

Member Information Survey

Thank you for participating in this member information survey. The purpose of this survey is to better understand the expertise and interests of our collaborators to identify opportunities for future research initiatives. This survey should take approximately XX minutes to complete.

Member Information

Please enter your name:

Please enter your email:

What expertise would you lend to the group?

- Biostatistics
- Clinical
- Health Equity
- Health Policy
- Informatics
- Patient and Community Engagement
- Other

Other: What other expertise would you lend?

Which PCORnet Clinical Research Network (CRN) are you affiliated with?

- ADVANCE
- GPC
- INSIGHT
- OneFlorida+
- PaTH
- PEDSnet
- REACHnet
- STAR
- N/A

Please list your institutional affiliation:

Select any organization types you are affiliated with:

A follow-up question will populate with each selected choice-please type in the name of the organization(s) you are affiliated with. If you do not know the category of your organization, please select other.

- Advocacy group
- Community-based organization
- Human rights group
- Non-profit organization
- Research institute
- Social service agency
- Other
- Not affiliated

Please list the name of the advocacy group:

Please list the name of the community-based organization:

Please list the name of the human rights group:

Please list the name of the non-profit organization:

Please list the name of the research institute:

Please list the name of the social service agency:

Please list the name of the organization you are affiliated with:

Research Interests

Which research populations apply to your work? Please select all that apply:

- Adolescents
- Adults
- Children
- Low Socioeconomic Status (SES)
- Older Adults
- People with Disabilities
- People with intellectual/developmental disabilities
- Pregnant individuals
- Racial and/or Ethnic Minority Populations
- Sexual Minority Groups
- Underserved Rural Populations
- N/A
- Other

If other is selected: enter research populations of interest:

Which research areas apply to your work? Select all that apply.

- Autoimmune
- Behavioral Health
- Cancer
- Cardiovascular
- Gastroenterology
- Health Disparities
- Healthcare Delivery
- Neurosciences
- Obesity/Diabetes
- Pulmonary
- Rare Diseases, specify
- Renal
- Other, specify
- N/A

If rare diseases/other is selected: enter research areas being studied:

Are you planning to apply for funding/would you be willing to contribute to a funding proposal within the next 6-12 months from any of the following funders?

- Foundation
- Industry
- National Institute of Health (NIH)
- Other Federal
- Patient-Centered Outcomes Research Institute (PCORI)
- Other
- Not sure

Other: Enter any other funders you are interesting in apply for funding from in the next 6-12 months.

Research Experience

Please upload a CV/list of publications here:

Biography

What would you like other members to know about you?

Please provide a brief background about yourself.

Alternatively, you may upload a biography in the prompt below.

Please upload a biography here.