

**Collaborative Survey Proposal Form**

**Maximum of 2 pages completed**

**Please change font size to “12” when completing.**

**Date:** Click or tap to enter a date.

 **SURVEY TITLE:**

**SIGNATURE: PRINCIPAL INVESTIGATOR:**

**SIGNATURE: CO-INVESTIGATOR:**

***I attest that I have read the protocol/proposal and agree with it.***

1. **SYNOPSIS OF SURVEY (100 WORDS OR LESS):**
2. **WHAT IS PURPOSE OF SURVEY?**
3. **LIST SURVEY QUESTIONS (OR MAY ATTACH SURVEY FORM) AND METHOD OF SURVEY**
4. **DEFINE SURVEY POPULATION**
5. **DEFINE HOW SURVEY WILL BE ACCOMPLISHED (E.G., ELECTRONIC/WEB BASED, EMAIL, RETURN HARD COPIES BY MAIL. RETURN HARD COPIES BY FAX)**
6. **TIMELINE FOR SURVEY (START AND STOP DATE)**
7. **MONETARY COMPENSATION (IF ANY)**
8. **IDENTIFY SURVEY SPECIFICS (CHECK THOSE THAT APPLY):**
	1. **PATIENT SPECIFIC DATA (IF SO, WILL NEED IRB)**
	2. **PRACTITIONER BELIEFS/PRACTICES**
	3. **PRACTITIONER/CENTER PRACTICE**
9. **DEFINE IRB STATUS AT PI INSTITUTION (REQUIRED OR EXEMPT). If survey is for data that is expected to be published, IRB is usually required; survey data for planning purposes does not usually require IRB.**