Screening Questionnaire to Determine the Approval Procedure

(adapted from Massey University)

(Part A and Part B of this questionnaire must both be completed)

Name:
Project Title:

This questionnaire should be completed following, or as part of, the discussion of ethical issues.

Part A

The statements below are being used to determine the risk of your project causing physical or psychological harm to participants and whether the nature of the harm is minimal and no more than is normally encountered in daily life. The degree of risk will then be used to determine the appropriate approval procedure.

If you are in any doubt you are encouraged to submit a FULL ethics review approval to the MNUREC.

Does your Project involve any of the following?
(Please answer all questions. Please circle either YES or NO for each question)

Risk of Harm

1.	Situations in which the researcher may be at risk of harm.	YES / NO
2.	Use of questionnaire or interview, whether or not it is anonymous which might reasonably be expected to cause discomfort, embarrassment, or psychological or spiritual harm to the participants.	YES / NO
3.	Processes that are potentially disadvantageous to a person or group, such as the collection of information which may expose the person/group to discrimination.	YES / NO
4.	Collection of information of illegal behaviour(s) gained during the research which could place the participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships.	YES / NO
5.	Collection of blood, body fluid, tissue samples, or other samples.	YES / NO
6.	Any form of exercise regime, physical examination, deprivation (e.g. sleep, dietary).	YES / NO
7.	The administration of any form of drug, medicine (other than in the course of standard medical procedure), placebo.	YES / NO
8.	Physical pain, beyond mild discomfort.	YES / NO
9.	Any MNU teaching which involves the participation of MNU students for the demonstration of procedures or phenomena which have a potential for harm.	YES / NO

10.	Participants whose identity is known to the researcher giving oral consent rather than written consent (if participants are anonymous you may answer No).	YES / NO
11.	Participants who are unable to give informed consent.	YES / NO
12.	Research on your own students/pupils.	YES / NO
13.	The participation of children (seven (6) years old or younger).	YES / NO
14.	The participation of children under eighteen (18) years old where active parental consent is not being sought.	YES / NO
15.	Participants who are in a dependent situation, such as people with a disability, or residents of a hospital, nursing home or prison or patients highly dependent on medical care.	YES / NO
16.	Participants who are vulnerable.	YES / NO
17.	The use of previously collected information or biological samples for which there was no explicit consent for this research.	YES / NO

Privacy/Confidentiality Issue

18.	Any evaluation of organisational services or practices where information of a personal nature may be collected and where participants or the organisation may be identified.	YES / NO

Deception

19.	Deception of the participants, including concealment and covert observations.	YES / NO

Conflict of Interest

20.	Conflict of interest situation for the researcher (e.g. is the researcher also the lecturer/teacher/treatment-provider/colleague or employer of the research participants or is there any other power relationship between the researcher and research participants?)	YES / NO

Compensation to Participants

21.	Payments or other financial inducements (other than reasonable reimbursement of travel expenses or time) to participants.	YES / NO

Procedural

22.	A requirement by an outside organisation (e.g. a funding organisation or a journal in which you wish to publish) for MNUREC approval.	YES / NO

Part B

FOR PROPOSED HEALTH RESEARCH ONLY

Not all health research requires review by the National Health Research Committee (NHRC).

Your study is likely to require NHRC review if it involves:

a) health related research at Postgraduate or higher levels and
b) human participants recruited in their capacity as:

- consumers of health or disability support services; or
- relatives or caregivers of such consumers; or
- volunteers in clinical trials; or

c) human tissue; or
d) health information.

In order to establish whether or not NHRC review is required: (i) read the National Health Service Act; (ii) work through the 'Does your study require NHRC review?' flowchart; and (iii) answer Question 23 below.

If you are still unsure whether your project requires NHRC approval, please email the Ministry of Health for advice and keep a copy of the response for your records.

23. Is HDEC review required for this study? YES NO	YES / NO

24. Is any NHRC/ National Agency approval required for this study? YES NO	YES / NO

Select the appropriate procedure to be used (choose one option):

If you answer YES to any of the questions 1 to 22 (Part A)	If you answer YES to Q23 (Part B)	If you answer NO to ALL of the questions in Parts A and B
⬇	⬇	⬇
Prepare a FULL ethics review approval application	Prepare an application for National Health Research Committee	Prepare a Low Risk Approval application