

RESEARCH FEASIBILITY QUESTIONNAIRE : Physician / Group Practice

Date: _____

Practice Name: _____

Specialty: _____

Practice Address: _____

Satellite Offices:

PRIMARY CONTACT :

Name:			
Telephone:		Fax:	
Email:			

The following questions will provide Discovery Alliance with information necessary to determine the feasibility of conducting research in your practice.

PHYSICIAN(S) :

Physician Name	Research Experience (Y/N)	Interest Level (High/Low)	Areas of Interest

RESEARCH GOALS :

What are your specific goals for participating in research ?	<hr/> <hr/> <hr/> <hr/>
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RESEARCH EXPERIENCE :

Physician Name	P.I. or Sub-I.	Study	Sponsor	Dates

PATIENT POPULATION WITHIN YOUR PRACTICE

Please include patients of all physicians who will be participating in clinical trial research:

Total Number of Active Patients:	
Total Number of Office Visits Per Year:	
Total Number of Patient Visits Per Week:	
Patient Ages as Percent of Practice:	
0 to 5	_____ %
6 to 12	_____ %
13 to 18	_____ %
19 to 40	_____ %
40 to 65	_____ %
Over 65	_____ %



<p>Are there any unique features about your practice that might help or hinder research?</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
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TOP DIAGNOSES (Do not use CPT or ICD-9 Codes) :	No. Occurrences per Month

TOP PROCEDURES (Do not use CPT or ICD-9 Codes) :	No. Occurrences per Month

OTHER POTENTIAL PATIENT POPULATIONS

<p>Are there other practices in the area with which you have a good relationship and which could serve as a source of referrals for patients participating in research?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If Yes, please describe:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Please provide the following information about your community so that we can assess the potential for recruiting patients from the community for studies with advertisements:

Approximate population of your community:	
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Total Number of Patient Visits Per Week:	
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Describe /comment on the demographics of your community in each of the following areas:

▶ age (e.g., large retired population, etc.)	
▶ race/ethnicity	
▶ education levels	
▶ income levels	
▶ religion	
▶ unemployment	



List the top 3-5 employers in your community:	
What percent of your community has health insurance?	
What are the common health problems in your community?	
Are there any cultural barriers to using traditional medical care and/or participation in research?	
Are there any unique features about your community that might help or hinder research?	

HOSPITAL AFFILIATIONS :

Hospital	Medical Staff Credentials

OFFICE / FACILITY :

Assessment of Office Space	Yes or No
Is there additional space to accommodate research patient visits?	
Is there a locked area for drug storage?	
Is there a lab area? CLIA waiver? Dry ice available for shipping?	
Is a locked refrigerator available? Is there a temperature log procedure?	
Is space available for study related document storage?	
Are medical records electronic?	
Is the patient database searchable by diagnosis?	

Please FAX the completed feasibility to:

Discovery Alliance, Inc.
Fax: [615] 522-5401