

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
<i>PROMIS Cognitive Function</i>			9/20/16 – 7/21/21
<i>GAD-7</i>			9/20/16 – 7/21/21
<i>Life Orientation Test-Revised (LOT-R)</i>			9/20/16 – 7/21/21
<i>Fear of Recurrence</i>			9/20/16 – 7/21/21
<i>Relationship Scales Questionnaire (RSQ)</i>			9/20/16 – 7/21/21