**HPRIR Data and Materials Request Form**

**SMART-3RP Repository Data Request**

***General Information***

|  |  |
| --- | --- |
| Request Date |  |
| Requester Name |  |
| Requester Email |  |
| Institution/Organization/Department |  |
| Position and/or title (i.e., faculty, staff, student) |  |

***Request Overview***

Project Title:

Request Purpose: *Please indicate whether you are requesting data and/or materials. Briefly (no more than 1-2 paragraphs) describe the aims of your research project and how the requested data and/or materials will be used for your research project.*

Methods and Analysis Plans: *Briefly (no more than 1-2 paragraphs) describe your quantitative or qualitative methods for using requested materials and/or analyzing requested data. If requesting data, define which variables will be considered as dependent, independent, or potential covariates, as well as the timepoints you are requesting (baseline, post-intervention).*

Progress Report*. Briefly (no more than 1-2 paragraphs) describe your plans to update our study team about your progress on using the requested data and/or materials as planned. For instance, emailing our team an update every 6 months, sharing modifications to study documents, etc.*

***If requesting data:***

Please provide the name, email address, and role of all individuals who will access the requested data:

Please provide the location where the data file will it be stored:

Please describe your data safety plans for keeping data secure:

Will you need access to any patient identifying information (e.g., name, MRN, DOB)? If so, please describe:

*By signing this form, I agree to not disseminate shared data and/or materials for any use other than stated above.*

*Printed Name and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of PI or senior advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Request Specifics***

*Date Range of Data Requested: \_\_\_\_\_\_\_\_\_(MM/YY) to \_\_\_\_\_\_\_\_\_\_\_(MM/YY)*

*Variables Requested:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Demographic Criteria*** | ***Requested?*** | ***Specifics*** | ***Dates of Collection*** |
| Patient Identifier or MRN |  |  | n/a |
| Age |  |  | 9/20/16 - Present |
| Biological Sex |  |  | 3/17/23 – Present |
| Gender Identity |  |  | 3/17/23 – Present |
| Gender (old variable) |  |  | 9/20/16 – 3/17/23 |
| Race |  |  | 9/20/16 - Present |
| Marital Status |  |  | 9/20/16 - Present |
| Household Children |  |  | 9/20/16 - Present |
| Education Status |  |  | 9/20/16 - Present |
| Employment Status |  |  | 9/20/16 - Present |
| ***Medical History*** | | | |
| Medical conditions (e.g., cancer, diabetes, kidney disease, etc.) |  |  | 3/17/23 – Present |
| Psychiatric conditions (e.g., ADHD, Anxiety disorder, OCD, etc.) |  |  | 3/17/23 – Present |
| ***Group Criteria*** | | |  |
| Group Name |  |  | 7/21/21 – Present |
| Group Leader |  |  | 7/21/21 – Present |
| Sessions Attended |  |  | 7/21/21- Present |
| ***Measures/Instruments*** | | |  |
| Current Experiences Scale (CES) |  |  | 9/20/16 – Present |
| 0-10 Distress Scale |  |  | 9/20/16 – Present |
| Measure of Current Status (MOCS) |  |  | 9/20/16 – Present |
| PANAS Positive |  |  | 9/20/16 – Present |
| Penn State Worry Questionnaire (PSWQ) |  |  | 9/20/16- Present |
| International Physical Activity Questionnaire (IPAQ) |  |  | 9/20/16 – Present |
| Insomnia Severity Index (ISI) |  |  | 8/30/22 – Present |
| Pittsburg Sleep Quality Index (PSQI) |  |  | 9/20/16 – Present |
| PSS-10 |  |  | 9/20/16 – Present |
| CAMS-R |  |  | 9/20/16 – Present |
| PHQ-4 |  |  | 9/20/16 – Present |
| Fatigue Analogue Scale |  |  | 9/20/16 – Present |
| Cigna Healthy Eating |  |  | 9/20/16 – Present |
| RR Adherence |  |  | 7/21/21 – Present |
| MOS Social Support Scale |  |  | 9/20/16 – Present |
| TFEQ Emotional Eating Subscale |  |  | 7/21/21 – Present |
| RIA Single Item |  |  | 7/21/21 – Present |
| Health Uncertainty |  |  | 9/20/16 – Present |
| Flourishing Measure |  |  | 7/21/21 – Present |
| WHO-5 Wellbeing Index |  |  | 7/21/21 – Present |
| Appreciation Items |  |  | 7/21/21 – Present |
| Religiosity and Spirituality |  |  | 7/21/21 – Present |
| UCLA Loneliness Scale |  |  | 9/20/16 – Present |
| Smoking Question |  |  | 7/21/21 – Present |
| Expectancy Questionnaire |  |  | 9/20/16 – Present |
| Program Satisfaction |  |  | 3/17/23 – Present |
| *PROMIS Cognitive Function* |  |  | 9/20/16 – 7/21/21 |
| *GAD-7* |  |  | 9/20/16 – 7/21/21 |
| *Life Orientation Test-Revised (LOT-R)* |  |  | 9/20/16 – 7/21/21 |
| *Fear of Recurrence* |  |  | 9/20/16 – 7/21/21 |
| *Relationship Scales Questionnaire (RSQ)* |  |  | 9/20/16 – 7/21/21 |