

# Community Based Research - Request for Consult

Please complete the Request for Consult survey below.

Thank you!

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Which selection best describes your role?

- Faculty Member
- Health Provider
- Research Study Coordinator/Manager
- Medical Resident/Fellow
- Student
- Community Organization
- Community Member
- Other

Please check your primary affiliation:

- Cleveland Clinic (CCF)
- Cleveland State University (CSU)
- Case Western Reserve University (CWRU)
- MetroHealth Medical Center (MHMC)
- University Hospitals (UH)
- Louis Stokes Veterans Administration (VA) Medical Center
- Community organization
- Other

Please provide the name of your community organization. \_\_\_\_\_

Please provide your other affiliation. \_\_\_\_\_

How did you learn about our consult service?  
(Check all that apply)

- Institutional Review Board (IRB) application
- Center for Reducing Health Disparities (CRHD) website
- Clinical & Translational Science Collaborative (CTSC) website
- CTSC Concierge service
- Word-of-mouth
- Newsletter
- Presentation
- Other
- Contacted directly by the CRHD
- Partner or affiliated with CRHD
- Former client/Prior use of the CRHD (check all that apply)

From which institutional IRB did you learn about us?

- MetroHealth Medical Center IRB
- University Hospitals IRB
- Cleveland Clinic IRB
- Case Western Reserve University IRB

In which newsletter did you learn about us? \_\_\_\_\_

In which presentation did you learn about us? \_\_\_\_\_

From which other source did you learn about us?

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What is your research question/objective?

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Please provide a brief description of your goal or objective.

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The purpose of your consult is to gain assistance with:

(Please check all that apply)

(check all that apply)

- Research Project Development or Design
- IRB Application Process: completing and submitting an Institutional Review Board (IRB) application.
- Grants Assistance and/or Funding: writing grant applications and locating grant funding sources.
- Survey Development and Refinement: developing/refining data collection tools.
- Needs Assessments: help with determining if your organization is meeting the needs of the population being served.
- Data Collection: collecting data, data input/analysis, report writing, database development.
- Program Evaluation: assessing the progression in achieving your program's established goals/objectives.
- Best Practices: helping your organization identify and adopt best practices.
- Dissemination of Findings: spreading research findings to the community.
- Spanish Translation: Spanish/English translation of study materials (i.e. study flyers, consent forms, questionnaires, etc.)
- Focus Groups
- Recruitment Strategies
- Other

Other assistance - please describe:

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In preparation for your consult meeting, please provide a brief description of your research project in narrative/text format.

How would you like to provide the description?

- Type it in a text box
- Attach a document

Please provide a brief description of your research project.

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Please attach a brief description of your research project by clicking on the "Upload document" button to the right.

Is there any additional information that you would like to provide to help us assist you?

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# Stages Of Engagement Data Entry Form

## STAGE 1: Initial Contact

**Definition: Request for Consult Form is sent prior to the consult meeting.**

Stage1: Date of initial contact with client,  
[first\_name] [last\_name], [affiliation],  
[commun\_organization], [other\_organization]:

\_\_\_\_\_

Contact person at CRHD

\_\_\_\_\_ (CRHD personnel)

Additional interactions with client prior to consult meeting.

Format:

Date (M-D-Y), name of contact, notes.

\_\_\_\_\_ (Use format: Date (M-D-Y), name of contact, notes.)

Additional client contact persons and contact information.

\_\_\_\_\_

## STAGE 2: Consult Meeting

- Includes discussing project and specific needs of the individual or organization.
- Meeting summary and recommended next steps are provided.

Stage 2: Date of consult meeting with client,  
[first\_name] [last\_name], [affiliation],  
[commun\_organization], [other\_organization]:

\_\_\_\_\_

Date that meeting summary was sent.

\_\_\_\_\_

Consult meeting summary.  
(Upload document)

Was there a follow-up consult meeting?

