IRB QUESTIONNAIRE

This questionnaire must be submitted with the Application Cover Sheet for all review requests to the IRB. If a particular item does not relate to your study, indicate NA (not applicable) next to that item.

Title of Project:_____

Name of Investigator:_____

Source of Funding:_____

General characteristics of the sample population:

Number: _____Males _____Females

Race or ethnicity (if known): _____

Age range: _____
General mental/physical health:_____

Other unique characteristics: _____

Dates of Data Gathering: From:_____ To:_____

Expected Date of Project Completion:_____

1. Include a brief statement of purpose of the proposed research.

2. Who are the research participants? Include a rationale for using that particular population/sample.

3. Are there any anticipated risks/inconveniences that might be experienced by the participants?

____No ____Yes

If the response to the previous questions is Yes, please describe the anticipated risks/inconveniences and the procedures that will be used to minimize potential risks/inconveniences to participants. Also, please circle the number below the bar that most closely represents the amount of risk.

GREAT RISK_____NO RISK

5 4 3 2 1 0

4. How will the confidentiality of the participants be ensured?

5. Describe the procedures and/or activities that participants will undergo. Also, please circle the number below the bar that most closely represents the amount of discomfort or disruption of normal activities that the participants in this study may experience.

GREAT _____NONE

5 4 3 2 1 0

6. Describe why any vulnerable populations are necessary to the research project (e.g., prisoners, children not in normal education setting, persons with disabilities, pregnant women, or any group whose ability to give a voluntary informed consent may be questionable).

7. How will voluntary informed consent be obtained? Informed consent from parents of children as participants is not required if the conditions under EXEMPT STATUS are met.

8. If successful, do you think that the research will provide any long term or short term benefits for the participants or for others?

BENEFITS FOR THE PARTICIPANTS

GREAT BENEFIT _____NO BENEFIT

5 4 3 2 1 0

BENEFITS FOR OTHERS (Identify for Whom):

GREAT BENEFIT _____NO BENEFIT

5 4 3 2 1 0

9. How much significance will this research have for the advancement of knowledge in the field?

GREAT _____NONE

5 4 3 2 1 0

10. Does the study require significant cost or time of the participant? ____No ____Yes
(If yes, please explain)

11. Will compensation be provided to the investigators and/or participants? ___No ___Yes
(If yes, please explain)

_____ _____

Signature of Principal Investigator Date