



CIROP* RESPONDENT FORM

**The Community Impacts of Research Oriented Partnerships (CIROP) Measure*

Description:

The CIROP Respondent Form is a brief questionnaire that can be used alone or accompany the *Community Impacts of Research Oriented Partnerships (CIROP) Measure*. The purpose of this form is to collect descriptive background information about those who constitute the targeted audiences of a research partnership's research and dissemination activities.

To Reference the CIROP Respondent Form:

King, G., Servais, M., Currie, M., Kertoy, M., Law, M., Rosenbaum, P., Specht, J., Willoughby, T., Forchuk, C., & Chalmers, H. (2003). *CIROP Respondent Form*. Published at www.impactmeasure.org.

INSTRUCTIONS

The purpose of this tool is to gather descriptive background information about you. The information collected on the CIROP Respondent Form will help a research partnership to better understand your relationship to, or interaction with, a specific research partnership.

Please fill in the blank or check (e.g.,) the most appropriate option for each question.

Respondent's Information

1. Your Unique Identifying Number is:

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2. Date You Completed this Form:

Day	Month	Year							

Identify the Research Partnership

3. You need to have a particular research partnership in mind when completing this questionnaire. Indicate the **name of the research partnership** that you will keep in mind while completing this form:

4. How long have you **known about/been aware of** the Partnership?

Years	Months		

YOUR PERSONAL RELATIONSHIP WITH THE PARTNERSHIP

Identify Your Primary Role in Relation to the Research Partnership

5. How would you **describe your role(s)/involvement** with the Partnership? Please check **all** that apply.

- | | |
|--|---|
| <input type="checkbox"/> No involvement with Partnership | <input type="checkbox"/> Research investigator |
| <input type="checkbox"/> Recipient of information from the Partnership | <input type="checkbox"/> Research participant |
| <input type="checkbox"/> Recipient of research-related services from the Partnership | <input type="checkbox"/> Research /program coordinator |
| <input type="checkbox"/> Active participant in Partnership | <input type="checkbox"/> Student |
| <input type="checkbox"/> Advisory position | <input type="checkbox"/> Support staff (e.g., administrative) |
| <input type="checkbox"/> Former participant in Partnership | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Belong to one of the Partnership's partner organizations/groups | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Leadership position in Partnership | _____ |
| <input type="checkbox"/> Project team or committee member | _____ |

6. From the list above, which do you consider to be **your primary role**? Please select **one** role only.

My primary role is: _____

7. **How long** have you **been involved in any capacity** (e.g., in any of the above roles) **with** the Partnership?

Years					Months

8. What is your **level of involvement** with the Partnership?

Extremely Involved	Fairly Involved	Somewhat Involved	A Little Involved	Not at All Involved	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	4	3	2	1	Not Applicable

9. **How connected** do you feel to the Partnership?

Extremely Connected	Fairly Connected	Somewhat Connected	A Little Connected	Not at All Connected	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	4	3	2	1	Not Applicable

10. How has this **feeling of connection** to the Partnership **changed over time**? Please check **one** only.

- | | |
|---|---|
| <input type="radio"/> I now feel more connected | <input type="radio"/> I have never felt connected |
| <input type="radio"/> No change in my feeling of connection | <input type="radio"/> Not applicable |
| <input type="radio"/> I now feel less connected | |

THE PARTNERSHIP'S PURPOSE, PRODUCTS, AND INFORMATION SHARING

11. How much do you know about the **Partnership's purpose/mission/theme?**

A Great Deal <input type="radio"/> 5	A Fair Amount <input type="radio"/> 4	Some <input type="radio"/> 3	A Little <input type="radio"/> 2	Nothing at All <input type="radio"/> 1	<input type="radio"/> Not Applicable
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12. How much does the Partnership's purpose/mission/theme fit with *your personal interests?*

A Great Deal <input type="radio"/> 5	A Fair Amount <input type="radio"/> 4	Some <input type="radio"/> 3	A Little <input type="radio"/> 2	Not at All <input type="radio"/> 1	<input type="radio"/> Not Applicable
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13. How much does the Partnership's purpose/mission/theme fit with *your professional interests?*

A Great Deal <input type="radio"/> 5	A Fair Amount <input type="radio"/> 4	Some <input type="radio"/> 3	A Little <input type="radio"/> 2	Not at All <input type="radio"/> 1	<input type="radio"/> Not Applicable
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14. How much does the Partnership's purpose/mission/theme fit with *your organization's/group's interests?*

A Great Deal <input type="radio"/> 5	A Fair Amount <input type="radio"/> 4	Some <input type="radio"/> 3	A Little <input type="radio"/> 2	Not at All <input type="radio"/> 1	<input type="radio"/> Not Applicable
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15. Which of the following **types of information** (including products and services) **have you encountered or received from the Partnership?** Please check *all* that apply.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Advice/consultation <input type="checkbox"/> An award to conduct research <input type="checkbox"/> A communication (by email or letter) <input type="checkbox"/> A curriculum-related product <input type="checkbox"/> A flyer/brochure or invitation <input type="checkbox"/> A journal article <input type="checkbox"/> A media report <ul style="list-style-type: none"> <input type="checkbox"/> In a magazine or newspaper <input type="checkbox"/> On television or radio <input type="checkbox"/> On the internet | <ul style="list-style-type: none"> <input type="checkbox"/> A measure, questionnaire, or survey <input type="checkbox"/> A networking opportunity (at a conference, meeting or forum) <input type="checkbox"/> A newsletter <input type="checkbox"/> A presentation/workshop <input type="checkbox"/> A training opportunity <input type="checkbox"/> A written summary/report <input type="checkbox"/> Information posted on a website <input type="checkbox"/> Other (please specify) _____ |
|---|---|

