MIDUS Psychophysiology Data Research Plan
and Data Use Agreement

Researchers requesting to download MIDUS psychophysiology data *(which may include facial electromyography, eyeblink startle response, heart rate, and/or skin conductance data depending on the MIDUS data collection timepoint)* must complete, sign and return this Research Plan and Data Use Agreement to the MIDUS Admin Core (midus_brainimaging@aging.wisc.edu).

Research Plan

Please provide the following information about your planned research with MIDUS psychophysiology data.

1. **Study Team:** Primary Investigator (Faculty mentor) and each additional internal collaborator as well as trainees and staff directly supervised by the PI. External collaborators need to apply separately for data access.

Study Team	Full legal name	Institution	Email address
Primary Investigator			
Study Team Member 1			
Study Team Member 2			
Study Team Member 3			
Study Team Member 4			

2. **Only one person can be authorized to access the data.** This will typically be the PI, but could be a designated member of the Study Team. Regardless of who is designated, they must be equivalent to a tenure-track professor, or senior scientist/researcher with responsibilities that likely include laboratory administration and oversight. **Who should be authorized to access the data?**

   ◯ PI (Go to Section 3)   ◯ Designated Team Member

2a. Identify the designated team member and describe their role in your project.

3. **Will you be working with external collaborators?** External collaborators need to submit their own requests for data access if they need direct access to the data.

   ◯ Yes   ◯ No

3a. Provide the names and institutions of external collaborators and describe their roles in your project:

3b. Will the external collaborators need direct access to the data? (If yes, make sure your external collaborators submit their own requests for data access to be processed with your request.)

　　　　○ Yes　　　　　　　　　　○ No

4. Provide a **descriptive title** for your project.

5. **Describe how you will use the psychophysiology data you are requesting.** Clearly present the intended research question or hypothesis as well as the psychophysiology data with which you wish to address the question or hypothesis.

6. **Specify the MIDUS data resource requested** (select all that apply):

    ☐ MIDUS 2 Raw Psychophysiological Data (not yet available)

    ☐ MIDUS Refresher 1 Raw Psychophysiological Data (not yet available)

    ☐ MIDUS 3 Raw Psychophysiological Data (not yet available)

    ☐ MIDUS 2 Processed, Trial-by-trial Psychophysiological Data (not yet available)

    ☐ MIDUS Refresher 1 Processed, Trial-by-trial Psychophysiological Data

    ☐ MIDUS 3 Processed, Trial-by-trial Psychophysiological Data

<u>Data Use Agreement</u>

This is a Data Use Agreement between the MIDUS Administrative Core of the University of Wisconsin- Madison Institute on Aging and

_____
(Primary Investigator)

regarding the use of psychophysiology data from the Midlife in the United States (MIDUS) study. The MIDUS Administrative Core agrees to provide psychophysiology data that by its nature must be handled differently from other public released MIDUS data.

I,_____, agree that:
(Primary Investigator)

1. Permission to use the psychophysiology data is granted to me at my current institution. Only my study team and I will have access to any MIDUS psychophysiology data. These data will not be duplicated or shared with other researchers, including researchers at my institution. All study team members will read and sign a copy of this Data Use Agreement form before they have access to the psychophysiology data. These staff forms will be retained by me and given to the MIDUS director on request.

2. If I leave my current institution, I understand that I must reapply for permission for continued access to these data, and that this is also true for graduate students and other staff members who change their institutional affiliation.

3. My study team and I will take reasonable precautions to preclude persons not authorized to use the psychophysiology data from having access to it. The data files with this information will be maintained in a secure manner, with access restricted to authorized persons.

4. No attempt will be made by my staff or me to identify individual respondents for any purpose. I understand that any such attempt may void permission to use the data, and that if I, or others, become aware of such an attempt, we are obligated to report it to the MIDUS director.

5. In addition, **any** findings made available to the public (i.e., publications, reports, working papers) must present data at the aggregate level. No findings can be released in which an exceedingly small number of observations (e.g., <10) is represented by any data value.

6. I will acknowledge MIDUS and/or MIDUS funding in any publications resulting from these data. I will also notify the MIDUS Administrative Core of any publications.

In agreement with the above conditions, I request permission to download the psychophysiology data.

_____   _____
            Signature   Date

_____   _____
          Print Name   Email Address

_____   _____
              Title   University/Institution