**HPRIR Data and Materials Request Form**

**SMART-3RP Cancer Survivorship 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 |  |  | 8/20/19 – Present |
| Biological Sex |  |  | 3/31/23 – Present |
| Gender Identity  |  |  | 3/31/23 - Present |
| Gender (old variable)  |  |  | 8/20/19 – 3/31/23 |
| Race |  |  | 8/20/19 – Present |
| Marital Status |  |  | 8/20/19 – Present |
| Education Status |  |  | 8/20/19 – Present |
| Employment Status  |  |  | 8/20/19 – Present |
| ***Medical History***  |  |
| All cancer diagnoses [site, month/year initially diagnosed, current state of cancer, treatment types, treatment in past 3 months (yes/no)] |  |  | 3/31/23 - Present |
| Most recent cancer diagnosis [site, month/day/year of diagnosis, treatment types, treatment completion date] |  |  | 8/25/21 – 3/31/23 |
| Other medical conditions (e.g., diabetes, kidney disease, etc.)  |  |  | 8/25/21 - Present |
| Psychiatric conditions (e.g., ADHD, Anxiety disorder, OCD, etc.)  |  |  | 8/25/21 - Present |
| ***Group Criteria***  |  |
| Group Name  |  |  | 8/19/21 – Present |
| Group Leader |  |  | 8/19/21 – Present |
| Sessions Attended |  |  | 8/19/21- Present |
| ***Measures/Instruments*** |  |
| Current Experiences Scale (CES)  |  |  | 8/20/19 – Present |
| 0-10 Distress Scale |  |  | 8/20/19 – Present |
| Measure of Current Status (MOCS) |  |  | 8/20/19 – Present |
| PANAS Positive |  |  | 8/20/19 – Present |
| Penn State Worry Questionnaire (PSWQ) |  |  | 8/20/19 – Present |
| International Physical Activity Questionnaire (IPAQ) |  |  | 8/20/19 – Present |
| Pittsburg Sleep Quality Index (PSQI) |  |  | 8/20/19 – Present |
| Insomnia Severity Index (ISI)  |  |  | 8/30/22 – Present  |
| PSS-10 |  |  | 8/19/21 – Present |
| CAMS-R |  |  | 8/20/19 – Present |
| PHQ-4 |  |  | 8/25/21 – Present |
| Fatigue Analogue Scale |  |  | 8/20/19 – Present |
| Cigna Healthy Eating |  |  | 8/20/19 – Present |
| RR Adherence |  |  | 8/20/19 – Present |
| MOS Social Support Scale |  |  | 8/19/21 – Present |
| TFEQ Emotional Eating Subscale |  |  | 7/22/21 – Present |
| RIA Single Item |  |  | 7/22/21 – Present |
| Health Uncertainty  |  |  | 8/19/21 – Present |
| Flourishing Measure |  |  | 8/19/21 – Present |
| WHO-5 Wellbeing Index |  |  | 7/22/21 – Present |
| Appreciation Items |  |  | 7/22/21 – Present |
| Religiosity and Spirituality  |  |  | 7/22/21 – Present |
| UCLA Loneliness Scale  |  |  | 8/19/21 – Present |
| PROMIS Cognitive Function |  |  | 8/20/19 – Present |
| Fear of Recurrence |  |  | 8/20/19 – Present |
| PROMIS Sexual Function and Satisfaction  |  |  | 8/19/21 – Present  |
| Smoking Question |  |  | 8/19/21 – Present |
| Expectancy Questionnaire  |  |  | 8/19/21 – Present  |
| Program Satisfaction  |  |  | 3/31/23- Present  |
| GAD-7 |  |  | 8/20/19 – 7/22/21 |
| IRI |  |  | 8/20/19 – 7/22/21 |