

## LA Net Participation Interest Assessment

**DIRECTIONS:** Please answer the below statements according to the response that best describe you or your primary care site. This survey is intended for primary care providers currently not part of a Practice Based Research Network.

**1. I am familiar of Practice Based Research Networks, such as LA Net.**

Very familiar     Familiar     Somewhat familiar     Familiar with literature     Not at all

**2. Care providers at my site feel a barrier between current primary care research and our ability to apply findings towards treating our patients.**

Always describes my site     Often describes my site     Sometimes describes my site     Rarely describes my site     Does not describe my site

**3. The patient population of my site is reflected in current primary care literature.**

Always describes my site     Often describes my site     Sometimes describes my site     Rarely describes my site     Does not describe my site

**4. There are issues, not seen in current primary care literature, specific to my site that should be addressed in a research context.**

Always describes my site     Often describes my site     Sometimes describes my site     Rarely describes my site     Does not describe my site

**5. If viewed as beneficial to them, care providers and community members would actively participate in studies at my site.**

Always describes my site     Often describes my site     Sometimes describes my site     Rarely describes my site     Does not describe my site

PLEASE CONTINUE ON TO THE NEXT PAGE.

**Please list benefits that you feel your site would receive as a member of a Practice Based Research Network.**

**Please describe any factors that would hinder your participation in a Practice Based Research Network.**

**Please indicate what changes would need to occur for your site's participation in a Practice Based Research Network.**

**If you are interested in becoming a member of LA Net or are interested in learning about Practice Based Research Networks, please indicate a name, phone number and email address you can be contacted.**

**Name:**

**Site Name:**

**Phone Number:**

**Email Address:**

**THANK YOU FOR YOUR PARTICIPATION.**