

Survey of Health Research Institution Resources in Region ____ (2008-2010)

INSTITUTIONAL PROFILE

Q1. Name of the Institution: _____

Q2. Head of the Institution: _____

Q3. Address of the Institution: _____

Q4. Contact Details:

Tel no.:	
Fax no.:	
Email:	

Q5. Which of the following best classifies your institution? Please check all that apply.

<input type="checkbox"/>	Health research institution	<input type="checkbox"/>	Government Line Agency
<input type="checkbox"/>	Funding institution	<input type="checkbox"/>	Non-government organization
<input type="checkbox"/>	Academic institution (public)	<input type="checkbox"/>	International organization
<input type="checkbox"/>	Academic institution (private)	<input type="checkbox"/>	Others (please specify):
<input type="checkbox"/>	Hospital/medical center (public)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hospital/medical center (private)	<input type="checkbox"/>	_____

RESEARCH ACTIVITIES

Q6. Is your institution currently engaged in health research?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Q6a. If YES, please check all that apply to your institution.

<input type="checkbox"/>	Database standardization and integration/ Health information system	<input type="checkbox"/>	Health human resource
<input type="checkbox"/>	Environmental health	<input type="checkbox"/>	Health care financing
<input type="checkbox"/>	Lifestyle-related diseases	<input type="checkbox"/>	Health systems research/Urban health systems
<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>	Health communication/Promotion research
<input type="checkbox"/>	Health technology	<input type="checkbox"/>	Other health related concerns/ issues (please specify):
<input type="checkbox"/>	Maternal and child health care	<input type="checkbox"/>	_____
<input type="checkbox"/>	Health Sciences education and services	<input type="checkbox"/>	_____

Q6b. If NO, please indicate the top 3 areas your institution would want to focus in doing research.

1	
2	
3	

INSTITUTIONAL REVIEW BOARD

Q7. Does your institution have an existing Institutional Review Board (IRB)? Please check all that apply.

YES		Ethics Review Board (ERB) only
		Technical Review Board (TRB) only
		Both Ethics and Technical Review Board
		Would like to apply for accreditation
		There is a need for improvement/upgrading
		Willing to share resources with the consortiums' members
		Others (please specify):

NO		In the process of putting up a TRB
		Interested in putting up a TRB
		Would like to utilize TRB within the consortiums' members
		Needs help in putting up a TRB
		No plans of putting up a TRB
		Others (please specify):

RESEARCH DISSEMINATION AND UTILIZATION

Q8. Please provide a list of active health-research publications and/or journals published by your institution. Please attach a separate sheet if necessary.

Title of Publication/Journal	Frequency of Distribution (annually, quarterly, monthly, etc.)	Is it peer reviewed?	
		YES	NO

Q9. Please provide a list of publications by your researchers in all local and international peer-reviewed journals from 2008 to 2010. Please attach a separate sheet if necessary.

Name of Researcher (Principal Investigator/s)	Title of Published Work	Name of Journal	Year

Q10. Does your institution have existing database for maintaining the institutions' health research information (e.g. database of researchers/experts, researches, research/laboratory facilities etc.)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Q10a. If YES, please indicate the name of your staff or information officer in-charge of your institutions' database.

Name	Official Designation	Contact Number

RESEARCH FUNDING

Q10. Does your institution provide internal research funding for researchers and research projects?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Q10a. If YES, please indicate the amount of funding your institution has provided for the past 3 years.

YEAR	AMOUNT
2008	
2009	
2010	

Q11. Does your institution provide external research funding for researchers and research projects?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Q11b. If YES, please indicate the amount of funding from external sources that your institution has been provided for the 3 years.

YEAR	AMOUNT
2008	
2009	
2010	

CAPACITY BUILDING

Q12. Will your institution be willing to participate in Training-Workshops on Capacity Building?

	YES
	NO

Q12a. If YES, which Capacity Building workshop would you benefit from? Please check all that apply.

	Research Methods
	Ethics and Standard Operating Procedures
	Protocol Development
	Technical Writing (accessing scientific literature/e-lib)
	Research Dissemination and Utilization
	Others (please specify)

Q13. Enumerate the five (5) most advanced and functional research laboratory facilities available in your institution.

1	
2	
3	
4	
5	

Q13a. Are you willing to share these facilities with other member institutions of the consortium?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Thank you very much for your time.

Name of Respondent: _____
(Signature over Printed Name)

Tel. No.(s): _____
Date Accomplished: _____