- Yes  
 No

Second consult meeting summary.  
(Upload document)

## STAGE 3: Follow Up

- Specific service need identified.
- Information provided to individual or organization (sample forms, articles, contact information, etc.).

Stage 3: Date that project was identified with client, [first\_name] [last\_name], [affiliation],  
[commun\_organization], [other\_organization]:

\_\_\_\_\_

Title of Project

\_\_\_\_\_

Consult service(s) to be provided:

(Copy & paste services below into text box - one per line)

(NOTE: this is for piping the services delivered to the Long Term Follow-Up Survey)

- 1, Research Project Development or Design
  - 2, IRB Application Process: completing and submitting an Institutional Review Board (IRB) application.
  - 3, Grants Assistance and/or Funding: writing grant applications and locating grant funding sources.
  - 4, Survey Development and Refinement: developing/refining data collection tools.
  - 5, Needs Assessments: help with determining if your organization is meeting the needs of the population being served.
  - 6, Data Collection: collecting data, data input/analysis, report writing, database development.
  - 7, Program Evaluation: assessing the progression in achieving your program's established goals/objectives.
  - 8, Best Practices: helping your organization identify and adopt best practices.
  - 9, Dissemination of Findings: spreading research findings to the community.
  - 10, Spanish Translation: Spanish/English translation of study materials (i.e. study flyers, consent forms, questionnaires)
  - 11, Focus Groups
  - 12, Recruitment strategies
  - 13, Other (please specify)
  - 14, Letter of Support
  - 15, Steering/Advisory Committee
- (check all that apply)

Which consult services were provided?

(NOTE: This is a repeat question that allows CRHD to gather data on the number of each type of service provided. Just click the choices that were entered in the text box above.)

- Research Project Development/Design
- IRB Application Process
- Grants Assistance and/or Funding
- Survey Development and Refinement
- Needs Assessments
- Data Collection
- Program Evaluation
- Best Practices
- Dissemination of Findings
- Spanish Translation
- Focus groups
- Participant recruitment
- Other
- Letter of Support
- Steering/Advisory Committee

Other consult service (please specify).

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(upload any info provided as one document)

Information provided to individual or organization  
(sample forms, articles, contact information, etc.).

Suggested Network Referrals

Was this client provided with referrals to contact  
additional persons or organizations?

- Yes
- No

Please enter each referral full name and their organization on a separate line.

\*Mark confirmed network connections with an \*.

Example:

Referral #1 First & Last Name, Organization

Referral #2 First & Last Name, Organization

Referral #3 First & Last Name, Organization

etc.

\_\_\_\_\_  
(First & Last Name, Organization)

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### STAGE 4: Planning

#### - Necessary courses of action to complete project tasks are identified.

Stage 4: Date of project plan, for client,  
[first\_name] [last\_name], [affiliation],  
[commun\_organization], [other\_organization],  
[project\_title]:

\_\_\_\_\_

Brief description of plan.

\_\_\_\_\_

Plan for course of action:

Date of project plan, for client, [first\_name]  
[last\_name], [affiliation], [commun\_organization],  
[other\_organization], [project\_title]:

\_\_\_\_\_

Brief description of plan.

\_\_\_\_\_

Plan for course of action:

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### STAGE 5: Implementation

#### -Implementation of project tasks.

Stage 5a: Date of project implementation, for client,  
[first\_name] [last\_name], [affiliation],  
[commun\_organization], [other\_organization],  
[project\_title]:

\_\_\_\_\_

Briefly describe the implementation of the project.

\_\_\_\_\_

Upload a document containing details of the implementation process (optional).

Stage 5b: Date of project implementation, for client,  
[first\_name] [last\_name], [affiliation],  
[commun\_organization], [other\_organization],  
[project\_title]:

\_\_\_\_\_

Briefly describe the implementation of the project.

\_\_\_\_\_

Upload a document containing details of the implementation process (optional).

Stage 5c: Date of project implementation, for client, [first\_name] [last\_name], [affiliation], [commun\_organization], [other\_organization], [project\_title]:

Briefly describe the implementation of the project.

