OMB #: 0925-xxxx

Expiration Date: xx/xxxx

Attachment 1: Funding Source Questionnaire

In **[YEAR OF ARTICLE PUBLISHED]** you published an article titled: **[TITLE OF ARTICLE**] in **[NAME OF JOURNAL].**

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

□ Yes □ No [If NO, TERMINATE] 🡆 You have completed the questionnaire. We thank you for your time. 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.

1. **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***.**

1. Funding Agency or Organization 1

🞏 Don’t Know/Don’t Remember

1. Funding Agency or Organization 2

🞏 Don’t Know/Don’t Remember

1. Funding Agency or Organization 3

🞏 Don’t Know/Don’t Remember

1. **Type of Funding Source**

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

1. Funding Source 1 [drop down box]

🞏 U.S. Government Funding

🞏 Academic Institution

🞏 Private Foundation

🞏 Commercial Entity

🞏 Professional Organization

🞏 State/local Government

🞏 Other National Government

🞏 Other [please specify]

🞏 Don’t Know/don’t remember

1. Funding Source 2 *[refer to drop down box response options above]*
2. Funding Source 3 *[refer to drop down box response options above]*

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

1. **Name of Funded Study**

*Please name all studies funded by:*

1. Funded Study Name 1

🞏 Don’t Know/Don’t Remember

1. Funded Study Name 2

🞏 Don’t Know/Don’t Remember

1. Funded Study Name 3

🞏 Don’t Know/Don’t Remember

1. **Start Year of Funded Study**

*Select start year for each study listed in Question 4.*

1. Start Year of Funded Study 1 [drop down box]

🞏 Before 1997

🞏 1998

🞏 1999

🞏 2000

🞏 2001

🞏 2002

🞏 2003

🞏 2004

🞏 2005

🞏 2006

🞏 2007

🞏 2008

🞏 2009

🞏 2010

🞏 Don’t Know/Don’t Remember

1. Start Year of Funded Study 2 *[refer to drop down box response options above]*
2. Start Year of Funded Study 3 *[refer to drop down box response options above]*
3. **Duration of Funded Study**

*Approximate length of each study listed in Question 4.*

1. Duration of Funded Study 1 [drop down box]

🞏 1 year or less

🞏 2 years

🞏 3 years

🞏 4 years

🞏 More than 5 years

🞏 Don’t Know/Don’t Remember

1. Duration of Funded Study 2 *[refer to drop down box response options above]*
2. Duration of Funded Study 3 *[refer to drop down box response options above]*
3. **Please enter any additional comments, information, or questions you would like to share with NINR:**

You have completed the questionnaire. We thank you for your time. 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.