**<Study Name>**

**Protocol Synopsis**

**NAME OF THE SPONSOR:**

**STUDY TITLE:**

**STUDY DESIGN:**

**OBJECTIVES:**

**PARTICIPANT ELIGIBILITY:**

**Key Inclusion Criteria:**

**Key Exclusion Criteria:**

**STUDY INTERVENTION:**

*<Brief Description>*

**<Study Name>**

**Feasibility Questionnaire**

***Study Title:***

|  |  |
| --- | --- |
| **Site Information** | |
| 1. Name of the hospital (site for conducting the study) |  |
| 1. Complete address |  |
| 1. City |  |
| 1. State |  |
| 1. Hospital type | Government  Private |
| **Investigator Details** | |
| 1. Full Name |  |
| 1. Qualification |  |
| 1. Designation |  |
| 1. MRC number |  |
| 1. Specialization |  |
| 1. Email id |  |
| 1. Mobile number |  |
| **Previous Clinical Trial Experience** | |
| 1. Are you trained in International Council for Harmonisation, Guideline for Good Clinical Practice (ICH GCP) | Yes  No |
| 1. How many randomised clinical trials have you conducted as site principal investigator in the last two years? | None  1-5  6-10  >10 |
| * 1. Please provide the names of the last five randomised clinical trials you have participated in (if applicable) | |  |  |  |  | | --- | --- | --- | --- | | **S. No.** | **Trial Name** | **Trial Phase** | **Role** | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  | |
| 1. How many randomised clinical trials are currently involved in? | None  1-5  6-10  >10 |
| **Patient Population and Recruitment -*<This section will be adapted as per the study specifications>*** | |
| 1. How many patients with hypertension do you see per day? |  |
| 1. Considering the study inclusion and exclusion criteria (please see Protocol synopsis), how many patients would be eligible for participations in the proposed study per day at your site? |  |
| 1. Would any of the inclusion / non-inclusion criteria make recruitment of patients difficult at your site? | Yes  No |
| * 1. If yes, which ones and why |  |
| 1. Do you foresee any challenges with home blood pressure monitoring by study participants? | Yes  No |
| * 1. If yes, what are these challenges |  |
| 1. Do you foresee any other potential challenges for participant recruitment and retention | Yes  No |
| * 1. If yes, what are these challenges |  |
| **Site Facilities and Capacity** | |
| 1. Number of hospital beds |  |
| 1. Does your hospital have an ethics committee registered with CDSCO? | Yes  No |
| * 1. If yes, the ethics committee registration number |  |
| 1. Does your hospital have access to a clinical laboratory? | Yes  No |
| 1. Do you have experienced clinical research staff available to carry out this study at your site (Study nurse, site coordinator)? | Yes  No |