

## Final Report

The following is a progress report template for the Heart and Stroke Foundation of Canada (the Foundation) Research Scholarship Program. Its purpose is threefold:

- 1) to gather information pertaining to the results of research projects supported by the Personnel Awards program.
- 2) to update any changes in awardees' contact information, and
- 3) to aid in the evaluation of the Heart and Stroke Foundation Personnel Awards program.

Instructions:

1. Please forward your **completed** final report via email ([research@hsf.ca](mailto:research@hsf.ca)). Final reports are due one month after the end date of your award. For example, if you ended your award on June 30<sup>th</sup>, your final report will be due August 1<sup>st</sup>
2. Please limit your report to research activities within the reporting period (for example, **July 1<sup>st</sup> to June 30<sup>th</sup>** of a given year). Please only report up to the date when you completed your award.
3. Once completed, please have your **primary mentor** review your progress report. On the last page of the final report you must then indicate that it has been reviewed by your primary mentor.

*Please note: All responses will be kept confidential, according to the requirements of the Heart and Stroke Foundation and the Personal Information Protection and Electronics Document Act (PIPEDA).*

Award Period			
<b>Duration of Award:</b>	Start Date:	_____	End Date: _____
		(mm/dd/year)	(mm/dd/year)
<b>Reporting Period:</b>	From:	_____	To: _____
		(mm/dd/year)	(mm/dd/year)

### SECTION A: CONTACT INFORMATION

Family Name	Given Name	Middle Initial
Primary Email Address	Alternate Email Address (if applicable)	

During the period covered by this progress report were there any changes to your **contact information**?  
(please select one)

- Yes  
 No

## SECTION B: PERMANENT ADDRESS

Address		
City	Province/State (Canada/US only)	
Country	Postal/Zip Code (Canada/US only)	
Telephone (xxx-xxx-xxxx)	Extension (if applicable)	Fax (xxx-xxx-xxxx)
Alternate Telephone (xxx-xxx-xxxx)	Alternate Extension (if applicable)	Alternate Fax (xxx-xxx-xxxx)

During the period covered by this progress report was there a change in your **permanent address**? (please select one)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

## SECTION C: MAILING ADDRESS

Complete this section only if your mailing address is **different** from your permanent address.

Address		
City	Province/State (Canada/US only)	
Country	Postal/Zip Code (Canada/US only)	
Telephone (xxx-xxx-xxxx)	Extension (if applicable)	Fax (xxx-xxx-xxxx)

During the period covered by this progress report was there a change in your **mailing address**? (please select one)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Which address would you prefer to use for **future** correspondence? (please select one)

<input type="checkbox"/>	Mailing Address
<input type="checkbox"/>	Permanent Address

## SECTION D: CURRENT POSITION

Position Title (e.g. Adjunct Professor)
Department
Institution
Position Start Date (yyyy-mm-dd)

## **SECTION E: AWARD INFORMATION**

Research Scholarship Initiative: *(please select one)*

  

Heart and Stroke Foundation  
Focus on Stroke (FOS)

  

Jump Start Resuscitation  
Other

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Name of **Primary** Mentor

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Department

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Institution

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Name of **Co-Mentor** *(if applicable)*

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Department

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Institution

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## **SECTION F: RESEARCH PROJECT PROGRESS AND FINAL RESULTS**

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1. Please tell us the title of your research project.

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2. Please estimate what proportion of your research fell under the following **four (4) themes of health research**, as defined by the Canadian Institutes of Health Research.

%

Basic Biomedical (I)

*(Research with the goal of understanding normal and abnormal functioning, at the molecular, cellular, organ system, and whole body levels, including the development of tools and techniques to be applied for this purpose; developing new therapies or devices which improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Studies on human subjects that do not have a diagnostic or therapeutic orientation.)*

Clinical (II)

*(Research with the goal of improving the diagnostic and treatment (including rehabilitation and palliation) or disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Research on or for the treatment of patients.)*

Health Services/Systems (III)

*(Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately our health and well-being.)*

Social, Cultural, Environmental and Population Health (IV)

*(Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine health status.)*

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100%

3. a) Please list the research objectives from your **original** application.  
  
b) For the period covered by this final report, please describe: i) any changes to these original objectives, ii) why these changes occurred, and iii) any impacts these changes may have had on your research project. *(250 words or less)*
4. For the period covered by this final report, please describe any **personal** or **project-related** factors that may have hindered the progress of your research project. *(150 words or less)*
5. Please describe your **three** greatest project-related achievements. *(150 words or less)*
6. Please describe the **final results** of your research project, taking into consideration the entire duration of your award. *(150 words or less)*
7. Please indicate the number of students you have (co)supervised and/or (co)mentored during this period by completing the form below.

