

**COMPLETED EXAMPLE – WORKSHEET 2.4: IDENTIFYING FURTHER RESEARCH NEEDS**

|  | Yes/No   | Notes |
|--|--|-------|
| Is there anything else you would like to know about the behaviors, attitudes, knowledge or perceptions of how the population is responding to the emergency? | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |       |
| Do you need to know more about the barriers and facilitators of behaviors related to the emergency?  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |       |
| Do you need to know more about the culture, norms and traditions that govern behaviors related to the emergency?   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |       |
| Are there vulnerable and at-risk groups that have been omitted by the secondary research you reviewed?   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |       |
| Do you need to know more about the people of influence in the lives of the affected populations?   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |       |
| Do you need to know more about the programs and organizations operating in the affected areas?   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |       |
| Have you identified any contradictory information from your secondary research that requires further investigation?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |       |
| Do you think that the information you collected from the secondary research may be biased in any way?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |       |
| Are there any questions that could help you design your emergency response that remain unanswered  | <input checked="" type="checkbox"/> Yes                                |       |

|                              |                             |  |
|------------------------------|-----------------------------|--|
| from the secondary research? | <input type="checkbox"/> No |  |
|------------------------------|-----------------------------|--|