Upload a document containing details of the implementation process (optional).

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## STAGE 6: Completion & Outcomes

### -Date of project completion

### -Description of outcomes

### -Outcome documents (if applicable)

Stage 6: Date of project completion, for client, [first\_name] [last\_name], [affiliation], [commun\_organization], [other\_organization], [project\_title]:

Briefly describe the outcome of the project.

Upload a document containing details of the outcome (optional).

Did project terminate prematurely?  
(i.e. project did not reach stage 6)

- Yes  
 No

After which [completed] stage did the project terminate?

- Stage 1  
 Stage 2  
 Stage 3  
 Stage 4  
 Stage 5

Reason for termination of project:

- Client lost to follow-up  
 Lack of time  
 Lack of resources (personnel, funding)  
 Change of project direction  
 Consult pre-dates Redcap tracking system  
 Survey sent and not returned  
 Other

Other reason for termination of project:

# Post-consult Meeting Satisfaction Survey

Thank you for selecting the Community-Based Research Consult Service to assist you with your research needs. Please take a moment to complete this Post-Consult Meeting Satisfaction Survey. We would like your feedback regarding your meeting experience and anything we can do to improve our service.

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## Consultation Meeting Satisfaction

Please rate the quality of our meeting with the following variables:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
The meeting location was convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meeting time was convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultation team addressed all questions and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Action items were clearly stated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultation team was courteous and professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting summary was sent in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have your project goals changed following the consultation meeting?

- Yes  
 No

Please explain how your goals have changed:

	Not at all helpful (1)	Somewhat helpful (2)	Neutral (3)	Helpful (4)	Very Helpful (5)
How helpful was the meeting summary?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how helpful was the consultation meeting to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	Extremely unlikely (1)	Unlikely (2)	Neutral (3)	Likely (4)	Extremely likely (5)
How likely are you to recommend this service to someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any additional comments or suggestions you have regarding our consultation meeting.

Please enter the date you completed this form.

# Follow-up Consult Service Evaluation

Dear [first\_name] [last\_name],

Thank you for selecting the Community-Based Research Consult Service to assist you with your research or program needs. Please take a few minutes to complete this Follow-up Consult Service Evaluation form. Your feedback will be used to learn about the current status of your project and its outcomes as well as to identify ways that we can improve the consult service experience. If you have any questions or require additional assistance to support your project, please contact Katrice Cain (kcain@metrohealth.org, 216-778-8467).

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**The following questions refer to your project entitled:**

**"[project\_title]"**

**The originally identified services to be provided were as follows:**

**[consult\_services]**

**Your plans may have changed or you may have received different services, so please identify or confirm below the services that you actually received.**

Which consult service(s) did you receive?

(Please check all that apply)

(check all that apply)

- Research Project Development or Design
- IRB Application Process: completing and submitting an Institutional Review Board (IRB) application.
- Grants Assistance and/or Funding: writing grant applications and locating grant funding sources.
- Survey Development and Refinement: developing/refining data collection tools.
- Needs Assessments: help with determining if your organization is meeting the needs of the population being served.
- Data Collection: collecting data, data input/analysis, report writing, database development.
- Program Evaluation: assessing the progression in achieving your program's established goals/objectives.
- Best Practices: helping your organization identify and adopt best practices.
- Dissemination of Findings: spreading research findings to the community.
- Spanish Translation: Spanish/English translation of study materials (i.e. study flyers, consent forms, questionnaires, etc.)
- Focus groups
- Participant recruitment
- Other
- Letter of Support
- Steering/Advisory Committee

What other consult service did you receive?

\_\_\_\_\_

Network Referrals:

The consult service provided names of people or organizations as potential referrals to help with your project. Were any of the following referrals successful?

\_\_\_\_\_  
(If yes, please briefly describe how your project benefitted.)

Referrals:[referrals]

If yes, for each referral, please briefly describe how your project benefitted.

What have been the overall outcomes of this service?

