Part I. Basic Study Information

1. Today's date: Click or tap to enter a date.

2. Full study title:

3. Principal investigator
   - Name:
   - Institution:
   - Address:
   - Phone:
   - E-mail address:

4. Collaborator(s)
   - Name:
   - Institution:
   - Address:
   - Phone:
   - E-mail address:
   - Brief abstract describing the study (200 words maximum):

5. Proposed start dates:

6. Proposed end dates:

7. Estimated cost (please work with the Ancillary Study Coordinator to develop this):

8. Proposed funding source and planned date of submission to external funding agency:

9. Does this study involve the support or collaboration of a for-profit corporation, or do you intend to patent any process or product of the analysis (see Section G above)?

   ☐ Yes
   ☐ No

Part II. Use of Previously Collected Geocodes

1. Do you propose to use previously-collected respondent geocode data?

☐ Yes
☐ No *(**skip to Section III**)*

2. What types of geocode data do you propose to use?

Mark all that apply.

Geocode	Wave I	Wave II	Wave III	Wave IV	Wave V
State					
County					
Census tract					
Block group					
Latitude and longitude					

Part III. Advantages for and Burden on Add Health

1. What is the advantage, both to you and Add Health, of conducting the study within the Add Health population as opposed to another population?

2. What types of assistance will the ancillary study require from the Add Health staff? This information will be used to estimate the amount of Add Health staff time to be spent on the project.

3. What burden, if any, will this study place on Add Health sample members?

Part IV. Assurances

1. What new ancillary study data will be integrated into the Add Health database? Please **specify the number and type(s) of variables that will become available to Add Health users**. (E.g., adding 2 variables for each of 10 years means that you are adding 20 new variables). Any request to later amend this information must be submitted via a study modification form to the Ancillary Studies Committee for review and approval.

2. In what month and year should the Add Health project staff expect to receive the ancillary study data?

3. What constructs, if any, will be used to create the ancillary study data (e.g., if a standardized scale will be used, what is the reference for that scale)?

4. Provide investigator qualifications and prior involvement in Add Health, if any:

5. Provide the name, position, and contact information (address, phone and fax numbers, e-mail address) of individual who will receive, complete, and submit annual progress report form:

6. ☐ I acknowledge that Ancillary study approval indicates Add Health's agreement to work with study investigators to complete the proposed project, conditional on investigators securing the necessary funding to support the work. Approval does not indicate that investigators have the exclusive right to pursue proposed activities. In some instances, ancillary studies may be proposed and approved that overlap in their planned work. In such instances, Add Health will work with investigators to facilitate collaboration.

Part V. Description of the Proposed Ancillary Study

Please provide a narrative description of the proposed study. Do not exceed 12 single-spaced pages in length, excluding references (please use Arial 11-pt font). Include the following:

1. Why Add Health?
2. Specific Aims
3. Brief background and significance
4. Conceptual framework and hypotheses
5. Data requested or to be collected
7. Sample size and justification (i.e., formal power calculation)
8. Analysis Plan for each aim
8. Study timeline
8. Literature references

Please email the completed proposal to:

Add Health Studies Coordinator, Add Health
National Longitudinal Study of Adolescent to Adult Health
Carolina Population Center
UNC-Chapel Hill, CB #8120
Carolina Square, Suite 210
123 West Franklin Street
Chapel Hill, NC 27516
Phone: 919-962-6094
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