**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 wellbeing  Environment, neighbourhood and health  Maintenance of health and wellbeing in the working age population  Wellbeing 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?** |  |