\_\_\_\_\_



Comments:

How were we helpful in meeting your objectives?

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## Research Project Development or Design

After your initial consult meeting, did your project move forward?

- Yes  
 No

What is the current status of your project?

- Project completed  
 Currently in progress  
 Currently not working on it  
 Currently inactive or on hold  
 Other  
 (check all that apply)

Other project status - Please explain:

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When was your project, [project\_title], completed?

\_\_\_\_\_  
 (Approximate completion date)

What are the reasons that your project did not move forward?  
 (Check all that apply)

- Project no longer of interest  
 Lack of funding  
 Lack of time  
 Lack of personnel  
 Need additional assistance with design  
 Need additional assistance with implementation  
 IRB problems or delays  
 Data collection problems  
 Data analysis problems  
 Other  
 (check all that apply)

Other reason your study did not move forward - Please briefly explain:

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Is there something that we could do/provide to help it move forward? (Briefly, please explain)

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Comments:

How were we helpful in meeting your research project development objectives?

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## IRB Application Process

**The following questions refer to your project entitled:  
 [project\_title]**

Which institution did you submit your IRB application to?

- MetroHealth Medical Center  
 University Hospitals  
 Cleveland Clinic  
 Case Western Reserve University  
 Other

Other IRB institution - please provide name of institution:

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Did your application receive IRB approval?

- Yes  
 No

What date did your project, [project\_title], receive IRB approval?

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(IRB approval date)

What is the current status of your project?

- Project completed  
 Currently in progress  
 Currently not working on it  
 Currently inactive or on hold  
 Other  
 (check all that apply)

Other project status - Please explain:

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Please let us know why your application was not approved.

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Comments:  
 How were we helpful in meeting your IRB application objectives?

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## Grants Assistance and Funding

**The following questions refer to your project titled: [project\_title].**

Was the title of your grant application different than your project title?

- Yes  
 No

Please provide your grant title:

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(Grant title)

Which grant funding agency did you apply to?  
 (Check all that apply)

- NIH  
 CTSC annual pilot funding  
 CTSC core utilization pilot funding  
 CTSC themed pilot grants  
 Practice-Based Research Network (PBRN) micro pilot grant funding  
 Other  
 (Check all that apply)

Which other funding agency did you apply to?

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What is the current status of your grant application?

- Funded  
 In submission  
 Not Submitted  
 Other

Other status of grant application - please explain:

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What was the dollar amount of the funded grant?

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Comments:

How were we helpful in meeting your grants assistance objectives?

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## Survey Development and Refinement

**The following questions refer to the project titled:  
[project\_title]**

Was the name/title of your survey different than your project title?

- Yes  
 No

What was the name/title of the survey?

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Who was the target population?  
(Check all that apply)

- General Public  
 Specific Race/Ethnicity  
 Specific Gender  
 Specific Age  
 Specific Sexual Orientation  
(Check all that apply)

Which race/ethnicity was the target population?  
(Check all that apply)

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Hispanic or Latino  
 Not Hispanic or Latino  
(Check all that apply)

Which gender was the target population?  
(Check all that apply)

- Male  
 Female  
 Transgender  
(Check all that apply)

Which age group was the target population?  
(Check all that apply)

- Under 18  
 19-29  
 30-49  
 50-64  
 65 and older  
(Check all that apply)

Which specific sexual orientation?  
(Check all that apply)

- Lesbian  
 Gay  
 Bisexual  
(Check all that apply)

What was your survey topic?  
(Check all that apply)

- No specific health condition
  - Health and wellness
  - Heart conditions
  - Diabetes
  - Obesity
  - Alzheimer/dementia
  - Neurological conditions
  - Cancer
  - Mental health
  - Asthma
  - Nutrition/Physical activity
  - Infectious Disease
  - Alcohol or other drug use
  - Physical or mental disability
  - Gender identity or sexual orientation
  - Environmental issues
  - Child Health
  - Other
- (Check all that apply)

Other survey topic - please provide:

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Did you successfully administer the survey to the target population?

