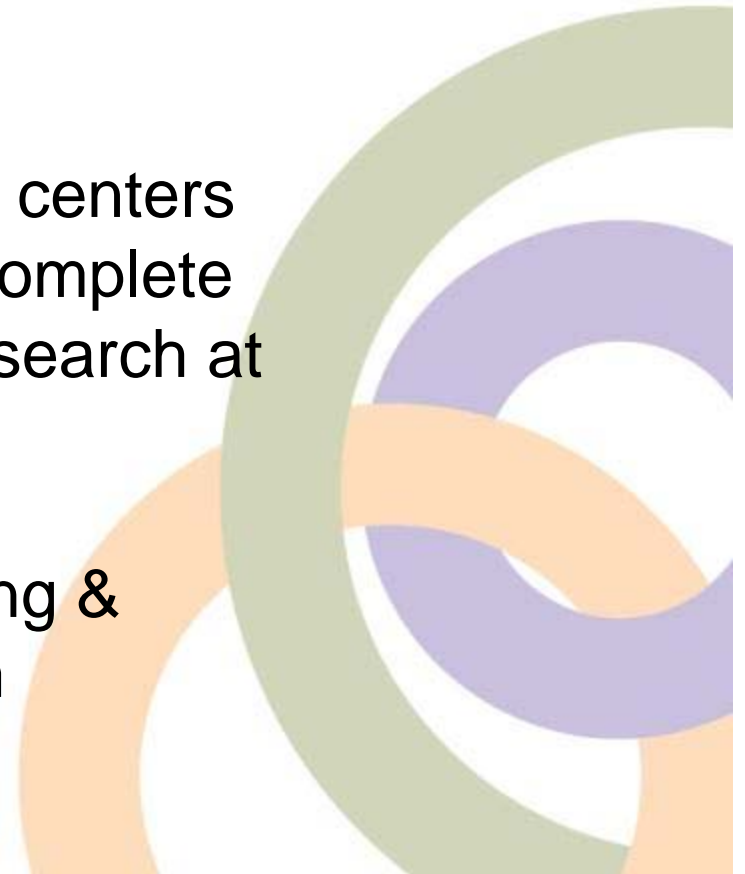




Research Collaboration Questionnaire Examples

This document contains examples of questionnaires that community health centers ask research investigators/teams to complete if they are interested in conducting research at or with their health center.

Related Directory Resource: Reviewing & Considering Research Requests from Academics





**ASIAN HEALTH SERVICES
RESEARCH COLLABORATION QUESTIONNAIRE**

Collaborating Agency: Contact Person: Phone #: _____ E-Mail: _____
Project Title: _____
Type of Study: <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Analysis of existing data <input type="checkbox"/> Data collection <input type="checkbox"/> Intervention
Brief description of project goals, objectives and activities: _____
Funding Source: _____
Total Funding Amount: Funding Amount requested: Funding Period: Letter of Intent Deadline: Proposal Deadline:
Does the researcher have previous experience with Community-Based Participatory Research? ___Yes ___No (If Yes, please describe the experience.)
Name of the last community-based partner: Contact person and information:
How does this project fit into the goals of AHS? 1. Increase the knowledge of API communities' health issues ___Yes ___No 2. Research that is beneficial to the API population in the short and long run? ___Yes ___No (Please explain) 3. Does it build either AHS or community capacity? ___Yes ___No (Please explain)
List any past collaboration with AHS, including key AHS staff involved: _____
Collaborating AHS program/department for this project: Amount/type of in-kind contribution sought from AHS:
AHS Staff and Role: <ul style="list-style-type: none">• Is an AHS staff either a PI or a co-PI? ___Yes ___No (If not, please explain.)• What are the duties/ responsibilities expected from AHS?• What kind of data or information is needed from AHS, if any?

Collaborative Arrangements:

- Will AHS be a co-owner of the data? ___Yes ___No

If not, please explain reason(s):

- Will AHS review any publication submitted? ___Yes ___No

If not, please explain reason(s):

- Will AHS be co-authors and co-presenters during dissemination? ___Yes ___No

If not, please explain reason(s):

- Is the grant amount divided evenly among researchers and community? ___Yes ___No

If no, what portion of the grant request is for the community (including AHS)? ___%

- Does the funding entity allow separate grants for each collaborating agency? ___Yes ___No

- Will the decisions be made jointly in the following areas?

- Design/Methodology
- Staffing
- Budget
- Implementation
- Analysis
- Dissemination

- How disagreements be handled?

Benefits to the Community:

- Please specify plan for broader community involvement in all phases of the research project
- Please specify plans for presentation of the research results to the community
- Please specify how this project would contribute to community capacity-building, empowerment or research gaps?

Are there provisions for HIPAA Compliance? ___Yes ___No

Are there provisions for patient safeguards? ___Yes ___No

Which IRB would you need approval from?

Is AHS required to get approval from any IRB or be involved in the IRB process?

For Internal Use

Benefit of the project to the community _____ (1 = low, 10 = high)

Impact on AHS operations _____ (1 = high, 10 = low)

Collaborating with External Researchers Worksheet

BASIC RESEARCH REQUEST

1. What is the name and contact information of the Principal Investigator(s) for this research?

2. Is this research currently funded? If yes, please state the funding source.

3. Is there any funding support for collaborators? If yes, please describe here.

4. What are the research aims?

5. What is the target population of interest?

6. What is the expected research time frame?

- a. Start date: _____
b. End date: _____

7. What is the Institutional Review Board (IRB) status for this research? (please check below)

- Developing IRB application
 Under review _____
 Approved: _____

- 7a. What IRB(s) are currently reviewing this research?

8. Is the researcher willing to submit an IRB at your CHC? (if applicable)

- Yes → Who will serve as the investigator at your CHC for the IRB? _____
 No

9. Please describe the specific expectations for your CHC's involvement in this research? (e.g. historic data, access to patients, recruitment, etc)

10. What is the dissemination plan for this research?

	Yes	No	Comments
Will your CHC administration be able to see the data prior to publication?			
Will a provider at your CHC be included as an author on any publications? If so whom?			
Will a provider at your CHC have an opportunity to provide feedback on manuscripts prior to publication?			
Is there any entity other than the research team whose authorization is needed prior to dissemination?			

CHC INTERNAL ASSESSMENT

Individual collaborator questions and implications

11. How will I be involved in this research? (please check below)

- Co-Investigator
- Collaborator
- Other? _____

12. Does this research address an important problem relevant to my research interests?

13. Will I have access to the data after this research is complete?

Institutional questions and implications

14. Does this research address an important problem relevant to my CHC?

15. How will this research impact my CHC's patients? (e.g. patient research fatigue, time commitments)

16. How will this research impact my CHC's clinic staff?

17. How will this research impact my CHC's clinic work flow (e.g. patient waiting time)?

18. Are there ethical issues that are of concern related to this research for my CHC?

19. How will the findings from this research improve quality of practice/care at my CHC?

Discussed this research with Department Chief and clinic Medical Director(s) where research will take place?

- Yes
- No

Signatures

CHC collaborator

Name _____

Signature _____

Signature of CHC Department Chief

Name _____

Signature _____



Signature of CHC Medical Director(s)

Name _____

Signature _____

Signature of External Principal Investigator

Name _____

Signature _____

Notes: