

**Part I: Survey Design Form**

Robert Wood Johnson Foundation (RWJF) asks grantees and contractors about the methodology of any public opinion survey or research survey we fund to ensure it is well designed and adheres to our standards.  
  
Please complete this form before your RWJF-funded survey goes into the field. If your survey requires IRB approval, we ask you complete this form before you submit your survey for final IRB review.  
  
Please send your 1) completed form and 2) survey instrument to [grantreports@rwjf.org](mailto:grantreports@rwjf.org), using the filename format: GrantID#.SurveyDevelopment.PDF. Please CC [sip@aarp.org](mailto:sip@aarp.org).   
  
Once all materials are submitted, we will review and approve your survey within 10 business days.  
  
If you have any questions, please email [surveystandards@rwjf.org](mailto:surveystandards@rwjf.org)   
  
Thanks,  
Robert Wood Johnson Foundation Survey Standards

**1. Funding ID:**



**2. Please specify the RWJF team this grant/contract is associated with:**

|  |
| --- |
| https://www.surveymonkey.com/i/t.gifHealthy Weight for All Children  https://www.surveymonkey.com/i/t.gifHealth Care Coverage  https://www.surveymonkey.com/i/t.gifBridging Health and Health Care  https://www.surveymonkey.com/i/t.gifValue  https://www.surveymonkey.com/i/t.gifHealthy Places and Practices  https://www.surveymonkey.com/i/t.gifEqual Opportunity  https://www.surveymonkey.com/i/t.gifVulnerable Populations  https://www.surveymonkey.com/i/t.gif21st Century Leadership  https://www.surveymonkey.com/i/t.gifThe Future of Nursing  https://www.surveymonkey.com/i/t.gifNew Jersey  https://www.surveymonkey.com/i/t.gifDon't Know |

**3. Is this survey being fielded by an RWJF communications firm?**

|  |
| --- |
| https://www.surveymonkey.com/i/t.gifYes  https://www.surveymonkey.com/i/t.gifNo |

**4. Please specify the organization conducting your survey:**



Other (please specify)

**5. Is your survey a probability sample?**

|  |
| --- |
| https://www.surveymonkey.com/i/t.gifYes  https://www.surveymonkey.com/i/t.gifNo |

**6. Please specify your survey population. Check all that apply.**

|  |
| --- |
| https://www.surveymonkey.com/i/t.gifChildren (Ages<18 years)  https://www.surveymonkey.com/i/t.gifAdults (Ages 18-64 years)  https://www.surveymonkey.com/i/t.gifSeniors (Ages 65+ years) |

**7. Please select the specific population you will be surveying.**

|  |
| --- |
| https://www.surveymonkey.com/i/t.gifHealth Policy Experts  https://www.surveymonkey.com/i/t.gifNurses  https://www.surveymonkey.com/i/t.gifParents  https://www.surveymonkey.com/i/t.gifPhysicians  https://www.surveymonkey.com/i/t.gifPolicy-makers  https://www.surveymonkey.com/i/t.gifProviders  https://www.surveymonkey.com/i/t.gifNone  https://www.surveymonkey.com/i/t.gifOther |
| Other (please specify) |

**8. Please select where you will be fielding your survey:**



Please select where you will be fielding your survey:

Other (please specify)

**9. Please select the mode of your survey. Check all that apply.**

|  |
| --- |
| https://www.surveymonkey.com/i/t.gifPhone  https://www.surveymonkey.com/i/t.gifMail  https://www.surveymonkey.com/i/t.gifFace-to-face  https://www.surveymonkey.com/i/t.gifWeb-based  https://www.surveymonkey.com/i/t.gifOther |
| Other (please specify) |

**Questions 10 and 11 refer ONLY to online surveys:**

**10. Is the sample being used a panel sample?**

|  |
| --- |
| https://www.surveymonkey.com/i/t.gifIs the sample being used a panel sample?  Yes  https://www.surveymonkey.com/i/t.gifNo |

**11. If so, please indicate the company from which the panel will be purchased or briefly describe how the panel was created.**



**12. Please estimate the range of dates the survey will be in the field: (If the survey is fielded multiple times please indicate separate date ranges. Complete to the best of your ability.)**

|  | MM |  | DD |  | YYYY |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Start date: | Month | / | Day | / | Year |  |
| 1. End date: | Month | / | Day | / | Year |  |
| 2. Start date: | Month | / | Day | / | Year |  |
| 2. End date: | Month | / | Day | / | Year |  |
| 3. Start date: | Month | / | Day | / | Year |  |
| 3. End date: | Month | / | Day | / | Year |  |

**13. Briefly describe the survey methodology, including sampling frame, sample selection procedure, sample size, number of completed interviews planned, contact procedures, weighting strategy (if applicable), and anticipated response rate and sampling error.**



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**14. Please provide the name and contact information of someone who can discuss the survey methodology in case there are questions.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

Please direct any questions to [surveystandards@rwjf.org](mailto:surveystandards@rwjf.org).