- Yes
- No

Why was the survey not administered?  
(check all that apply)

- Project no longer of interest
  - Lack of funding
  - Lack of time
  - Lack of personnel
  - Need additional assistance with design
  - Need additional assistance with implementation
  - IRB problems or delays
  - Other
- (Check all that apply)

Other reason survey was not administered - please explain:

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How was the survey administered?  
(check all that apply)

- Web-based
  - Mail
  - Telephone
  - In person, completed by subject
  - In person, completed by interviewer
- (Check all that apply)

Approximately, how many people completed the survey?

- 0-25
  - 26-50
  - 51-100
  - 101-500
  - 501-1000
  - over 1000
- (Range: approximate number of people)

Did your survey project have any of the following outcomes?  
(Check all that apply)

- Developed a new project or program
- Developed a class/course
- Submitted a grant application
- Expanded an existing project or program
- Did a quality improvement (QI) project
- Other

What new program did you develop?

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What is the future outlook for the new program?

- Program is sustained long-term
- Program was one-time only
- Program is being expanded
- Program needs additional help/resources to become sustaining

What is the future outlook for the expanded program?

- Program is sustained long-term
- Program was one-time only
- Program is being expanded even further
- Program needs additional help/resources to become sustaining

Please describe who will benefit from this program:

\_\_\_\_\_

What additional help/resources could we provide to help your program be sustaining?

\_\_\_\_\_

What class/course did you develop?

\_\_\_\_\_

What quality improvement (QI) project did you perform?

\_\_\_\_\_

Was your quality improvement (QI) project completed?

- Yes
- No

Has your QI project had an impact on quality?

- Yes
- No

Briefly, please describe how your QI project had an impact on quality:

\_\_\_\_\_

What additional help could we provide to assist your QI project? (Briefly, please describe)

\_\_\_\_\_

Other outcome has resulted - Briefly explain how the survey data was used:

\_\_\_\_\_

Was the title of your grant application different than your survey title?

- Yes
- No

Please provide your grant title:

\_\_\_\_\_  
(Grant title)

Which grant funding agency did you apply to? (Check all that apply)

- NIH
- CTSC annual pilot funding
- CTSC core utilization pilot funding
- CTSC themed pilot grants
- Practice-Based Research Network (PBRN) micro pilot grant funding
- Other  
(Check all that apply)

Which other funding agency did you apply to?

\_\_\_\_\_

What is the current status of your grant application?

- Funded  
 In submission  
 Not Submitted  
 Other

Other status of grant application - please explain:

\_\_\_\_\_

What was the dollar amount of the funded grant?

\_\_\_\_\_

Comments:

How were we helpful in meeting your survey development objectives?

\_\_\_\_\_

## Needs Assessment

What was the purpose of the needs assessment?

\_\_\_\_\_

What was your needs assessment topic?  
(Check all that apply)

- No specific health condition  
 Health and wellness  
 Heart conditions  
 Diabetes  
 Obesity  
 Alzheimer/dementia  
 Neurological conditions  
 Cancer  
 Mental health  
 Asthma  
 Nutrition/Physical activity  
 Infectious Disease  
 Alcohol or other drug use  
 Physical or mental disability  
 Gender identity or sexual orientation  
 Environmental issues  
 Child Health  
 Other  
 (Check all that apply)

What was your other needs assessment topic?

\_\_\_\_\_

Who was the target population?  
(Check all that apply)

- General Public  
 Specific Race/Ethnicity  
 Specific Gender  
 Specific Age  
 Specific Sexual Orientation  
 (Check all that apply)

Which race/ethnicity was the target population?  
(Check all that apply)

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Hispanic or Latino  
 Not Hispanic or Latino  
 (Check all that apply)

Which gender was the target population?  
(Check all that apply)

- Male  
 Female  
 Transgender  
 (Check all that apply)

Which age group was the target population?  
(Check all that apply)

- Under 18  
 19-29  
 30-49  
 50-64  
 65 and older  
 (Check all that apply)

Which specific sexual orientation?  
(Check all that apply)

- Lesbian  
 Gay  
 Bisexual  
 (check all that apply)

Did you successfully administer the needs assessment?

