# IFH logo PMS355_jpg_small.jpg

# **the institute for family health**

# **preliminary questionnaire for proposed research**

Please complete this form to the extent that you are able, to inform the Institute of your proposed research. Answers may be brief.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project:

Expected duration of project: from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (if different from contact):

Proposed Practice Site(s):

Summary of Project

Select your research category:

[ ]  Racial and ethnic health disparities

[ ]  Patient-centered care

[ ]  Health information technology

[ ]  Integration of mental health care and primary care

[ ]  Women’s health

[ ]  Other

Have you conducted a literature review? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please state your research questions and significance:

Describe how this project fits into the Institute’s mission:

Describe your proposed research methods:

Describe any anticipated Institute support:

Is this project funded? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Funder Name:

 Funder Amount:

Supervisor Name (if applicable):

Supervisor Approval:

Principal Investigator Signature (if different):

Please return to:

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