduciary Relationships (Self):

In calendar year 2015, did you serve in a fiduciary capacity, such as a board member/director, officer, or trustee, for any of the following:

- An Entity that does business or could potentially do business with Lurie Children's?
- An Entity that does business or could potentially do business with NMHC?
- An Entity that does business or could potentially do business with Feinberg or NU?
- An Entity that does business or could potentially do business with RIC?
- An Entity that sponsors your research?
- An Entity that relates to your Institutional Responsibilities?
- An Entity that is otherwise involved in the Healthcare Industry?

If yes, please list the Entity, your position, and any additional information (if needed) for each.

Question 2: Service on Boards of Directors and Other Fiduciary Relationships (Immediate Family Members):

To your knowledge, in calendar year 2015, did any of your Immediate Family Members serve in a fiduciary capacity, such as a board member/director, officer, or trustee, for any of the following:

- An Entity that does business or could potentially do business with Lurie Children's?
- An Entity that does business or could potentially do business with NMHC?
- An Entity that does business or could potentially do business with Feinberg or NU?
- An Entity that does business or could potentially do business with RIC?
- An Entity that sponsors your research?
- An Entity that relates to your Institutional Responsibilities?
- An Entity that is otherwise involved in the Healthcare Industry?

If yes, please list the Entity, your relationship to the family member, your family member's position in the entity, and any additional information (if needed) for each.

Question 3: Ownership or Investment Interests (Self):

In calendar year 2015, did you have:

- ANY Ownership or Investment Interest in a private company (such as a start-up company), or
- An Ownership or Investment Interest in a publicly traded company valued at GREATER THAN five thousand dollars ($5,000).

that falls into one of the following categories:

- An Entity that does business or could potentially do business with Lurie Children's?
- An Entity that does business or could potentially do business with NMHC?
- An Entity that does business or could potentially do business with Feinberg or NU?
- An Entity that does business or could potentially do business with RIC?
- An Entity that sponsors your research?
- An Entity that relates to your Institutional Responsibilities?
- An Entity that is otherwise involved in the Healthcare Industry?

If yes, please list the Entity, an explanation, the value, and any additional information (if needed) for each. [Please note, any responses pulled from FASIS will be displayed below in aggregate form by entity.]

Question 4: Ownership or Investment Interests (Immediate Family Members):

To your knowledge, in calendar year 2015, did any of your Immediate Family Members have:
• ANY **Ownership or Investment Interest** in a private company (such as a start-up company), or
• An **Ownership or Investment Interest** in a publicly traded company valued at GREATER THAN five thousand dollars ($5,000).

that falls into one of the following categories:

• An **Entity** that does business or could potentially do business with Lurie Children’s?
• An **Entity** that does business or could potentially do business with NMHC?
• An **Entity** that does business or could potentially do business with Feinberg or NU?
• An **Entity** that does business or could potentially do business with RIC?
• An **Entity** that sponsors your research?
• An **Entity** that relates to your **Institutional Responsibilities**?
• An **Entity** that is otherwise involved in the **Healthcare Industry**?

If yes, please list the **Entity**, your relationship to the family member, an explanation, the value, and any additional information (if needed) for each.

**Question 5:** Compensated/Uncompensated Activities – Industry Relationships (Self):

In calendar year 2015, did you engage in any industry activities such as speaking, advising, consulting, or providing educational programs, irrespective of whether you received any **Compensation**, for any of the following:

• A for-profit **Entity** that does business or could potentially do business with Lurie Children’s?
• A for-profit **Entity** that does business or could potentially do business with NMHC?
• A for-profit **Entity** that does business or could potentially do business with Feinberg or NU?
• A for-profit **Entity** that does business or could potentially do business with RIC?
• A **for-profit Entity** that sponsors your research?
• A **for-profit Entity** that relates to your **Institutional Responsibilities**?
• A for-profit **Entity** that is otherwise involved in the **Healthcare Industry**?

If yes, please list the for-profit **Entity**, the sponsoring **Entity** (if applicable), your role, the amount (payment for services or value of in-kind benefits), if any, received in calendar year 2015, and any additional information (if needed) for each. **[Please note, any responses pulled from FASIS will be displayed below in aggregate form by entity.]**

**Question 6:** Compensated Travel – Sponsored or Reimbursed (Self):

In calendar year 2015, were any of your travel-related expenses sponsored or reimbursed by industry?

