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| **Instructions** | | | | | | | |
| Complete this form in order to complete your application to access Canadian Adult Pain Data Registry (CAPDR). Please annex the following documents to this form:   * Completed Data Access Request form * Study protocol * Study budget * Proof of funding (if applicable) * Institutional ethics approval for the study (if available) * CV of the principal applicant   All documents must be submitted by email to the registry coordinator, Mrs. Audrée Janelle-Montcalm, at [audree.janelle-montcalm.chum@ssss.gouv.qc.ca](mailto:audree.janelle-montcalm.chum@ssss.gouv.qc.ca). Documents will be reviewed by the CAPDR Management Committee (CAPR MC). The registry coordinator will notify the principal applicant by email of the decision of the CAPDR MC. Please contact the registry coordinator if you have any questions.  **Note that, once the study has been approved by the CAPR MC, research ethics approval for the study by the Ethics Committee of the Centre hospitalier de l’Université de Montréal and an executed agreement are required before the principal applicant is granted access to CAPR data**. | | | | | | | |
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| **Contact information of Principal Applicant** | | | | | | | |
| 1. Last name, first name | | | | | Click or tap here to enter text. | | |
| 1. Institution | | | Click or tap here to enter text. | | | | |
| 1. Address | | | Click or tap here to enter text. | | | | |
| 1. City | Click or tap here to enter text. | | | | | 1. Province/ State | Click or tap here to enter text. |
| 1. Country | | Click or tap here to enter text. | | | | 1. Postal code | Click or tap here to enter text. |
| 1. Phone number | | | | Click or tap here to enter text. | | | |
| 1. Email address | | | | Click or tap here to enter text. | | | |

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| **Information on Research Study** | | | | | | | | | | | |
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| 1. Documents annexed to Data Access Request : | | | | | | | | | | | |
| Study protocol | | Study budget | | | Proof of funding (if applicable) | | | | CV of the principal applicant | | |
| REB approval (if available) | | Peer-review scientific evaluation | | | | |  | |  | | |
| 1. Start date *(yyyy/mm/dd)*: | | | Click or tap to enter a date. | | |  | | |  | | |
| 1. End date *(yyyy/mm/dd)*: | | | Click or tap to enter a date. | | |  | | |  | | |
| 1. Funding of study (check all that apply): | | | | | | | | |  | | |
| No funding | Provincial granting agency | | | Federal granting agency | | | | Foundation/ patient association | | |
| 1. Short summary of study (max 250 words): | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |

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| 1. Nature of research study (check all that apply): |
| Use of CAPDR data only ► *Go to question 17* |
| Use of CAPDR data and collection of additional data/ specimens from Clincal Research Network (CRN) sites ► *Complete question 16* |
| Merge CAPDR data with another dataset► *Complete question 16* |
| Use CAPR data to recruit participants in a study ► *Complete question 17* |

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| 1. Please list additional outcomes you wish to measure or specimens you wish to collect. | |
| Click or tap here to enter text. | |
| 1. Was an external scientific review of the protocol completed? | |
| Yes, as part of a peer-review grant ► *Please annex a copy of the reviewers’ feedback to this application.* | | |
| Yes, by a peer-review committee ► *Please annex a copy of the reviewers’ feedback to this application.* | | |
| No | | |
| 1. Has this project received research ethics approval? | | |
| No | Yes ► *Please annex a copy of the REB approval to this application.* |

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| 1. Are there research-related risks to this study? | | | | | | | | | |
| No ► *Go to question 20* | | | | | Yes ► *Complete question 19.1* | | | |
| * 1. Please list all potential risks related to the study. | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | |
| 1. What are the expected benefits to patients participating in this study? | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| 1. Have patients been involved in the design and implementation of the study? | | | | | | | | |
| No | | Yes | | | | | | |
| **Data Requested** | | | | | | | | |
| 1. Please select the timepoints for which you wish to obtain data. | | | | | | | | | |
| Initial visit | | |  |  | |  |  |  |
| 3 months | | |  |  | |  |  |  |
| 6 months | | |  |  | |  |  |  |
| 9 months | | |  |  | |  |  |  |
| 12 months | | |  |  | |  |  |  |

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| 1. Please list which data you wish to access. | | | | | | | |
|  | | | **Number of items** | | | **Initial questionnaire** | **Follow-up questionnaires** |
| Study site | | | 1 | | |  |  |
| Language | | | 1 | | |  |  |
| Date of completion | | | 1 | | |  |  |
| Pain location (all pain) | | | 1 | | |  |  |
| Pain location (worst) | | | 1 | | |  |  |
| Pain location (pain prompting consultation) | | | 1 | | |  |  |
| Circumstances of pain onset | | | 17 | | |  |  |
| Pain duration in years | | | 1 | | |  |  |
| Pain frequency (intermittent vs continuous) | | | | 1 | |  |  |
| DN4 self-administered neuropathic component items | | | | 7 | |  |  |
| DN4 self-administered neuropathic component score | | | | 1 | |  |  |
| Presence of pain (past 7 days, Y/N) | | | | 1 | |  |  |
| Worst pain intensity (past 7 days) | | | | 1 | |  |  |
| Average pain intensity (past 7 days) | | | | 1 | |  |  |
| BPI pain interference items (past 7 days) | | | | | 7 |  |  |
| BPI pain interference score (past 7 days) | | | | | 1 |  |  |
| SF12v2 physical functioning items | | | | | 2 |  |  |
| SF-12v2 physical functioning score | | | | | 1 |  |  |
| PHQ-4 anxiety items | | | | | 2 |  |  |
| PHQ-4 anxiety score | | | | | 1 |  |  |
| PHQ-4 depression items | | | | | 2 |  |  |
|  | | | | | **Number of items** | **Initial questionnaire** | **Follow-up questionnaires** |
| PHQ-4 depression scores | | | | | 1 |  |  |
| PHQ-4- psychological distress score | | | | | 1 |  |  |
| Age | | | | | 1 |  |  |
| Biological sex at birth | | | | | 1 |  |  |
| Gender | | | | | 1 |  |  |
| Preferred gender pronoun | | | | | 1 |  |  |
| Employment status | | | | | 1 |  |  |
| Service in the Canadian Armed Forces (CAF) | | | | | 1 |  |  |
| Currently active in the CAF | | | | | 1 |  |  |
| Year of release from the CAF | | | | | 1 |  |  |
| Pain related to work in the CAF | | | | | 1 |  |  |
|  | | | | | | | |
| 1. Do you wish to access data for the whole cohort or for selected cases? | | | | | | | | |
| Whole cohort ► *End of form* | | Selected cases ► *Continue to question 24.1.* | | | | | | |
| * 1. Please list all selection criteria applying to your research study. | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | |