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Connor-Davidson Resilience Scale (CD-RISC)

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Project Information Form

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Please complete and type or print responses clearly. Email this form to Jonathan
Davidson at 2 *+/ 9 .&:%+-.;.$ 2.

Name of Principal Investigator/ Project Director/Clinician	

œ   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):

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