

TILDA HOTDESK DATA ACCESS APPLICATION FORM

Please complete this form to apply for access to TILDA data through TILDA Hotdesks.

- All application forms are subject to approval by TILDA data access committee
- Select only the variables that are relevant for your project
- Data may be used only for the project detailed in this application. For any additional analysis, a new application form must be submitted
- A TILDA collaborator must be named as part of the application
- Standard access is provided for 6 months. If additional time is required, please request a TILDA Data Access Extension Form
- Please return your completed form to TILDA Hotdesk team at TILDA.Hotdesk@tcd.ie.

Applicant:	
Name:	
Position:	
Institution Name & Address:	
Phone:	
Email:	

Principal Investigator:	
Name:	
Position:	
Institution Name & Address:	
Phone:	
Email:	

TILDA Collaborator(s):¹	
Name:	
Phone:	
Email:	
& Address:	
Phone:	
Email:	

Data Protection and Ethical Approval		
Institutional GDPR Cert attached	Yes	No
Is ethical approval required for your study? *	Yes	No

¹ Your TILDA collaborator is assigned to offer guidance around the data and research direction. They do not need to work with TILDA but should be knowledgeable about the TILDA datasets. If you do not have a collaborator, a researcher working with the TILDA study who is familiar with your area of research will be suggested. Note that the TILDA collaborator should not be expected to do your analysis for you. The TILDA collaborator must be named on all papers using hotdesk data.

If yes, please attached REC approval letter.

Ref number:

Date of approval:

REC name: :

*Please check with your PI and Institutional REC if you require ethical approval for your secondary data analysis project. Please note hotdesk data is personal data under GDPR. It is pseudonymised data, not anonymous. It is the responsibility of the applicant to ensure all data protection and ethical approvals are in place before they begin their study.

Study Title:

Description of Proposal:

Specific Research Question(s):

Methodology and Study Design:**Competency and statistical training:**

Select TILDA CAPI modules that you intend to use: (please select only those which are relevant noting that these should reflect your research questions and aims)

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6
Cover screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfers to Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health & cognitive function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instr. Activities of Daily Living & Helpers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare utilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavioural health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifelong learning	<input type="checkbox"/>				<input type="checkbox"/>	
Planning for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grip Strength		<input type="checkbox"/>		<input type="checkbox"/>		
Timed Up and Go		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Numerical and financial literacy			<input type="checkbox"/>	<input type="checkbox"/>		
Transfers to Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Connectedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sources of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving/Travel	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Expectations and Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select TILDA SCQ modules that you intend to use: (please select only those which are relevant noting that these should reflect your research questions and aims)						
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6
CASP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCLA Loneliness Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceived Stress Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Spouse / Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Anxiety and Depression Scale (HADS)	<input type="checkbox"/>	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/> (In CAPI)		

Lifetime Trauma List	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol & CAGE Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penn State Worry Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ageing Perception Questionnaire	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Language Questionnaire		<input type="checkbox"/>				
Personality Inventory (NEO-FFI)		<input type="checkbox"/>				
Sexual Activity		<input type="checkbox"/>		<input type="checkbox"/>		
Falls Efficacy Scale		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Living Conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Heating only)	<input type="checkbox"/> (Heating only)
Neighbourhood Social Capital		<input type="checkbox"/>				
Coping Inventory for Stressful Situations			<input type="checkbox"/>			<input type="checkbox"/>
Food Frequency Questionnaire			<input type="checkbox"/>	<input type="checkbox"/>		
Post-Traumatic Stress Scale				<input type="checkbox"/>		
Psychological Well-Being				<input type="checkbox"/>		
Childhood Health Conditions				<input type="checkbox"/>		
Cantrill Ladder				<input type="checkbox"/>	<input type="checkbox"/>	
Club/Organisations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology Use					<input type="checkbox"/>	<input type="checkbox"/>
Discrimination/Ageism					<input type="checkbox"/>	<input type="checkbox"/>
Pet Ownership					<input type="checkbox"/>	
Munich Chronotype Questionnaire					<input type="checkbox"/>	

