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 <a href="mailto:amanda.greene@nih.gov">amanda.greene@nih.gov</a> or by phone at (301) 496-9601.				
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.				
	a.	Funding Agency or Organization 1 ☐ Don't Know/Don't Remember			
	b.	Funding Agency or Organization 2 ☐ Don't Know/Don't Remember			
	C.	Funding Agency or Organization 3  □ Don't Know/Don't Remember			
3.	Type of Funding Source  For each funding agency or organization listed in Question 2, please select the type of funding source.				
	<ul> <li>a. Funding Source 1 [drop down box]</li> <li>U.S. Government Funding</li> <li>Academic Institution</li> <li>Private Foundation</li> <li>Commercial Entity</li> <li>Professional Organization</li> <li>State/local Government</li> <li>Other National Government</li> <li>Other [please specify]</li> <li>Don't Know/don't remember</li> </ul>				
	b. Funding Source 2 [refer to drop down box response options above]				
	c. 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.

4.	Name of Funded Study				
	Please name all studies funded by:				
	a. Funded Study Name 1 ☐ Don't Know/Don't Remember				
	b. Funded Study Name 2 ☐ Don't Know/Don't Remember				
	c. Funded Study Name 3 ☐ Don't Know/Don't Remember				
5.	Start Year of Funded Study				
	Select start year for each study listed in Question 4.  a. Start Year of Funded Study 1 [drop down box]  Before 1997  1998  1999  2000  2001  2002  2003  2004  2005  2006  2007  2008  2009  Don't Know/Don't Remember				
	b. Start Year of Funded Study 2 [refer to drop down box response options above]				
	c. Start Year of Funded Study 3 [refer to drop down box response options above]				
6.	Duration of Funded Study				
	Approximate length of each study listed in Question 4.  a. 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				
	b. Duration of Funded Study 2 [refer to drop down box response options above]				
	c. Duration of Funded Study 3 [refer to drop down box response options above]				

7.	Please enter any additional comme	nts, information,	or questions y	ou 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 <a href="mailto:amanda.greene@nih.gov">amanda.greene@nih.gov</a> or by phone at (301) 496-9601.