If yes, please list the **Entity**, the purpose of the trip, the amount received in calendar year 2015 (this includes reimbursement of travel, lodging, meals, and out-of-pocket expenses), the destination, the duration (number of days), and any additional information (if needed) for each trip. **[Please note, any responses pulled from FASIS will be displayed exactly as entered.]**

**Question 7:** Compensated/Uncompensated Activities – Expert Witness Testimony/Legal Consulting (Self):

In calendar year 2015, did you provide expert witness testimony, medical legal testimony, legal consulting, or other similar services, irrespective of whether you received any **Compensation**?

If yes, please list the **Entity**, the sponsoring **Entity** (i.e. Industry Source, if applicable), a description of the services provided, the amount (if any) received for such services in calendar year 2015, any additional information (if needed), and indicate if you notified your leadership of such medical legal activities for each. **[Please note, any responses pulled from FASIS will be displayed below in aggregate form by entity.]**

**Question 8:** Royalty Payments and Inventor Share (Self):

In calendar year 2015, did you receive or have the right to receive royalty payments (other than publication royalties) or future financial benefits for inventions or discoveries?

If yes, please list the **Entity**, the nature of interest/explanation, the amount received in calendar year 2015, and any additional information (if needed) for each. **[Please note, any responses pulled from FASIS will be displayed below in aggregate form by entity.]**

**Question 9:** Compensated/Uncompensated Activities – Industry Relationships (Immediate Family Members):

To your knowledge, in calendar year 2015, were any of your **Immediate Family Members** employed by industry or engaged in any industry activities such as speaking, advising, consulting, or providing educational programs, irrespective of whether they received any **Compensation**, for any of the following:
• A for-profit Entity that does business or could potentially do business with Lurie Children’s?
• A for-profit Entity that does business or could potentially do business with NMHC?
• A for-profit Entity that does business or could potentially do business with Feinberg or NU?
• A for-profit Entity that does business or could potentially do business with RIC?
• A for-profit Entity that sponsors your research?
• A for-profit Entity that relates to your Institutional Responsibilities?
• A for-profit Entity that is otherwise involved in the Healthcare Industry?

If yes, please list the for-profit Entity, the sponsoring Entity (if applicable), your relationship to the family member, your family member’s role or position in the Entity, the amount received in calendar year 2015, and any additional information (if needed) for each.

Question 10: Compensated Travel – Sponsored or Reimbursed (Immediate Family Members):

To your knowledge, in calendar year 2015, were any of your Immediate Family Members’ travel-related expenses sponsored or reimbursed by industry?

If yes, please list the Entity, your relationship to the family member, the purpose of the trip, the destination, the amount received in calendar year 2015 (this includes reimbursement of travel, lodging, meals, and out-of-pocket expenses), and the duration (number of days) of each trip.

Question 11: Compensated/Uncompensated Activities – Expert Witness Testimony/Legal Consulting (Immediate Family Members):

To your knowledge, in calendar year 2015, did any of your Immediate Family Members provide expert witness testimony, medical legal testimony, legal consulting, or other similar services, irrespective of whether any Compensation was received?

If yes, please list the Entity, the sponsoring Entity (i.e. Industry Source, if applicable), your relationship to the family member, a description of the services provided, the amount (if any) received for such services in calendar year 2015, and any additional information (if needed) for each.

Question 12: Royalty Payments and Inventor Share (Immediate Family Members):

To your knowledge, in calendar year 2015, did any of your Immediate Family Members receive or have the right to receive royalty payments (other than publication royalties) or future financial benefits for inventions or discoveries?

If yes, please list the Entity, your relationship to the family member, the nature of interest/explanation, the amount received in calendar year 2015, and any additional information (if needed) for each.

Question 13: Participation in Purchasing Decisions:

In calendar year 2015, with respect to any Entities disclosed in response to the previous questions, or any Healthcare Industry sponsor of such Entity (such as a pharmaceutical company using a separate corporation to administer a speakers’ bureau), did you participate in or have any influence regarding Lurie Children’s, NMHC, NU, or RIC purchases from the Entity or sponsor, or use of the Entity’s or sponsor’s products within Lurie Children’s, NMHC, NU, or RIC?

If yes, please indicate the organization (i.e. Lurie Children’s, NMHC, NU, or RIC) at which you had a role in purchasing or influencing the purchasing of products, and provide an explanation.

Question 14: Immediate Family Members – Referral Sources/Recipients:

Do you ever refer a patient for health care services to an Immediate Family Member or to an Entity with which the Immediate Family Member is associated, or does an Immediate Family Member ever refer a patient for health care services to you or to your department or practice? Do not list relationships if the Immediate Family Member is an employee of Lurie Children’s, NMHC, NU, or RIC.

