

In order to obtain the scale, please complete the project information form and return it to Jonathan Davidson at mail@cd-risc.com. On the basis of this information we will send an agreement which describes terms of use and payment details. Once this has been completed, the scale and user's manual will be promptly forwarded.

Connor-Davidson Resilience Scale (CD-RISC) ©

Project Information Form

Please complete and type or print responses clearly. Email this form to Jonathan Davidson at mail@cd-risc.com.

Name of Principal Investigator/ Project Director/Clinician	
Department/Organization	
Street Address	
City, State/Province Zip/Postal code	
Country	
Telephone	
Fax	
Email address	

1. Organization Type: *Check box next to the category that best describes the type or primary purpose of your organization.*

- ☐ Medical group
- ☐ Hospital
- ☐ Academic Center
- ☐ Private Foundation
- ☐ Insurance Company/Health Plan
- ☐ Government Agency
- ☐ Consulting Firm
- ☐ Pharmaceutical Company

☐ Other: _____

2. Please briefly describe the project in which you plan to use the CD-RISC:

3. Number of subjects in sample:

4. Number of times the CD-RISC will be administered to each subject:

5. Project duration:

6. Method of assessment (e.g., mail survey, internet):