

Table 1: Identify Purpose and Benefits

Purpose of the Survey	Benefits to You or the Participants					
	Access to Accurate Data	Access to Current Data	Opportunity to Voice Opinion	Publicity	Humanitarian Satisfaction	Other Benefits
Complete a class assignment						
Prepare a grant proposal						
Report on the annual disbursement and/or efficient use of grant funds						
Provide evidence for research hypotheses						
Identify status before and/or after an intervention						
Assess needs						
Other purposes						

Example 1: A checklist that records responses across related sub-topics

Tell us the best time for you to attend. Please identify the most convenient day(s) and time.

1 Day Conference/Worksh ops		2 Day Conference/Workshop		Two-Hour Video Teleconference						
Week Day (fill-in one)		Week Day (fill-in one)		Week Day (fill-in one)		Time of Day (fill-in one)			Preferred 2 Hour Block (enter one)	
Monday	<input type="radio"/>	Monday/Tuesday	<input type="radio"/>	Monday	<input type="radio"/>	a.m.	<input type="radio"/>	p.m.	<input type="radio"/>	
Tuesday	<input type="radio"/>	Tuesday/Wednesday	<input type="radio"/>	Tuesday	<input type="radio"/>	a.m.	<input type="radio"/>	p.m.	<input type="radio"/>	
Wednesday	<input type="radio"/>	Wednesday/Thursday	<input type="radio"/>	Wednesday	<input type="radio"/>	a.m.	<input type="radio"/>	p.m.	<input type="radio"/>	
Thursday	<input type="radio"/>	Thursday/Friday	<input type="radio"/>	Thursday	<input type="radio"/>	a.m.	<input type="radio"/>	p.m.	<input type="radio"/>	
Friday	<input type="radio"/>	Friday/Saturday	<input type="radio"/>	Friday	<input type="radio"/>	a.m.	<input type="radio"/>	p.m.	<input type="radio"/>	
Saturday	<input type="radio"/>	Saturday/Sunday	<input type="radio"/>	Saturday	<input type="radio"/>	a.m.	<input type="radio"/>	p.m.	<input type="radio"/>	

Example 2: Rating Scale

Title of Program	Attended?	Usefulness for My Practice		
		Not at All	Moderately	Very
Geriatric Medicine Update 2001: Infectious Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatric Medicine Update 2002: Bone & Joint Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition & Aging 2001: Nutritional Needs from Hospital to Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition & Aging 2002: Nutritional Challenges in the Elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues in End of Life Nutrition and Hydration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Best Practices 2001: Alzheimer's Disease Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Examples Demonstrating Grouping of Topics

Example 3

Check location of routine services:

	Lab Work	X-ray
Lab located within the practice	<input type="radio"/>	<input type="radio"/>
Lab located outside the practice but within the same building	<input type="radio"/>	<input type="radio"/>
Lab located away from the building where your practice is located	<input type="radio"/>	<input type="radio"/>

If lab is located within your practice, indicate level of complexity:

Waived Low Medium High

Example 4

Payment Method Across All Active Patients

<u>List % of total patient population</u>		<u>Check the source of patient information</u>		
		EMI	Billing Data	Estimate
Private insurance				
Pre-paid	_____ %	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fee for service	_____ %	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	_____ %	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	_____ %	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Government Assistance	_____ %	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured	_____ %	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	100 %			

Examples Illustrating Efficient Use of Space and Layout

Example 5

Information about You and Your Clinical Activity

Full Name: _____ Board Certified Yes No

Number of years in clinical practice _____ Male Female

Caucasian African American Hispanic Asian Native American Other

Check specialty:

List % time spent in each activity:

Family Medicine

_____ % Direct patient care

General Practice

_____ % Administration

Internal Medicine

_____ % Teaching

Pediatrics

_____ % Research

Other (specify): _____

_____ % Other (specify) _____

100 %

Example 6

1. Tell us about yourself (Please check one in each category.)

Age: 20 - 29 30 - 39 40 - 49 50 - 59 60 - 69

Race: Am. Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian
 Other Pacific Islander White Other Specify _____

Gender: Male Female

Health Profession: Administration Human Resources Nursing/Nursing Staff Social Work
 Kinesiology Occupational Therapy Speech Pathology Physical Therapy Student
 Allied Health Marketing Osteopathic Medicine Audiology Medicine
 Pharmacy Nutrition/Dietetics Dental Other (specify) _____

Examples of Statement of Purpose and Benefits

Example 7

Clinician – Practice Questionnaire

“Your responses on this questionnaire will help maintain an accurate and complete database for the Arkansas Research Collaborative (ARC) to use in acquiring grant funds and other resources for research initiatives that you and other clinicians in the ARC network across Arkansas have previously indicated an interest in. “

Example 8

Help Us Improve the Usefulness of Future CME Services

The Office of Continuing Medical Education was established in the 70's when medical education and medical economics were vastly different from what they are today. Currently we are adapting a model to guide contemporary delivery of services. Help us meet your department's unique needs. Use this questionnaire to give us a clear idea of what services you would like us to provide and how often you think you would use them. Items are streamlined with checklist responses for a questionnaire completion time of 5 to 7 minutes.

Example Instruction Statements

Example 9

“Average questionnaire completion takes six to eight minutes. All information that would permit identification will be confidential and used only by ARC personnel processing survey results and not disclosed, released, or used for any purpose other than that stated above.

Please complete this questionnaire by March ??, 2003 and return in the enclosed postage-paid return envelope.”

Example 10

Instructions: Thank you for volunteering last summer to participate in this research project and for taking time to complete this survey. All answers are confidential and will be used only for program evaluation. Please return the survey in the supplied envelope by April 1.