**ATLANTA MWCCS DATA REQUEST INSTRUCTIONS**

Dear MWCCS Investigators,

Congratulations on the approval of your concept sheet! In order to receive MWCCS data, please follow the steps described below:

* **Before you fill out your data request, please make sure that you have completed Atlanta MWCCS Investigator Orientation**. If you have never done the Orientation, please email grubtso@emory.edu to schedule.
* Complete Parts A - C of the Data Request Form (found at the end of this document).
* Please, follow instructions below to complete Part D of data request:
1. In the Part D, fill out columns (1) through (4) based on the information from your concept sheet as shown in the Example below:

 **Example of Filled Part D Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable name as used in CS** | **Variable Time Frame** | **Related MACS/WIHS forms, if known** | **Variable names as used in MACS/WIHS codebooks** |
| **Within 6 months of requested visits?****(Yes/No)** | **Ever while in MACS/WIHS?****(Yes/No)** | **Ever in lifetime?** **(Yes/No)** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** |
| Marital status (married) | Yes | No | No | F21 | MAR\_SD |
| Diabetes (self-report of diagnosis) | Yes | Yes | Yes | F20, F22HX | MCBSNR MCBSMH |

* 1. In column (1) indicate the name of your variable as it is used in your concept sheet (e.g., “participants’ age,” “diabetes status”) and the way you define it.
	2. In columns (2) – (4), identify the time-frames of your variables**. Since MWCCS is a longitudinal study, it is extremely important to define the time-frame for each of the requested variables**. The following time-frames are available for MACS/WIHS data: at visit or during past six months prior the visit, ever while in MACS/WIHS, and ever during the lifetime. For example, when participants first enroll in MACS/WIHS, they are asked as a baseline question whether they were ever diagnosed with sexually-transmitted infections (STI); after that, they are asked at every MACS/WIHS visit whether they were diagnosed with STIs within the six months prior the visit. As a result, if you are interested in STIs, you may request data on participant’s STIs within six months of specific visits, or ever while in MACS/WIHS (a summary variable that can be programmed based on all available visits) or ever in lifetime (a summary variable programmed based on all available visits plus a baseline STI variable). Please, fill this information in columns (2)-(4). For example, you may only be interested whether or not participant was married during the requested visits and not whether she was ever married while in MACS/WIHS or in the lifetime. In this case, you will indicate “Yes” in column (2) and “No” in columns (3) and (4).
1. In order to fill columns (5) and (6) of Part D, please review MACS/WIHS visit forms and codebooks available on MWCCS site: <https://statepi.jhsph.edu/mwccs/data-collection-forms/>
	1. In column (5), indicate the names of MACS/WIHS forms where you think your variables are located. During your concept sheet writing process, you had to get familiar with MACS/WIHS forms, making sure that the data you intended to use were available. It is therefore likely that you know the names of at least key forms where your main variables are coming from. Please, indicate the form names, where possible. For example, historical WIHS participants’ diabetes status at the baseline can be found in the form F20, and during the follow-up visits – in the form F22HX.
	2. You may leave column (6) blank at this point. However, if you happen to know specific MACS/WIHS variables names as they are used in MACS/WIHS codebooks, please include them as well.
	3. Email me a partially filled (as described above) Data Request Form. I will review the form and schedule a follow-up meeting/call with you. I may also refer you to specific MACS/WIHS forms and codebooks to be additionally reviewed before our meeting.
	4. During our meeting, we will go over your data request and relevant codebooks, finalizing the list of specific MACS/WIHS variables. As a result of the meeting, you will complete column (6) of the table and review and sign the complete Data Request Form (Part E).

Please, also keep in mind the following:

1. Your data request should be based on the approved concept sheet and be within its scope. It means that you can request additional variables that were not explicitly mentioned in your CS if these variables are not connected to new research questions or hypotheses. In most cases, thus, additional data may only be limited to control variables.
2. Please, note that MACS/WIHS data exists in the form of numerous separate data tables corresponding to related MACS/WIHS forms. Please, also keep in mind that MACS/WIHS forms were changing over time so that one variable, longitudinally, may be located in multiple tables. Given the volume and complexity of MWCCS data, it takes considerable time and effort to find specific variables of interest to investigators and extract them from MACS/WIHS data tables. Please, allow at least two weeks between the date you sign a complete data request form and your receipt of MACS/WIHS data. Thank you for your help!

Best,

Anna Rubtsova

Data Manager, Atlanta MWCCS

grubtso@emory.edu Version: 09/28/21

**ATLANTA MWCCS DATA REQUEST FORM**

**Part A. CS Information:**

**Date:** Click here to enter text.

**Investigators:** Click here to enter text.

**Contact info: a) email** Click here to enter text. **b) phone** Click here to enter text.

**CS Title:** Click here to enter text.

**CS Readme #:** Click here to enter text.

**Part B. Before Completing the Request:**

1. Have you read the current data request instructions listed at the beginning of this document?

 Yes, I’ve read the instructions [ ]

2. Have you completed Atlanta MWCCS Investigator Orientation? [ ]  Yes. Date Click here to enter text.

Please, note that if this is your first data request you must have the orientation completed before this request will be processed. Please, email grubtso@emory.edu to schedule.

**Part C. Data Description:**

1. Is your study [ ]  longitudinal or [ ]  cross-sectional?

2. Do you plan using: [ ]  historical WIHS data; [ ]  historical MACS data; [ ]  current MWCCS data

2. List specific visit numbers, for which you request your data Click here to enter text.

3. Do you want data from [ ]  HIV+ participants? [ ]  HIV uninfected participants? [ ]  HIV seroconverters?

 [ ]  other group? (specify) Click here to enter text.

4. What are your inclusion and exclusion criteria listed in the approved CS? Click here to enter text.

5. Do you need any specific variables to select participants meeting your inclusion/exclusion criteria?

 [ ]  No [ ]  Yes (if yes, do not forget to include these variables in the Part D Table)

6. Do you want data from [ ]  all sites? [ ]  specific sites (specify)? Click here to enter text.

7. Do you plan to do analyses [ ]  yourself? [ ]  using Atlanta MWCCS biostatistician, Dr Mehta?

 [ ]  using other biostatistician? (specify) Click here to enter text.

8. In which format do you need the data? [ ]  vertical [ ]  horizontal

9. In which format do you want your dataset? [ ]  SAS [ ]  SPSS [ ]  Stata [ ]  Other (specify) Click here to enter text.

10. Do you need any summary variables programmed? [ ]  No [ ]  Yes (specify) Click here to enter text.

**Part D. Variables Description:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable name as used in CS** | **Variable Time Frame** | **Related MACS/WIHS forms, if known** | **Variable names as used in MACS/WIHS codebooks****(**please, list the names in all caps without commas or any other punctuation as shown in the Example) |
| **Within 6 months of requested visits?****(Yes/No)** | **Ever while in MACS/WIHS?****(Yes/No)** | **Ever in lifetime?** **(Yes/No)** |
|  |  |  |  |  |  |

**Part E. Data Request Review:**

I have reviewed the information in this data request form and the list of variables as defined in MACS/WIHS codebooks (column 6 of the above table) and verify that this information is final and correct. I understand that subsequent additions of variables after DM has begun working on the dataset or issued the dataset for analyses will result in considerable delays in CS implementation.

**Concept PI signature**  Click here to enter text. **Date** Click here to enter text.

For Office Use Only:

**Part F. DM Notes:**