

Attachment 1
Survey Instrument

ASTHMA RESEARCHER SURVEY

Demographics and General Information

Please indicate which sources of asthma-related funding you have had during your career to date.

Funding Source	Please check all sources of asthma-related funding (Please select all that apply)		Please check the primary (highest dollar value) source of asthma-related funding (Please select only one)	
	Career	Last 10 years	Career	Last 10 years
NIEHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHLBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICHHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AHRQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other US government (not listed above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University discretionary/ start-up funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local, state or regional government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch; 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

For your NIH-funded asthma research, please indicate which types of funding you have received.
 (Please check all that apply).

- Research (e.g., R01, R03, R21)
- Program/Center (e.g., M, P and U awards)
- Career Development Individual (e.g., K awards; R23, R29)
- Fellowships (e.g., F awards)
- Institutional Training (e.g., T32)
- Technology Development (e.g., SBIR, STTR; R41-44, N43-44, U43-44)
- Other funding type (specify): _____

In what type of research do you engage? (Please check all that apply)

<input type="checkbox"/> Basic Science →	What types of basic research? (Please check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Biochemistry <input type="checkbox"/> Biophysics <input type="checkbox"/> Botany <input type="checkbox"/> Cellular biology <input type="checkbox"/> Genetics <input type="checkbox"/> Ecology <input type="checkbox"/> Immunology <input type="checkbox"/> Medicine <input type="checkbox"/> Microbiology <input type="checkbox"/> Molecular biology <input type="checkbox"/> Physiology <input type="checkbox"/> Environmental Sciences <input type="checkbox"/> Other please specify _____
<input type="checkbox"/> Applied Science →	What types of applied research? (Please check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Clinical Research <input type="checkbox"/> Public Health Research <input type="checkbox"/> Health Services Research <input type="checkbox"/> Program or Policy Research <input type="checkbox"/> Technology Innovation <input type="checkbox"/> Translational Research <input type="checkbox"/> Intervention Research <input type="checkbox"/> Other please specify _____

What is your age?

- <30
- 30-39
- 40-49
- 50-59
- 60+

What degrees do you hold? *(Please check all that apply)*

- AB, BA, BS, BSc
- MA, MS, MHS, MPH, MPA, MED, MSIH
- PhD, Sc.D, DSc
- MD
- Other clinical degree (e.g. DO, DDS, MBBS, RN)
- Other please specify _____
- None

In what year did you receive your highest degree? _____ (drop down menu)

Commercialization

We are interested in whether your asthma-related research, regardless of funding source, has led to the development of intellectual property.

Have you **applied** for one or more patents?

Yes No

[IF YES] Have you **received** a patent?

Yes No

[IF YES] What is the nature of your **innovation(s)**?

- New drug
- New use of drug
- Medical product or device
- Environmental controls and services
- New process or procedure
- New research method
- New gene
- Other please specify _____

Have you **commercialized** your innovation based on your patent(s)?

Yes No

Have you **licensed** your innovation(s)?

Yes No

Did any **Federal agencies support** this work?

Yes No

[IF YES] **Which Federal agencies** supported this work?

(Please check all that apply)

NIEHS	<input type="checkbox"/>
NHLBI	<input type="checkbox"/>
NIAID	<input type="checkbox"/>
NICHD	<input type="checkbox"/>
Other NIH	<input type="checkbox"/>
CDC	<input type="checkbox"/>
AHRQ	<input type="checkbox"/>
FDA	<input type="checkbox"/>
EPA	<input type="checkbox"/>
HUD	<input type="checkbox"/>
NSF	<input type="checkbox"/>
Other US government (not listed above)	<input type="checkbox"/>

Have you spun-off or started a **new company**?

Yes No

Potential Impacts

We are interested in your perspective on the use of your asthma-related research to affect long term asthma outcomes (now or in the near future) through a variety of pathways, including clinical practice changes, reduced environmental emissions, reduced exposure to environmental hazards, or changes in public behavior and advocacy. For each of the following items, please mark the 'current' box if you believe your research has already affected change in this area and the 'future potential' box if you believe it has the potential to affect change in the next 10 years.

	Impact Area	Impact Timing	
a.	My research has led to greater understanding of asthma disease mechanisms	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
b.	My research has led to greater understanding of individual, social, and environmental factors associated with asthma	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
c.	My research has led to improved environmental measurement techniques	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
d.	My research has led to increased evidence regarding effective interventions	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
e.	My research has led to improved environmental control techniques	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
f.	My research has led to changes in curriculum for clinical/public health students	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
g.	My research has led to changes in curriculum for K-12 or families	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
h.	My research has led to changes in business practices regarding indoor air	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
i.	My research has led to changes in business practices regarding outdoor air	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
j.	My research has led to changes in environmental standards or regulations for indoor air	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
k.	My research has led to changes in environmental standards or regulations for outdoor air	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
l.	My research has led to changes in public health/environmental legislation related to asthma	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
m.	My research has led to changes in clinical guidelines for asthma	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
n.	My research has led to changes in clinical practice relevant to asthma	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
o.	My research has led to changes in public knowledge and practices related to asthma prevention and control	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential
p.	My research has led to increased public advocacy for asthma prevention and control	<input type="checkbox"/> Current	<input type="checkbox"/> Future potential

Program so that for each item above with a mark of current or future impact (except items a-c), they are asked a follow-up question about their personal involvement in activities designed to further this impact.

You indicated that your research has already or has the potential to have an effect on each of the impact areas listed below. We are also interested in whether you personally are or have been involved in activities designed to achieve that type of impact or whether that is not a role that you have taken.

I am (or have been) **personally involved** in activities that are designed to further each of the following goals (yes or no).

<i>Impact Area 1 (e.g., effective interventions)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Impact Area 2 (e.g., clinical guidelines)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Impact Area 3 (e.g., public advocacy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Etc...		

Research Agenda

What asthma-related research topics would you like to see included among the NIEHS extramural research priorities over the next 5-10 years?
