



## PRISM Survey Submission Form

Project Title: \_\_\_\_\_

PI: \_\_\_\_\_

Other Investigators: \_\_\_\_\_

PRISM RIG Involved: Y  / N  If so, which one? \_\_\_\_\_

Plan for publication: Y  / N

Target distribution date: \_\_\_\_\_

Target audience (provide a short summary in your own words): \_\_\_\_\_

To what percent of the PRISM membership do you feel your survey is applicable, and if not 100%, to which categories of membership (n=??, ??% of overall membership)?

- Orthopaedic Surgeons
- Primary Care Sports Medicine MDs
- ATCs
- PTs
- PAs/MLPs
- Trainees (Residents/Fellows)
- PhD Researchers
- MSK Radiologists
- Other

What is the minimum response rate (either to the entire membership or to the above categories) that is felt to make survey results valid/applicable? \_\_\_\_\_

What is the intended purpose of the survey results?

- Independent submission for publication of the survey results
- Part of a larger study planned for submission for publication
- Pilot data for use in future study planning/grant submission documents
- Distribution to PRISM membership for general awareness/PRISM initiatives
- Other

Estimated time to complete: \_\_\_\_\_

Distribution outside of PRISM: YO/ NO

Survey Link: \_\_\_\_\_

**\*Please attach copy of survey pdf**

Send completed form and survey to [info@prismsports.org](mailto:info@prismsports.org)