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*
<table>
<thead>
<tr>
<th>Collaborating Agency:</th>
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<tbody>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
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<tr>
<td>E-Mail:</td>
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<tr>
<td>Project Title:</td>
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**Type of Study:**
- Needs Assessment
- Analysis of existing data
- Data collection
- Intervention

**Brief description of project goals, objectives and activities:**

**Funding Source:**

<table>
<thead>
<tr>
<th>Total Funding Amount:</th>
<th></th>
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<tbody>
<tr>
<td>Funding Amount requested:</td>
<td></td>
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<tr>
<td>Funding Period:</td>
<td></td>
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<tr>
<td>Letter of Intent Deadline:</td>
<td></td>
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<tr>
<td>Proposal Deadline:</td>
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**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:**
- 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?

**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?

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