- Yes  
 No

Why was the needs assessment not administered?  
(check all that apply)

- Project no longer of interest  
 Lack of funding  
 Lack of time  
 Lack of personnel  
 Need additional assistance with design  
 Need additional assistance with implementation  
 IRB problems or delays  
 Other  
 (Check all that apply)

What other reason was the needs assessment not administered?

---

Approximately, how many people completed the needs assessment?

- 0-25  
 26-50  
 51-100  
 101-500  
 501-1000  
 over 1000  
 (Range: approximate number of people)

How was the needs assessment data used?

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Did your needs assessment project have any of the following outcomes?  
(Check all that apply)

- Developed a new project or program  
 Developed a class/course  
 Submitted a grant application  
 Expanded an existing project or program  
 Did a quality improvement (QI) project  
 Other

What new program did you develop?

---

What is the future outlook for the new program?

- Program is sustained long-term  
 Program was one-time only  
 Program is being expanded  
 Program needs additional help/resources to become sustaining

What is the future outlook for the expanded program?

- Program is sustained long-term  
 Program was one-time only  
 Program is being expanded even further  
 Program needs additional help/resources to become sustaining

What additional help/resources could we provide to help your program be sustaining?

---

Please describe who will benefit from this program:

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What class/course did you develop?

---

What quality improvement (QI) project did you perform?

---

Was your quality improvement (QI) project completed?

- Yes  
 No

Has your QI project had an impact on quality?

- Yes  
 No

Briefly, please describe how your QI project had an impact on quality:

---

What additional help could we provide to assist your QI project? (Briefly, please describe)

---

Other outcome has resulted - please describe:

---

Was the title of your grant application different than your needs assessment title?

- Yes  
 No

Please provide your grant title:

---

(Grant title)

Which grant funding agency did you apply to? (Check all that apply)

- NIH  
 CTSC annual pilot funding  
 CTSC core utilization pilot funding  
 CTSC themed pilot grants  
 Practice-Based Research Network (PBRN) micro pilot grant funding  
 Other  
 (Check all that apply)

Which other funding agency did you apply to?

---

What is the current status of your grant application?

- Funded  
 In submission  
 Not Submitted  
 Other



Other status of grant application - please explain:

---

What was the dollar amount of the funded grant?

---

Comments:

How were we helpful in meeting your needs assessment objectives?

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## Data Collection

1. In what specific area(s) did you receive assistance in data collection? (check all that apply)

- Data collection
- Data input and analysis
- Report writing
- Database development

Were your data collection needs met?

- Yes
- No

Please describe: What was the purpose of collecting the data?

---

What are the reasons that your data collection needs were not met?  
(Check all that apply)

- Project no longer of interest
- Lack of funding
- Lack of time
- Lack of personnel
- Need additional assistance with design
- Need additional assistance with implementation
- IRB problems or delays
- Data collection problems
- Data analysis problems
- Other  
(check all that apply)

Other reason data collection needs were not met - please explain:

---

Comments:

How were we helpful in meeting your data collection objectives?

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## Program Evaluation

What was the name of the program you were evaluating?

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Who was the target population?

- General Public
- Specific Race/Ethnicity
- Specific Gender
- Specific Age
- Specific Sexual Orientation  
(Check all that apply)

Which specific sexual orientation?  
(Check all that apply)

- Lesbian
- Gay
- Bisexual  
(check all that apply)

Which race/ethnicity was the target population?  
(Check all that apply)

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Hispanic or Latino  
 Not Hispanic or Latino  
 (Check all that apply)

Which gender was the target population?  
(Check all that apply)

- Male  
 Female  
 Transgender  
 (Check all that apply)

Which age group was the target population?  
(Check all that apply)