16. Considering all of the above types of information (including products and services), **how often** do you **receive information** from the Partnership?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-quarterly | <ul style="list-style-type: none"> <input type="checkbox"/> Yearly <input type="checkbox"/> Never <input type="checkbox"/> Other (please specify) _____ |
|--|--|

17. How would you rate the **overall quality** of the information/products from the Partnership?

Excellent <input type="radio"/> 5	Very Good <input type="radio"/> 4	Good <input type="radio"/> 3	Fair <input type="radio"/> 2	Poor <input type="radio"/> 1	<input type="radio"/> Not Applicable
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18. How **relevant for you** is the information received from the Partnership?

Very Relevant <input type="radio"/> 5	Fairly Relevant <input type="radio"/> 4	Somewhat Relevant <input type="radio"/> 3	A Little Relevant <input type="radio"/> 2	Not at All Relevant <input type="radio"/> 1	<input type="radio"/> Not Applicable
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19. How **relevant for your organization/group** is the information received from the Partnership?

Very Relevant <input type="radio"/> 5	Fairly Relevant <input type="radio"/> 4	Somewhat Relevant <input type="radio"/> 3	A Little Relevant <input type="radio"/> 2	Not at All Relevant <input type="radio"/> 1	<input type="radio"/> Not Applicable
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20. To what extent do **you use** the information/products from the Partnership?

A Great Deal <input type="radio"/> 5	A Fair Amount <input type="radio"/> 4	Some <input type="radio"/> 3	A Little <input type="radio"/> 2	Not at All <input type="radio"/> 1	<input type="radio"/> Not Applicable
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21. To what extent does **your organization/group use** the information/products from the Partnership?

A Great Deal <input type="radio"/> 5	A Fair Amount <input type="radio"/> 4	Some <input type="radio"/> 3	A Little <input type="radio"/> 2	Not at All <input type="radio"/> 1	<input type="radio"/> Not Applicable
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22. **Why do you receive information/products** from the Partnership? Please check **all** that apply.

- | | |
|---|---|
| <input type="checkbox"/> I requested information/products | <input type="checkbox"/> I do not receive information/products from the Partnership |
| <input type="checkbox"/> I joined a mailing list | <input type="checkbox"/> Not known |
| <input type="checkbox"/> My name was put on a mailing list | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Because of my position in an organization/group or community | _____ |
| | _____ |

ABOUT YOU

23. What is the **highest level of education** that you have **completed**? Please check **one** only.

- | | |
|---|--|
| <input type="radio"/> Completed high school | <input type="radio"/> Completed graduate school |
| <input type="radio"/> Completed college or technical training | <input type="radio"/> Other (please specify) _____ |
| <input type="radio"/> Completed university | _____ |

24. How often do **you use research evidence** to aid/guide your decision-making?

Most of the Time <input type="radio"/> 5	Often <input type="radio"/> 4	Some of the Time <input type="radio"/> 3	Seldom <input type="radio"/> 2	Never <input type="radio"/> 1	<input type="radio"/> Not Applicable
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25. How often does **your organization/group use research evidence** to aid/guide your decision-making?

Most of the Time <input type="radio"/> 5	Often <input type="radio"/> 4	Some of the Time <input type="radio"/> 3	Seldom <input type="radio"/> 2	Never <input type="radio"/> 1	<input type="radio"/> Not Applicable
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26. Which category best describes the type of organization in which you are employed?

Please check **one** only.

- | | | |
|--|--|--|
| <input type="radio"/> Not applicable | <input type="radio"/> Health services | <input type="radio"/> Service club |
| <input type="radio"/> Advocacy group | <input type="radio"/> Managed care organizations or insurers | <input type="radio"/> Social services |
| <input type="radio"/> Agency or community-based organization | <input type="radio"/> Media | <input type="radio"/> Transportation services |
| <input type="radio"/> Business/Industry | <input type="radio"/> Recreation and leisure | <input type="radio"/> Other (please specify) _____ |
| <input type="radio"/> Education | <input type="radio"/> Research organization or group | _____ |
| <input type="radio"/> Government | | |

27. How would you best describe your main role at this organization? Please check **one** only.

- | | |
|--|---|
| <input type="radio"/> Not applicable | <input type="radio"/> Information technology (e.g., computer support) |
| <input type="radio"/> Academic | <input type="radio"/> Managerial/director/leadership |
| <input type="radio"/> Administrative services | <input type="radio"/> Research or development |
| <input type="radio"/> Educator | <input type="radio"/> Service provider |
| <input type="radio"/> Information services (e.g., resource, community relations) | <input type="radio"/> Other (please specify) _____ |

28. Please indicate your level of agreement with each statement below? Check **one** option only.

	Agree Strongly	Agree Somewhat	Neither Agree Nor Disagree	Disagree Somewhat	Disagree Strongly	Not Applicable
a) I feel knowledgeable about the research process.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A
b) I feel that I have research skills.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A
c) I know how to use research findings.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A
d) I am comfortable using research findings.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A
e) My organization/group supports my use of research findings.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A
f) I have a difficult time finding research evidence.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A
g) Research evidence enhances my professional or daily practice.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A

Thank you for completing the CIROP Respondent Form!