**Section A: Project Information**

*This section is to be completed by all applicants*

|  |  |
| --- | --- |
| **Project Title** |  |
| **Lead Applicant** |  |
| **Contact Details** | Email:Telephone: |  |
| **Which HealthWise Wales priorities will this project address?***Please tick all the apply* | [ ] [ ] [ ] [ ] [ ]  | Impact of social inequalities on health and wellbeingEnvironment, neighbourhood and healthMaintenance of health and wellbeing in the working age populationWellbeing in later life Innovation in health and social care services |
| **Proposed use of HWW resource** | [ ] [ ] [ ]  | New Questionnaire proposal *[Please also complete section B]*Analysis of data *[Please also complete section C]*Contact participants *[Please also complete section D]* |
| **Rationale | Justification for the project***A short description of the reason(s) for asking these questions (max. 500 words)* |  |
| **Lay Summary** *This will be published on the HealthWise Wales website (400 words)* |  |
| **Has the project involved any patients or public?***See guidance document for information regarding patient and public involvement (PPI)* | [ ]  | Yes | [ ]  | No |
| If yes, please describe: |
| **How will this project be funded?** |  |
| **Dissemination plans** |  |

**Section B: New Questionnaire Proposal**

*Please complete this section if you wish to submit a set of questions to HealthWise Wales*

|  |  |
| --- | --- |
| **Questionnaire / Module Name***This will be published on the HealthWise Wales Website* |  |
| **Release date of the questionnaire?***To have been discussed with the HWW contact* |  |
| **Measurement***What constructs are the questions designed to measure?* |  |
| **Have the questions been validated or used previously in other studies?***Have they been validated on a UK population? Is the Welsh translation also validated? If the questions have been modified from those used previously please describe how they have been modified.* |  |
| **If the questions have not been validated, have the questions been piloted for acceptability and user understanding?***Please provide details* |  |
| **Proposed use of the data from the questionnaire(s)** | [ ]  Contribute questionnaire **only**[ ]  Conduct analysis *please also complete section C*  |
| **Is the questionnaire available in Welsh?** | [ ]  Yes – I attach a copy[ ]  No – I will organise translation[ ]  No – Please can HealthWise Wales support this |

**Please provide a copy of the questions**

**Section C: Proposed Analysis**

*Please complete this section if you wish to access data collected via HealthWise Wales*

|  |  |
| --- | --- |
| **Research Question** |  |
| **Objectives of the analysis** |  |
| **Scientific description of planned analysis** *max. 1000 words* |  |
| **Lay Summary of planned analysis** *max. 400 words* |  |
| **Sample size**  |  |
| **Datasets required***Tick all that apply* | [ ]  HealthWise Wales Core Modules[ ]  Linked Health records[ ]  New questionnaire (from Section B)[ ]  *Biosamples (available in the future)* |
| **Preferred access start date**  |  |
| **Preferred access end date** |  |

**As a separate document, list the variables required from each dataset and the justification for each variable (e.g. to answer primary outcome; validation)**

**Section D: Contacting HWW Participants**

*Please complete this section if you wish to contact HWW Participants*

|  |  |
| --- | --- |
| **Who would you like to contact?***To include eligibility criteria, how they will be identified (HWW questionnaire / medical records), the time period (time since diagnosis, age at recruitment).* |  |
| **Sample size**  |  |
| **Ethical approval***Please describe what ethical approval you have or will have in place* |  |
| **When would you like to contact participants?** |  |