If yes, please indicate the following:

• The Entity with which your Immediate Family Member is associated,
• Your relationship to the Immediate Family Member, and
• Your Immediate Family Member’s name and role.

Question 15: External Health Care Services:

In calendar year 2015, did you practice medicine or provide clinical care at locations other than those owned and/or operated by your employer?
If yes, please indicate the Entity for which you provided health care services and the location (city and state).

**Question 16: Receipt of Gifts or Favors:**

In calendar year 2015, have you or any of your Immediate Family Members given or received a gift or favor not in compliance with the policies of Lurie Children’s, NMHC, Feinberg, or RIC from any of the following:

- An Entity that does business or could potentially do business with Lurie Children’s?
- An Entity that does business or could potentially do business with NMHC?
- An Entity that does business or could potentially do business with Feinberg or NU?
- An Entity that does business or could potentially do business with RIC?
- An Entity that sponsors your research?
- An Entity that is otherwise involved in the Healthcare Industry?

If yes, please list the Entity and a description of the gift or favor from each.

**Question 17: Use of Trainees:**

In calendar year 2015, did you involve staff, medical students, residents, fellows, graduate students, postdoctoral fellows, or other trainees in the outside activities disclosed in this survey?

If yes, please provide an explanation and the amount, if any, provided to the trainee in calendar year 2015.

**Question 18: Research:**

In calendar year 2015, were you involved in the design, conduct, or reporting of research (e.g., principal investigator, co-investigator, or any other member of a research project) that was not already administered through Lurie Children’s, NU, or RIC, and was from any funding agency that was:

- Sponsored by or otherwise connected to any Entity in which you or any of your Immediate Family Members also had an Ownership or Investment Interest, or
- Sponsored by or otherwise connected to any Entity from which you or any of your Immediate Family Members also received external Compensation.

or could benefit outside Entities in which you or any of your Immediate Family Members had employment, consulting, or other financial interests?

If yes, please indicate the following:

- The sponsor name and your role,
- If the project was submitted to an IRB, the name of the IRB, and
- Any additional details that will facilitate assessment of potential conflicts.

**Question 19: Research Conflict Management Plan:**

Are you under a current conflict management plan?

If yes, please indicate the following:

- Name of the assigning institution (i.e. who placed you on the conflict management plan),
- If you continue to follow the requirements described in the plan,
- If there were changes pertaining to your conflict(s) of interest in calendar year 2015 that required or may require a modification of the plan, and
- If you notified the assigning institution of such changes.

**Question 20: Research Awards Through Other Institutions:**

In calendar year 2015, did you serve as principal investigator or manager of a research project submitted or managed outside of Lurie Children’s, NU, or RIC?

If yes, please list the institution and project for each.

**Question 21: Time Commitment:**
In calendar year 2015, in the aggregate, did you spend more than twenty percent (20%) of your professional academic time engaged in:

- Outside professional or commercial activities for which you received Compensation, and/or,
- Non-compensated, external academic or other professional activities, including service to governmental agencies, on editorial boards, or for national/regional organizations, etc.?

If yes, please provide an explanation and indicate if your Department Chair/Division Chief is aware of the extent of your outside time commitment.

**Question 22: Licensing of Inventions:**

In calendar year 2015, did you have any inventions that have been newly licensed or are under continuing licensing agreements from Lurie Children’s, NU, or RIC to any outside Entity in which you or any of your Immediate Family Members:

- Had an Ownership or Investment Interest, as identified in the Ownership or Investment Interests (Self) and the Ownership or Investment Interests (Immediate Family Members) questions, or
- Received external Compensation, as identified in the previous compensation-related questions?

If yes, please provide an explanation.

**Question 23: Inventions:**

In calendar year 2015,

- Using Lurie Children’s, NU, or RIC resources, did you create, discover, or reduce to practice, invention(s) to which title has not been assigned to Lurie Children’s, NU, or RIC; or,
- Did you create, discover, or reduce to practice any invention(s) with Lurie Children’s, NU, or RIC to which title has not been assigned to Lurie Children’s, NU, or RIC?

If yes, please provide an explanation.

**Question 24: NU Grant or Assistance Selection:**

At any time during fiscal year 2015 (September 1, 2014 — August 31, 2015), did you participate in the selection of any NU Grant or Other Similar Assistance for:

- Yourself,
- Any Family Member, or
- Any Entity

that you or a Family Member own directly or indirectly, individually or collectively, more than a 35% interest in?

