# IFH logo PMS355_jpg_small.jpg

# **the institute for family health**

# **preliminary questionnaire for proposed research**

Please complete this document to inform the Institute of your proposed research. Answers may be brief. Forms must be submitted at least one week prior to the Research Committee meeting. All proposed studies must have a Research Committee approval letter before being submitted to the IRB.

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 supports the Institute’s mission:

Describe your proposed research methods. *Please be clear about how the study will be operationalized. Who will be doing the research and how will it be funded?*:

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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