

# HLQ Registration Form

Complete this registration form to apply for a HLQ licence. A licence is required for permission to use the HLQ and to gain access to the instruction materials and the scoring algorithms.

The full questionnaire, individual scales, and translations and adaptations of the HLQ and eHLQ and derivatives are copyrighted and may only be used with permission and a licence from Swinburne University of Technology.

A licence is required for each project using the HLQ. If you are using the HLQ for more than one project, please apply for another licence. *Complete the registration form and email it to: [HLQ-info@swin.edu.au](mailto:HLQ-info@swin.edu.au)*

**Note: a licence request cannot be processed without a fully completed form**

## 1. Name of organisation applying for the licence

**Important: The licence can only be issued to an organisation or legal entity, not an individual.**

Name of organisation	
Department	
ABN*	
Address	
Country	
Website	

\* Australian organisations only

## 2. Authorised officer

The authorised officer is a legal representative who permitted to sign the licence agreement on behalf of the organisation. Examples of an authorised officer may include a solicitor, company director, or head of faculty.

Full name	
Position	
Email	
Phone number	

## 3. Type of organisation (select all that apply)

<input type="checkbox"/> Hospital/Medical practice <input type="checkbox"/> Research organisation (University or Institute) <input type="checkbox"/> Commercial organisation <input type="checkbox"/> Government <input type="checkbox"/> Other (please specify): _____	<i>Tip: to select boxes, right click on box, select 'Properties', then select 'Checked'</i>
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## 4. Which of the following best describes your organisation?

<input type="checkbox"/> For-profit or commercial organisation <input type="checkbox"/> Not-for-profit organisation <input type="checkbox"/> Other (please specify): _____
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**5. Chief Investigator**

Non-institutional email addresses are not acceptable. The application will be rejected if gmail, yahoo, Hotmail, or other non-institutional email addresses are provided.

Full name	
Position	
Email	
Organisation	

**6. Other Investigators**

(please include organisation, position, full name, and email address for each investigator)

<b>Full name</b>	
Position	
Email	
Organisation	
<b>Full name</b>	
Position	
Email	
Organisation	
<b>Full name</b>	
Position	
Email	
Organisation	

Add more rows if needed

**7. Student involvement**

<input type="checkbox"/> No student	<input type="checkbox"/> PhD
<input type="checkbox"/> Honours	<input type="checkbox"/> Teaching purposes only
<input type="checkbox"/> Masters	<input type="checkbox"/> Other (specify): _____
<b>Student name</b>	
Position	
Email	
Organisation	

**8. Project name and study outline**

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**9. Type of study (Select all that apply)**

<input type="checkbox"/> Survey led by central or regional government to gather population-based health statistics <input type="checkbox"/> Population-based survey, one point in time (researcher led) <input type="checkbox"/> Survey of a group/sub-population at one point in time <input type="checkbox"/> Longitudinal survey (administration two or more times) <input type="checkbox"/> Intervention research (e.g., controlled trial or quasi experimental etc.) <input type="checkbox"/> Psychometric validity testing research <input type="checkbox"/> Qualitative validity testing research <input type="checkbox"/> Quality improvement <input type="checkbox"/> Patient experience assessments <input type="checkbox"/> Other (please specify): _____
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**10. In what type of setting(s) will the project be undertaken? (Select all that apply)**

<input type="checkbox"/> Community
<input type="checkbox"/> Education
<input type="checkbox"/> Hospital
<input type="checkbox"/> Primary Care
<input type="checkbox"/> Other (please specify): _____

**11. What is the target group for this project?**

**Health condition** (e.g., mental health, diabetes etc)

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**Demographic group** (e.g., elderly, youth, women, antenatal etc)

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**Geographical location** (e.g., metro, rural, inner-city etc)

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**12. In what country(s) will the questionnaire be administered?**

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**13. What is the start date and end date of your project?**

Start Date	
End Date	

**14. Approximately how many participants will receive the questionnaire at each time point?**

Number at time point 1	
Number at time point 2	
Number at time point 3	
(Add more rows if needed)	
<b>Total</b>	

**15. What scales of the HLQ are you using? (Select all that apply)**

<input type="checkbox"/> All nine scales
<b>Individual scales (tick all that apply)</b>
<input type="checkbox"/> 1. Feeling understood and supported by healthcare providers
<input type="checkbox"/> 2. Having sufficient information to manage my health
<input type="checkbox"/> 3. Actively managing my health
<input type="checkbox"/> 4. Social support for health
<input type="checkbox"/> 5. Appraisal of health information
<input type="checkbox"/> 6. Ability to actively engage with healthcare providers
<input type="checkbox"/> 7. Navigating the healthcare system
<input type="checkbox"/> 8. Ability to find good health information
<input type="checkbox"/> 9. Understand health information well enough to know what to do

**16. The HLQ is available in the following languages and other adaptations. In which language(s) or adaptation is the HLQ being administered? (Select all that apply)**

*Tip: to select boxes, right click on box, select 'Properties', then select 'Checked' and OK*

<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Arabic (Morocco)	<input type="checkbox"/> Azerbaijani
<input type="checkbox"/> Bahasa (Indonesia)	<input type="checkbox"/> Bambara (Mali)	<input type="checkbox"/> Chinese (Simplified)	<input type="checkbox"/> Chinese (Traditional)

<input type="checkbox"/> Czech	<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> Filipino
<input type="checkbox"/> French (Canada)	<input type="checkbox"/> French (France)	<input type="checkbox"/> German	<input type="checkbox"/> Greek
<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian	<input type="checkbox"/> Juba Arabic	<input type="checkbox"/> Korean
<input type="checkbox"/> Malaysian	<input type="checkbox"/> Nepali	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Polish
<input type="checkbox"/> Portuguese (Brazil)	<input type="checkbox"/> Portuguese (Portugal)	<input type="checkbox"/> Romanian	<input type="checkbox"/> Serbian
<input type="checkbox"/> Slovak	<input type="checkbox"/> Somali	<input type="checkbox"/> Spanish (Argentina)	<input type="checkbox"/> Spanish (Spain)
<input type="checkbox"/> Swedish	<input type="checkbox"/> Twi (Ghana)	<input type="checkbox"/> Turkish (Australia)	<input type="checkbox"/> Ukraine
<input type="checkbox"/> Urdu (Australia)	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Waray (Philippines)	<input type="checkbox"/> Yoruba (Nigeria)
<input type="checkbox"/> Adaptation for Parents (English)		<input type="checkbox"/> Adaptation for Parents (Norwegian)	

**17. Do you require the HLQ in a language not listed above?**

Additional languages may be in the process of being translated.

Translation and adaptation can only be done under licence and in collaboration with Swinburne University of Technology using the [Translation Integrity Procedure](#). Conditions apply.

Language(s) required
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**18. For the purposes of building an international community of practice, are you willing for the Investigator's contact details to be made available to other organisations or researchers working in a similar field, region, or language?**

<input type="checkbox"/> Yes <input type="checkbox"/> No
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**19. We are conducting cross-national research on the psychometric properties of the questionnaires to assist researchers and organisations to understand the characteristics and usefulness of the questionnaires across settings. Are you willing to be contacted about participating in potential research and development projects?**

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Send this registration form to [HLQ-info@swin.edu.au](mailto:HLQ-info@swin.edu.au).