

National Institute of Nursing Research (NINR)
End-of-Life and Palliative Care (EOL PC) Needs Assessment
Funding Source Questionnaire

OMB#XXXXXXXXXXXXX Expiration Date: 1/1/2012

INFORMED CONSENT

The National Institutes of Health DCPCSI Office of Evaluation has funded the National Institute of Nursing Research (NINR), with assistance from NOVA Research Company (NOVA), to conduct an evaluation needs assessment on end-of-life and palliative care (EOL PC) research topics and funding trends. Your participation in the needs assessment is important because the data collected from this evaluation will serve as a major milestone in identifying future directions to advance EOL PC research capacity.

The purpose of this brief questionnaire (7 questions) is to collect information on funding sources that supported published study findings. Authors of EOL PC research publications for whom a funding source is unknown (i.e., not listed with their publications or the funding source was unclear in the manuscript description) are being contacted to supply this information through the completion of a brief questionnaire about the study (e.g., funding agency). Because you are one of these authors, we request that you complete this questionnaire which should take approximately 5 minutes.

- **Information provided by respondents will be kept private. Your personal identity will be protected. All answers will be assigned a confidential ID number so that your name and any other personal information will not be directly linked.**
- **Data files will be stored securely so that outsiders cannot see them. Personal identifying information will be stored separately from the questionnaire responses. After the study is complete your name and contact information will be destroyed.**
- **Your answers will be collated with the responses of other participants and analyzed in aggregate. No one will be identified in study reports or publications which may be published or presented publicly.**

Your participation is voluntary. You can choose to not answer questions and stop your participation at any time without consequence to you. We believe that your participation in the questionnaire has very low risk of harm to you.

NINR is authorized to conduct this study under section 42 USC 285q of U.S. Law. If you have questions about this study or your participation, please contact Dr. Amanda Greene by email at amanda.greene@nih.gov or by phone at (301) 496-9601.

If you decide to participate in the study, please check the "I Accept" button below. By giving consent, you indicate that you have read this form and that you understand what you are consenting to and your rights as a research participant.

I Accept

I do NOT
Accept



National Institute of Nursing Research (NINR)
End-of-Life and Palliative Care (EOL PC) Needs Assessment
Funding Source Questionnaire

OMB#XXXXXXXXXXXXX Expiration Date: 1/1/2012

In **2010** you published an article titled: **Lisbeth's Article** in **Lisbeth's Journal**.

We would like information on the funding source(s) for the research that served as the basis for your published article. This information was not included in your publication.

1. Was your published article based on a study that received any funding?

Yes No

NEXT >>>

National Institute of Nursing Research (NINR)
End-of-Life and Palliative Care (EOL PC) Needs Assessment
Funding Source Questionnaire

OMB#XXXXXXXXXXXXXXXXX Expiration Date: 1/1/2012

2. Name of Funding Agency or Organization

If your published article was based on more than a single funded study, name all agencies that funded those studies.

3. Type of Funding Source

For each funding agency or organization listed in Question 2, please select the type of funding source.

Funding Agency or Organization Name 1

Don't Know/Don't Remember

Funding Source 1

Other:

Funding Agency or Organization Name 2

Don't Know/Don't Remember

Funding Source 2

Other:

Funding Agency or Organization Name 3

Don't Know/Don't Remember

Funding Source 3

Other:

«« PREVIOUS

Clear Responses

NEXT »»

National Institute of Nursing Research (NINR)
End-of-Life and Palliative Care (EOL PC) Needs Assessment
Funding Source Questionnaire

OMB#XXXXXXXXXXXXXXX Expiration Date: 1/1/2012

The following questions are about the studies that were funded by each funding agency that you listed previously.

4. Name of Funded Study <i>Please name all studies funded by:</i> EXAMPLE 1.	5. Start Year of Funded Study <i>Select start year for each study listed in Question 4.</i>	6. Duration of Funded Study <i>Approximate length of each study listed in Question 4.</i>
Funded Study Name 1 <input type="text"/> <input type="checkbox"/> Don't Know/Don't Remember	Start Year of Funded Study 1 -Select- <input type="button" value="v"/>	Duration of Funded Study 1 -Select- <input type="button" value="v"/>
Funded Study Name 2 <input type="text"/> <input type="checkbox"/> Don't Know/Don't Remember	Start Year of Funded Study 2 -Select- <input type="button" value="v"/>	Duration of Funded Study 2 -Select- <input type="button" value="v"/>
Funded Study Name 3 <input type="text"/> <input type="checkbox"/> Don't Know/Don't Remember	Start Year of Funded Study 3 -Select- <input type="button" value="v"/>	Duration of Funded Study 3 -Select- <input type="button" value="v"/>

«« PREVIOUS

Clear Responses

NEXT »»



National Institute of Nursing Research (NINR)
End-of-Life and Palliative Care (EOL PC) Needs Assessment
Funding Source Questionnaire

OMB#XXXXXXXXXXXXX Expiration Date: 1/1/2012

7. Please enter any additional comments, information, or questions you would like to share with NINR:

Please note that you will not be able to return to the questionnaire to change your responses once you click the Finish Questionnaire button.

«« PREVIOUS

Clear Response

Finish Questionnaire

National Institute of Nursing Research (NINR)
End-of-Life and Palliative Care (EOL PC) Needs Assessment
Funding Source Questionnaire

OMB#XXXXXXXXXXXXX Expiration Date: 1/1/2012

You have opted not to agree to the consent information, therefore you cannot continue to the Funding Source Questionnaire.

If you have questions about this study or your participation, please contact Dr. Amanda Greene by email at amanda.greene@nih.gov or by phone at (301) 496-9601.

We thank you for your time.

Do not use your browser's back button to return to the questionnaire. Your responses will not be saved.