

Washington University Diabetes Research and Training Center: Prevention and Control Core Directions and Definitions

If you have any questions, please contact Rebecca Schermbeck, 977-8202 or schermrm@slu.edu.

Investigator: This is the person that you worked with during the last month. Please type their first name or initial and last name.

Grant Title/#: This dropdown box should include the grants you are working on. If you find one is missing or you need to add a new one, please choose "other/new grant" and then add it at the bottom in the box provided.

Type of User: Please indicate what category each investigator you worked with falls into. A list of DRTC Members can be found at <http://drtc.im.wustl.edu> under the Investigator tab. To use DRTC Core services, investigators who are WU or SLU faculty should be members of the DRTC. Investigators who are not members can join thru the DRTC website by clicking the *apply for membership for Core use* tab.

Type of Service: There are four main areas with subcategories. Please choose the appropriate type of service you provided each investigator during the past month. If you provided more than one category of service, please code each separately.

Proposal Development/Intervention Design

Research design
Recruitment (Clinical and Community)
Research planning
Research management
Research direction Core
Protocol Implementation
Survey Testing/validation
Survey design
Telephone interview
Focus group moderation
Project coordination
Scanable form design, printing, scanning
Health policy interventions

Manuscript/Report Preparation

Grant development/writing
Publication development/writing
IRB Prep
Literature searches

Teaching/Presentations

Health Education
Communication
Dissemination

Analysis/data management

Measurement
Evaluation
Evaluation implementation
Power calculation
Data entry
Epidemiological/Biostatistical analysis
Economic analysis
Data coordination
Health outcomes analyses
GIS coding

Amount of Time: Please estimate the amount of time in half hour increments that you spent on each investigator. This information does not need to be precise; documenting the use of your service is the most important thing. For time spent that is less than one half hour please round up to the next increment. If you spent more than 20 hours during the last month with a single investigator providing the same service, please indicate so by choosing "other" in the drop down box and providing the time spent in the "Other Time" text box at the bottom.

To Submit this form:

If you use **Microsoft Outlook** you may use the button at the bottom of the survey to submit the form through email.

If you use an **internet email** (WU/SLU, hotmail, gmail), you will need to save this form to your desk top and send it as an attachment to: schermrm@slu.edu.

Washington University Diabetes Research and Training Center: Prevention and Control Core

Tracking Service Form

Please fill out the form below and submit by email to schermrm@slu.edu.
If you have any questions, please contact Rebecca Schermbeck, 977-8202 or schermrm@slu.edu.

Provider

This form is for work in **November**.
Please return by **December 7, 2007**.

	Investigator (Enter: First Name Last Name)	Grant Title & Number or Topic	Type of User	Type of Service	Time Spent in Service (Hours)
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1

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8

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If you have more than eight entries, please complete a second form.
If you chose 'other' in any of the above categories, please indicate the grant or time below.

"Other" Grants

"Other" Time

Comments

If you use **Microsoft Outlook** you may use the button to the left to submit the form through email.
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schermrm@slu.edu.

Thank You!