



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Introductory Questionnaire Institutional Review Board

Name of Principal Investigator: _____

Project Title: _____

1. Characteristics of the research (check all that apply):

- Archival Data Study Method (requires Data Request Form)
 - Identified Data
 - De-identified Data
- Non-Archival Data Study Method
 - Survey/Questionnaire
 - Intervention
 - Experimental
 - Behavioral or Psychological Study
 - Exercise or Nutrition Study
- Deception of Subjects
- Use of Impaired Subjects*
- Collection of Physical Specimens (e.g., blood, urine, hair)
- Use of Placebos
- Non-Approved Indication for Approved Drug
- Non-Approved Dose for Approved Drug
- Experimental/Marketed Drug: IND # _____
- Experimental/Marketed Drug: IND Exempt
- Other, please specify: _____

*Impaired subjects include those who have physical or mental limitations which restrict their ability to understand, or who are dependent on the individuals who may be consenting for them. The subjects include, but are not limited to, people who are in one of the following categories: mentally or emotionally impaired, illiterate, or those who require certain care. Some subjects are permanently impaired by definition of their circumstances; others are temporarily impaired.

2. Where did this study idea/request originate?

- At the Florida Department of Juvenile Justice
- At another State of Florida agency (please specify) _____
- An academic institution (please specify) _____
- A research institution (please specify) _____
- From a grant proposal
- Other (please specify) _____

3. Is financial or material support required for this study? Yes No (If No, skip to #5)

Source of Funding:	<u>Applied for</u>	<u>Obtained</u>	
Grant Institution	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	(please specify) _____
NIJ	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
OJJDP	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
BJA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
DJJ	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
State of Florida	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
University	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	(please specify) _____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	(please specify) _____

4. Expected dates of the study: Start Date: ____/____/____ End Date: ____/____/____

5. Expected location(s) of the study? (please specify)

(Researcher fills out **top portion** of Research Acknowledgement Form at this time)

_____	Research Acknowledgement Form Filled Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Signature Obtained (DJJ Process)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Research Acknowledgement Form Filled Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Signature Obtained (DJJ Process)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Research Acknowledgement Form Filled Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Signature Obtained (DJJ Process)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Refer to DJJ's IRB Handbook for the specific process on obtaining signatures for the Research Acknowledgement Form

6. Describe any significant relationship between the investigator(s) and any of the participants in the study. Check all that apply:

- Researcher/Participant
- Teacher/Student
- Contract or Department Provider/Delinquent
- Health Care Provider/Patient
- Employer/Employee
- Friend or Family
- Other (please specify) _____

7. Are you currently or have you ever been employed by the Florida Department of Juvenile Justice or a DJJ provider? Yes No

If **yes**, explain any possible conflicts of interest or explain why this situation will not result in a conflict of interest. _____

8. Describe the youth assent/parent consent process?

9. Participant Information

9a. Estimated number of participants _____ Age Range: ____ to ____ years of age

9b. Describe participant types (e.g., normal controls, habitual offenders, sexual offenders)

9c. Are participants selected based on gender? Yes No If yes: Males/ Females
If **yes**, specify reason. _____

9d. Are participants selected based on race/ethnicity? Yes No
If **yes**, specify races/ethnicities. _____
If **yes**, specify reason. _____

9e. Describe the plan for dealing with youth who cannot read or are developmentally disabled.

10. If you are planning to interact with youth or staff at a DJJ facility or property where they may receive information about possible abuse of a youth, how do you plan to comply with Florida Statute 39.201 regarding mandatory reporting?

- Incidents of abuse will be reported to 1-800-96ABUSE
- Other (please explain): _____

11. In the event of a psychological or medical emergency, plans for management are:

- Normal provisions of the DJJ program.
- On-site physician with emergency medications and equipment provided by investigators.
- Public or community emergency services (e.g., 911).
- Other (please explain): _____

12. Will any services, tests, medical procedures, etc., be performed that are in addition to the routine rehabilitative regimen or overlay services for the participants, including drug testing?

- Yes No (If **No**, skip to #13)

12a. Who will have access to the results? _____

12b. If the study involves pharmacological intervention, will any of the drugs, devices, etc., be given to the participants free of charge? If so, please specify. _____

12c. Who or what agency will pay for them? _____

13. All individuals, including the principal and co-investigators, who will have access to juveniles, their parents, department employees, or contract providers or individuals who will have access to confidential information must undergo background screenings. Please identify **all individuals** who will require background screenings **and your time frame** to complete DJJ background checks on each individual. **Background Screenings submitted to the Department without the title of the IRB submission and the email address of the principal investigator included on the documentation will be discarded. Please refer to DJJ's IRB Handbook for the specific process.*

14. What measures will be taken to protect the confidentiality of the information (e.g., tapes, pictures, personal documentation) obtained? Specifically address how the principal investigator will store, handle, and destroy the information.

14a. During the research study: _____

14b. After completion of the research study: _____

15. Will research participants be compensated? Yes No (If **No**, skip to #16)

15a. Reimbursement of Expenses? Yes No

If **yes**, specify the expenses for which the participant will be reimbursed.

15b. Monetary Compensation? Yes No If **yes**, amount: \$_____

If monetary compensation is provided, a pro-rated payment is required. Please outline the amount and schedule of all payments. If a pro-rated payment scheme is not applicable, an explanation must be provided below. _____

Given the group of participants you will recruit, could the monetary compensation unduly influence a subject to participate in this study or remain in this study when other factors in the subject's health/environment would keep the subject from doing so? (Please specify). _____

16. Is there an oversight committee that reviews safety data for this research study?

Yes No If **yes**, please specify: _____
