

De-Identified Data Sharing Request Form

 Return completed form to Investigators@brainhealthregistry.org

CONTACT INFORMATION		
Name and Email:		
DATA SHARING SPECIFICATIONS		
Data Requested:		
Please select the specific data you would like to receive:		
<p><u>Participant Data</u></p> <p><i>Please download PDF from the website for more details on procedures.</i></p>		
BHR Questionnaires	Baseline Visit	Longitudinal Visit(s)
ALL	<input type="checkbox"/>	<input type="checkbox"/>
Profile	<input type="checkbox"/>	<input type="checkbox"/>
Baseline Initial	<input type="checkbox"/>	NA
Longitudinal	NA	<input type="checkbox"/>
Demographics	<input type="checkbox"/>	<input type="checkbox"/>
My Study Partner	<input type="checkbox"/>	<input type="checkbox"/>
Medical History	<input type="checkbox"/>	<input type="checkbox"/>
Mood	<input type="checkbox"/>	<input type="checkbox"/>
Family Tree	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Experience	<input type="checkbox"/>	<input type="checkbox"/>
Everyday Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Head Injuries and Concussion	<input type="checkbox"/>	NA
Quality of Life	<input type="checkbox"/>	<input type="checkbox"/>
Current Medications	<input type="checkbox"/>	<input type="checkbox"/>
Early History	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>
Diet	<input type="checkbox"/>	<input type="checkbox"/>
Depression History	<input type="checkbox"/>	<input type="checkbox"/>
Genetic Study Participation	<input type="checkbox"/>	<input type="checkbox"/>

Cognitive Tests	Baseline Visit	Longitudinal Visit
ALL	<input type="checkbox"/>	<input type="checkbox"/>
Cogstate	<input type="checkbox"/>	<input type="checkbox"/>
Lumosity	<input type="checkbox"/>	<input type="checkbox"/>
Memtrax	<input type="checkbox"/>	<input type="checkbox"/>
Line Orientation	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: receipt and use of 3rd party cognitive tests require preapproval from 3rd parties and acknowledgement of non-comparisons.

Study Partner Data

Please download PDF from the [website](#) for more details on procedures.

Questionnaires	Baseline Visit	Longitudinal Visit
ALL	<input type="checkbox"/>	<input type="checkbox"/>
Subject Relationship	<input type="checkbox"/>	<input type="checkbox"/>
Baseline/Longitudinal Initial Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
Everyday Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Experience	<input type="checkbox"/>	<input type="checkbox"/>
Day to Day Life	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of Data Transfer:

What is the frequency of data transfer?

- One time
- Every 3 months
- Every 6 months
- Every 12 months
- Other: _____

Data Use:

Please provide a summary of planned data use, including a description of the analyses you intended to conduct and plans to disseminate.

Additional Investigators:

Please list names/titles of any additional investigators within your organization who will have access to BHR data

Other - additional information/comments:

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