# CARE75+ Data request FORM

This form is to be used for all data request purposes including; sampling, preparatory work and research.

The request contact will be responsible for the transfer, storage and governance of the data in line with the data sharing agreement (appendix 1).

**All** sections *must* be completed.

## Office use only

|  |  |
| --- | --- |
| Data request number |  |
| Date of request |  |
| Date of review by DRRC |  |
| Date of DRRC query |  |
| Date of query review |  |
| Data sent |  |

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## Request contact

|  |  |
| --- | --- |
| Study Name: |  |
| Requested by: |  |
| Contact: |  |
| Email |  |
| Telephone |  |
| Job role |  |
| Organisation |  |
| Date of request |  |
| Date required |  |

1. **Data Handling**. If anyone else is expected to handle (i.e. view/analyse/transfer/store) these data in association with the study named in section 1, please list them here:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Affiliation | Title | Role in the project |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Purpose of request

|  |  |
| --- | --- |
| Sampling i.e. participant contacts |  |
| Scoping exercise e.g feasibility/protocol development |  |
| Research e.g. analysis for funded/approved projects |  |

## Research question and brief summary of research (350 words)

|  |
| --- |
|  |

## What type of data do you require?

|  |  |
| --- | --- |
| Individual identifiable data (contains personal details) |  |
| Pseudo-anonymised (contains unique id for data linkage) |  |
| Anonymised (contains no identifiable details) |  |

## What stage do you require (NB: full data will not be available for all participants)

|  |  |
| --- | --- |
| Baseline |  |
| Six month follow-up |  |
| 12 month follow-up |  |
| 24 month follow-up |  |
| 48 month follow-up |  |
| Latest time-point |  |

## Selection criteria

|  |  |
| --- | --- |
| Included if: |  |
| But excluded if: |  |

## Specific data items required

|  |  |  |
| --- | --- | --- |
| Date of Assessment required? |  |  |
| **Data dictionary sheet title** | **Variable name** (please cut and paste from data dictionary) | |
| Contact information |  | |
| Personal details |  | |
| Housing, Living Circumstance |  | |
| Education, Occupation |  | |
| Family Data |  | |
| Formal and Informal Support |  | |
| Smoking, Alcohol |  | |
| Hearing, Eyesight |  | |
| SF-36 |  | |
| MoCA |  | |
| Co-morbidities |  | |
| Falls |  | |
| Medications |  | |
| Activities of Daily Living |  | |
| Height, Weight, BP, Grip |  | |
| Timed Up and Go, Walking |  | |
| Frailty |  | |
| Quality of Life and Sleep |  | |
| Pain |  | |
| Loneliness, Depression |  | |
| Resilience, Self-Efficacy |  | |