Select TILDA health assessment variables that you intend to use: (please select only those which are relevant noting that these should reflect your research questions and aims)						
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6
Mini-Mental State Exam (MMSE)	<input type="checkbox"/>	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/> (In CAPI)
Montreal Cognitive Assessment (MoCA)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Sustained Attention	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Picture memory test	<input type="checkbox"/>					
National Adult Reading Test (NART)			<input type="checkbox"/>			
Visual Reasoning	<input type="checkbox"/>					
Choice Reaction Time	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Colour Trails	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
State Anxiety			<input type="checkbox"/>			<input type="checkbox"/>
Executive Function	<input type="checkbox"/>		<input type="checkbox"/>			
Waist-Hip Ratio	<input type="checkbox"/>		<input type="checkbox"/>			
Blood Pressure (OMRON)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Heart Rate Variability	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Pulse Wave Velocity	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Phasic Blood Pressure	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Cerebral Perfusion			<input type="checkbox"/>			<input type="checkbox"/>
Timed Up & Go	<input type="checkbox"/>	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/>	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/>
Gait Assessment	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Repeated chair stands			<input type="checkbox"/>			<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>		<input type="checkbox"/>			
Contrast Sensitivity	<input type="checkbox"/>		<input type="checkbox"/>			
Grip Strength	<input type="checkbox"/>	<input type="checkbox"/> (In CAPI)	<input type="checkbox"/>	<input type="checkbox"/> (In CAPI)		<input type="checkbox"/>
Heel Ultrasound	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Height/Weight	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Multi-sensory integration - sound-induced flash illusion (SIFI)			<input type="checkbox"/>			
MRI Scan type: <i>please specify</i>			<input type="checkbox"/>			
Biomarker: <i>please specify</i>	<input type="checkbox"/>		<input type="checkbox"/>			
Oral health data			<input type="checkbox"/>			

Select TILDA COVID-19 SCQ modules that you intend to use: (please select only those which are relevant noting that these should reflect your research questions and aims)	
Social Activities	<input type="checkbox"/>
Social Distancing	<input type="checkbox"/>
Lockdown Behaviours	<input type="checkbox"/>
Household Numbers	<input type="checkbox"/>
Accommodation Amenities	<input type="checkbox"/>
Living Situation Changes	<input type="checkbox"/>
Personal and electronic social contact	<input type="checkbox"/>
Smoking behaviours	<input type="checkbox"/>
Alcohol behaviours	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>
Household food availability	<input type="checkbox"/>
Eye colour	<input type="checkbox"/>
Self-rated physical and emotional health	<input type="checkbox"/>
Life satisfaction	<input type="checkbox"/>
UCLA Loneliness Scale	<input type="checkbox"/>
Center for epidemiological studies depression scale	<input type="checkbox"/>
CASP-12 Quality of Life Scale	<input type="checkbox"/>
Ryff Psychological Well-Being Scale	<input type="checkbox"/>
Perceived Stress Scale	<input type="checkbox"/>
GAD-7 Anxiety Scale	<input type="checkbox"/>
Sleep	<input type="checkbox"/>
Relationship Quality	<input type="checkbox"/>
Work and income situation	<input type="checkbox"/>
Caring and state services	<input type="checkbox"/>
Healthcare and health supplies	<input type="checkbox"/>
News/Media	<input type="checkbox"/>
Negative attitudes	<input type="checkbox"/>
Attitudes to pandemic	<input type="checkbox"/>
Experiences of COVID symptoms / illness	<input type="checkbox"/>

Why is the publicly archived dataset available through ISSDA not sufficient for this project? Please provide details.

Will this study contribute to the process of cleaning TILDA data, and/or the construction of new derived variables? Please provide details.

Have you received funding for this project? Please provide details.

Timescale of funding:

Are you applying for funding for this project? If YES, please contact TILDA directly.

NOTE: If you are planning to submit a grant application that requires access to TILDA Hotdesks you must notify TILDA for approval before you submit your application. TILDA cannot confirm access to data will be granted without first reviewing your grant submission and its scope.

Select which means of accessing the data you plan to use: (The in-person hotdesk is located in the TILDA office in Dublin. Both systems are not connected but transfers between the two can be made. Both systems have capacity limits and access to either is not guaranteed; each case is reviewed individually)

	YES	NO
In-person hotdesk	<input type="checkbox"/>	<input type="checkbox"/>
Remote hotdesk (VISTA)	<input type="checkbox"/>	<input type="checkbox"/>

To be completed by TILDA

GDPR Cert attached	Yes Pending No
REC Approval attached	Yes Pending N/A
Comments to applicant	
Notes	
Approved by	
Approval Date	