- Under 18  
 19-29  
 30-49  
 50-64  
 65 and older  
 (Check all that apply)

What was the program's topic area?  
(check all that apply)

- No specific health condition  
 Health and wellness  
 Heart conditions  
 Diabetes  
 Obesity  
 Alzheimer/dementia  
 Neurological conditions  
 Cancer  
 Mental health  
 Asthma  
 Nutrition/Physical activity  
 Infectious Disease  
 Alcohol or other drug use  
 Physical or mental disability  
 Gender identity or sexual orientation  
 Environmental issues  
 Child Health  
 Other  
 (Check all that apply)

What other topic area were you evaluating?

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In what specific area did you receive assistance in  
program evaluation?  
(check all that apply)

- Developing/refining the evaluation tool  
 Data analysis  
 Data input  
 (check all that apply)

Was the evaluation of the program successfully  
completed?

- Yes  
 No

Approximately, how many people were included in the  
program evaluation?

- 0-25  
 26-50  
 51-100  
 101-500  
 501-1000  
 over 1000  
 (Range: approximate number of people)

Why was the program not evaluated?  
(check all that apply)

- Project no longer of interest
  - Lack of funding
  - Lack of time
  - Lack of personnel
  - Need additional assistance with design
  - Need additional assistance with implementation
  - IRB problems or delays
  - Other
- (Check all that apply)

Other reason that program was not evaluated -  
please explain:

\_\_\_\_\_

Comments:  
How were we helpful in meeting your program  
evaluation objectives?

\_\_\_\_\_

### Best Practices

What was the name of the project/program in which you  
were developing or seeking best practice  
information?

\_\_\_\_\_

What best practice(s) did you identify?

\_\_\_\_\_

Were the best practices adopted?

- Yes
- No

What best practice(s) did you adopt?

\_\_\_\_\_

What additional assistance could we provide to help  
with adoption of the best practices?

\_\_\_\_\_

Comments:  
How were we helpful in meeting your best practices  
objectives?

\_\_\_\_\_

### Dissemination of Findings

What findings were you disseminating?

\_\_\_\_\_

Were your findings successfully disseminated?

- Yes
- No

How were the findings disseminated?  
(check all that apply)

- Newsletter
  - Presentation
  - Digital media (website, social media)
  - Published paper
  - Other
- (check all that apply)

Other dissemination - please explain:

---

Approximately, how many people received your disseminated findings?

- 0-25  
 26-50  
 51-100  
 101-500  
 501-1000  
 over 1000

(Range: approximate number of people)

Why were your findings not disseminated?  
(check all that apply)

- No longer of interest  
 Lack of funding  
 Lack of time  
 Lack of personnel  
 Need additional assistance with design  
 Need additional assistance with implementation  
 IRB problems or delays  
 Other

(Check all that apply)

Other reason for not disseminating findings - please explain:

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Comments:

How were we helpful in meeting your dissemination of findings objectives?

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## Spanish Translation

What was the title of your document(s) for translation?

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What was the format of your document(s)?

- Informed Consent Form  
 Flyer or Brochure  
 Survey or Questionnaire  
 Other

What other format were your documents?

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Were the translated document(s) successfully used or distributed?

- Yes  
 No

Approximately how many people received your translated documents?

- 0-25  
 26-50  
 51-100  
 101-500  
 501-1000  
 over 1000

(Range: approximate number of people)

Why was your translated document(s) not used/distributed?  
(Please check all that apply)

- No longer of interest  
 Lack of funding  
 Lack of time  
 Lack of personnel  
 Need additional assistance from Consult Service  
 IRB Problems or delays  
 Other  
 (Check all that apply)

Other reason for not disseminating the translated documents - please explain:

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Comments:  
How were we helpful in meeting your Spanish Translation objectives?

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## Focus Group Development

What was the title of the focus group?

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Who was your target population?  
(Check all that apply)

- General Public  
 Specific Race/Ethnicity  
 Specific Gender  
 Specific Age  
 Specific Sexual Orientation  
 (Check all that apply)

Which specific sexual orientation?  
(Check all that apply)

- Lesbian  
 Gay  
 Bisexual  
 (check all that apply)

What race/ethnicity was the target population?  
(check all that apply)

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Hispanic or Latino  
 Not Hispanic or Latino  
 (Check all that apply)

What gender was the target population?  
(check all that apply)

- Female  
 Male  
 Transgender  
 (Check all that apply)

What age(s) were the target population?  
(check all that apply)

- Under 18  
 19-29  
 30-49  
 50-64  
 65 and older  
 (Check all that apply)

What was the topic of the focus group?

- No specific health condition
  - Health and wellness
  - Heart conditions
  - Diabetes
  - Obesity
  - Alzheimer/dementias
  - Neurological conditions
  - Cancer
  - Mental health
  - Asthma
  - Nutrition/Physical activity
  - Infectious Disease
  - Alcohol or other drug use
  - Physical or mental disability
  - Gender identity or sexual orientation
  - Environmental issues
  - Child health
  - Other
- (Check all that apply)

Other topic(s) of the focus group - please explain.

\_\_\_\_\_

Was the focus group(s) successfully conducted?

- Yes
- No

How many focus groups were conducted?

\_\_\_\_\_

(Enter a whole number)

Approximately, how many individuals participated in the focus group(s)?

(Total number of people in all groups, combined)

\_\_\_\_\_

(Enter a whole number)

Why were the focus groups not conducted?  
(Please check all that apply)

- Project no longer of interest
  - Lack of funding
  - Lack of time
  - Lack of personnel
  - Need additional assistance with design
  - Need additional assistance with implementation
  - IRB problems or delays
  - Other
- (Check all that apply)

Other reason that the focus groups were not conducted - please explain:

\_\_\_\_\_

Comments:  
How were we helpful in meeting your focus group objectives?

\_\_\_\_\_

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### Participant Recruitment

What was the title of the study for which you were recruiting?

\_\_\_\_\_

Who was your target population?  
(Check all that apply)

- General Public
- Specific Race/Ethnicity
- Specific Gender
- Specific Age
- Specific Sexual Orientation  
(Check all that apply)

Which specific sexual orientation?  
(Check all that apply)

- Lesbian
- Gay
- Bisexual  
(check all that apply)

What race/ethnicity was the target population?  
(check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino
- Not Hispanic or Latino  
(Check all that apply)

What gender was the target population?  
(check all that apply)

- Female
- Male
- Transgender  
(Check all that apply)

What age(s) were the target population?  
(check all that apply)

- Under 18
- 19-29
- 30-49
- 50-64
- 65 and older  
(Check all that apply)

What recruitment strategies did you use?  
(check all that apply)

- Focus groups
- Print Advertisement (flyers, brochures)
- Digital Media Advertisement (website, social media)
- Clinical Tracking Database (electronic medical records)
- Presentations
- Participant Incentives
- Research Match
- Research Education Awareness and Learning (REAL) Program
- Other  
(Check all that apply)

What other strategies did you use?

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	Not at All Helpful (1)	Somewhat Helpful (2)	Neutral (3)	Helpful (4)	Very Helpful (5)
To what degree do you think the consult service helped you achieve your desired recruitment outcomes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other assistance could we provide to help with the recruitment process?

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## Comments:

How were we helpful in meeting your participant recruitment objectives?

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**Overall Satisfaction with Consult Service**

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. Consultation team was available when assistance was needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Consultation team addressed all questions and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Consultation team was courteous and professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All Helpful (1)	Somewhat Helpful (2)	Neutral (3)	Helpful (4)	Very Helpful (5)
Overall, how helpful was the Community-Based Research Consult Service to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely Unlikely (1)	Unlikely (2)	Neutral (3)	Likely (4)	Extremely Likely (5)
How likely are you to recommend this service to someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any additional comments or suggestions you have regarding our Consult Service.

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Thank you for taking the time to complete this survey!