

Appendix 1

Secondary Data Research Planner

Study aims	<i>Chapter 3</i>
Lead researcher (PI):	_____
Co-investigator(s):	_____ _____ _____
Other key personnel:	_____ _____
Research question(s) or specific aim(s):	_____ _____ _____ _____
Hypothesis(es):	_____ _____ _____ _____
IRB needed:	_____ Yes _____ No
IRB review type:	_____ Exempt _____ Expedited _____ Full
IRB (primary):	_____
IRB (secondary):	_____

Funding	<i>Chapter 3</i>
Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated budget:	\$ _____
Funding type:	<input type="checkbox"/> Grant/Agreement <input type="checkbox"/> Contract <input type="checkbox"/> Other
Potential funders:	_____ _____ _____ _____
Competing interests:	_____

EHR data source	<i>Chapter 4</i>
Data source:	<input type="checkbox"/> Single institution <input type="checkbox"/> Multi-institution <input type="checkbox"/> Claims database <input type="checkbox"/> Other
Export method:	<input type="checkbox"/> Chart review <input type="checkbox"/> Reporting tool <input type="checkbox"/> Direct connection <input type="checkbox"/> Existing extract
Data location:	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Other
Data interface:	<input type="checkbox"/> SQL <input type="checkbox"/> Data file <input type="checkbox"/> Other
Source description:	_____ _____ _____ _____
Institution/location(s):	_____ _____
EHR data point person:	_____ _____
Supplementary sources:	_____ _____ _____

Data description		<i>Chapters 4 and 5</i>
Type of data:	<input type="checkbox"/> Cross-sectional	<input type="checkbox"/> Longitudinal
Data organization:	<input type="checkbox"/> Wide	<input type="checkbox"/> Long
Merge/link required:	<input type="checkbox"/> Merging	<input type="checkbox"/> Linking <input type="checkbox"/> Both
Merge/link description:	_____ _____ _____ _____	
Population description:	_____ _____ _____ _____	
Years of data:	_____	
Num. subjects:	_____	
Num. observations:	_____	
Additional denominator considerations:	_____ _____	

Variables	<i>Chapters 4 and 5</i>
Unique identifier:	_____
Primary exposure(s):	_____
Primary outcome(s):	_____
Potential confounder(s):	_____ _____ _____
Potential mediator(s):	_____ _____
Potential modifier(s):	_____ _____
Other core variables:	_____ _____ _____
Variables not available:	_____ _____

Epidemiology		<i>Chapters 7 and 8</i>
Study design:	<input type="checkbox"/> Cross-sectional	<input type="checkbox"/> Cohort
	<input type="checkbox"/> Case-control	<input type="checkbox"/> Longitudinal
	<input type="checkbox"/> Multi-level	<input type="checkbox"/> Other
Inclusion criteria:	_____	

Exclusion criteria:	_____	

Power analysis:	_____	
Matching:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Matching factor(s):	_____	
Disease measures:	<input type="checkbox"/> Incidence	<input type="checkbox"/> Prevalence
	<input type="checkbox"/> Risk comparison	<input type="checkbox"/> Survival

Analysis	<i>Chapters 10 and 11</i>		
Missing data:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Missing data type:	<input type="checkbox"/> MCAR	<input type="checkbox"/> MAR	<input type="checkbox"/> MNAR
Imputation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Estimate type:	<input type="checkbox"/> Crude	<input type="checkbox"/> Adjusted	
Analytic technique:	<input type="checkbox"/> Descriptive	<input type="checkbox"/> Other	
	<input type="checkbox"/> Regression	Specify type: _____	
	<input type="checkbox"/> ML	Specify type: _____	
Regression assumptions:	<input type="checkbox"/> Normality	<input type="checkbox"/> Independence	
	<input type="checkbox"/> Linearity	<input type="checkbox"/> Equal variance	
Sensitivity analysis:	_____		

Unexpected deviations:	_____		

Publication and Presentation	<i>Chapter 13</i>		
Dissemination:	<input type="checkbox"/> Publication	<input type="checkbox"/> Presentation	
Target journal:	_____		
Open access:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Target conference:	_____		
Abstract deadline:	_____		
Abstract type:	<input type="checkbox"/> Talk	<input type="checkbox"/> Poster	<input type="checkbox"/> Either
Other mechanisms:	_____		