If yes, please indicate the following:

- The name of the recipient,
- The type of grant,
- The amount of the grant,
- A description of the selection committee in which you participated for this grant selection, and
- A description of your participation in the selection process (including whether objective criteria was used to select the grant recipient and the extent of your recusal from the selection process).

**Question 25: Business Transactions with Lurie Children’s or NMHC:**

In tax year 2015 (September 1, 2014 — August 31, 2015), did you, individually or through an Interested Person, or your Family Members have a Business Transaction with Lurie Children’s or NMHC either directly or indirectly?

If yes, please describe each Business Transaction, including the applicable Family Member or Interested Person, and the amount of the transaction.

*Scroll through the list(s) to view all displayed names. Select an individual’s name on the list. Please note, you may only select one name at a time.*

**Question 26: Loans from Lurie Children’s or NMHC:**

Did you have a loan, including any salary advance or transferred obligation, outstanding at the end of tax year 2015 (September 1, 2014 — August 31, 2015) from Lurie Children’s or NMHC?
If yes, please describe the loan transaction.

**Question 27: Grants or Other Assistance from Lurie Children’s or NMHC:**

In tax year 2015 (September 1, 2014 — August 31, 2015), were you, any of your Family Members, or an Entity in which you hold an interest of 35% or more, provided a grant, including any scholarship, prize, award, or gift portion of a part gift/part sale transaction, or other assistance by Lurie Children’s or NMHC?

If yes, please describe the grant or other assistance transaction.

**Question 28: Business and Family Relationships with Other Leaders of Lurie Children’s or NMHC:**

In tax year 2015 (September 1, 2014 — August 31, 2015), did you have a Business Relationship with another current or former (within the last 5 years) officer, director, trustee, or key employee of Lurie Children’s or NMHC, or was any such person a Family Member?

If yes, please describe the Business Relationship or Family Member relationship, including the applicable officer, director, trustee, key employee, or Family Member.

Scroll through the list(s) to view all displayed names. Select an individual’s name on the list. Please note, you may only select one name at a time.

**Question 29: Family Members Employed by Lurie Children’s or NMHC:**

To your knowledge, were any of your Family Members employed by Lurie Children’s or NMHC during tax year 2015 (September 1, 2014 — August 31, 2015)?

If yes, please list the Family Member name/relationship and employing institution.

**Question 30: Compensation and Ownership or Investment Interests Impacted by Business with Lurie Children’s or NMHC:**

If you received Compensation from an Entity or you have an Ownership or Investment Interest in an Entity, please answer the following question: Is the amount or value of your Compensation or Ownership or Investment Interest directly impacted by the business that the Entity might do with Lurie Children’s or NMHC? For example, respond Yes if you received royalties on product sales made to Lurie Children’s or NMHC.

If yes, please provide an explanation.

**Question 31: Interlocking Relationships:**

Do you now, or did you at any time during tax year 2015 (September 1, 2014 — August 31, 2015), hold a position (other than employment by Lurie Children’s or NMHC) in which any employee, officer, director, or trustee of Lurie Children’s or NMHC has or had the authority to:

- Approve Compensation or other payments you received,
- Supervise or direct your activities, or
- Approve a transaction from which you received economic benefit?

If yes, please provide an explanation.

**Question 32: Other Fiduciary Relationships:**

Are you or any of your Family Members an officer or director in any other Entity (which you have not previously disclosed)?

If yes, please provide an explanation.

**Question 33: Fitness to Serve:**

Have you ever:

- Been a party to a legal action that could be material to evaluating your fitness to serve in a fiduciary role or your integrity,
- Been a party to a legal action where your interest may have been adverse to Lurie Children’s or NMHC,
- Been the subject of an Adverse Legal Action (such as a conviction related to a healthcare program, suspension or exclusion from a federal or state healthcare program, being listed in the Office of Inspector General Exclusions Database or any state Office of...
Inspector General sanctions list, or as an excluded party by the federal System for Award Management list (formerly the General Services Administration excluded parties list)) or,

- Been listed in or been designated as a Specially Designated National or Blocked Person by the Office of Foreign Asset Control as listed on the [U.S. Department of the Treasury](https://www.treasury.gov) website?

If yes, please provide an explanation.

**Question 34: Other Activities:**

In calendar year 2015, did you engage in other outside activities (e.g., professional or [Personal Relationships](#)) that are not covered by the previous questions that may result in a potential or actual conflict of interest?

If yes, please provide an explanation.