Name of trainee	Program Type	Dates		Degree Received (if applicable)	Research Project (short title)
		From	To		

8. In lay terminology, please describe specifically how your research project contributed to improving the cardio- and/or cerebrovascular health of Canadians. *(150 words or less)*
9. Please provide any additional comments you may have regarding your research project and its final results.

## SECTION G: NUMBER OF PUBLICATIONS

- For the period covered by this final report, please indicate the number of **published, accepted or in-press**, and **submitted** publications, according to the categories listed below.

*The number of publications a) published, b) accepted or in-press, and c) submitted under each category should correspond to the number of publications a) published, b) accepted or in-press, and c) submitted under Section H: Listing of Publications, #1-5.*

	Column A	Column B	Column C
Publications	# Published	# Accepted or In-Press	# Submitted
1. Refereed Papers			
2. Books and Monographs			
3. Contributions to a Collective Work/Book Chapters			N/A
4. Abstracts			
5. Other Publications and Works			
Total Number of Publications (Please add the totals for each of Columns A, B, and C.)			

- For the period covered by this final report, please indicate the number of **invited presentations**.

*The number of invited presentations should correspond to the number of invited presentations listed in Section H: Listing of Publications, #6.*

Number of Invited Presentations

## SECTION H: LISTING OF PUBLICATIONS

For the period covered by this final report, please list your publications and other research contributions, according to the categories listed below. Where applicable, use the reference format of the bibliographic notes from the original publication.

- 
- Refereed Papers  
*Please include original articles published in journals.*
    - Published
    - Accepted or In-Press
    - Submitted
-

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2. Books and Monographs

- a) Published
- b) Accepted or In-Press
- c) Submitted

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3. Contributions to a Collective Work/Book Chapters

*Please include chapters written on invitation or collective works derived from conferences or symposiums.*

- a) Published
- b) Accepted or In-Press

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4. Abstracts

*Please include the name of the journal and title, or the article and date submitted.*

- a) Published
- b) Accepted or In-Press
- c) Submitted

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5. Other Publications and Works

- a) Published
- b) Accepted or In-Press
- c) Submitted

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6. Invited Presentations

*Please include conferences, presentations, demonstrations, workshops intended for a non-academic audience, according to the type of audience to which you have been invited to present.*

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## SECTION I: FUNDING INFORMATION

1. List any additional funding you have received during the period you have held a HSF Personnel Award.

Type of Funding	Grant/Award Status <i>(Please indicate with an X)</i>			Amount Applied For / Awarded (\$CDN)	Duration of Grant/Award <i>(mm/yyyy – mm/yyyy)</i>	Funding Source
	Applied	Pending	Received			

## SECTION J: FUTURE PLANS

1. a) Do you intend to continue your career as a **researcher**? *(please select one)*

Yes  
 No

b) Why/Why not?

2. a) Do you intend to continue your career in the field of **cardiovascular or cerebrovascular research**? *(please select one)*

Yes  
 No

b) Why/Why not?

3. Please describe your **immediate** career plans. *(250 words or less)*

4. List any funding you have applied for that would commence at the end of this award.

Type of Funding	Grant/Award Status <i>(Please indicate with an X)</i>			Amount Applied For / Awarded (\$CDN)	Duration of Grant/Award <i>(mm/yyyy – mm/yyyy)</i>	Funding Source
	Applied	Pending	Received			

5. a) Where do you intend to continue your career? (*please select one*)

<input type="checkbox"/>	Canada
<input type="checkbox"/>	United States
<input type="checkbox"/>	Europe
<input type="checkbox"/>	Other
	( <i>please specify</i> ):
	<input type="text"/>

6. Please describe your **long-term** career plans. (*250 words or less*)

7. Please provide any additional comments you may have regarding your future plans.

## **SECTION K: MENTOR - SECTION**

1. Please provide a brief appraisal of awardee and research progress made for the period covered by this report. (Maximum 250 words)
2. Please describe the nature of any work required to be carried out by the awardee apart from the research activity.

## **SECTION L: HEART AND STROKE FOUNDATION PERSONNEL AWARDS PROCESS**

1. On a scale of 1-5, **with 5 being very satisfied**, please indicate (x) your level of satisfaction with the Heart and Stroke Foundation Personnel Awards program.

Very unsatisfied      Very satisfied  
 1       2       3       4       5

2. Please provide any additional comments you may have regarding the Heart and Stroke Foundation Personnel Awards program.

## **SECTION M: MENTOR REVIEW**

This final report has been reviewed by my primary mentor. I confirm that the information provided is accurate and complete.

\_\_\_\_\_  
Awardee Signature

\_\_\_\_\_  
Mentor Signature