

Alaska Behavioral Risk Factor Surveillance System (BRFSS) Data Request & Release Form

Requestor Information

Project Title: _____

Organization/Agency: _____

Principal Investigator: _____

Additional Authorized Users: _____ Request Date: ____/____/____

_____ Required Date: ____/____/____

Dataset Information

1. Proposed use of data and methods of analyses:

2. Time period selection:

(Data are available from 1991 onward--please specify all years for which data are being requested.)

3. Topic(s): Please select specific topics of interest. (NOTE: Data may not be available for all years requested.)

Quality of life

- Disability
- General health
- Health care access
- Healthy days (physical and mental)
- Sleep

Chronic disease

- Arthritis
- Cancer
- CVD
- COPD
- Diabetes
- Kidney disease
- Mental health
- Oral health
- Vision

Risk factors

- ACEs
- Alcohol use
- Cardiovascular risks
- E-cigarette use
- Exercise habits
- HIV risks
- Injury risks
- Interpersonal violence
- Marijuana use
- Nutrition habits
- Overweight/obesity
- Suicide ideation
- Tobacco use
- Tobacco smoke exposure

Preventive factors

- Alcohol counseling
- Cancer screening
- Cancer survivorship
- Cardiovascular care
- Diabetes care
- Exercise counseling
- Health screening
- HIV screening
- Immunizations
- Nutrition attitudes
- Nutrition counseling
- Obesity attitudes
- Oral care
- Other screening
- Physical activity attitudes
- Quality healthcare
- Tobacco attitudes
- Tobacco cessation
- Vision care

Other indicator(s) not listed: _____

COMPLETE DATASET(S)

4. Crosstab(s) to be provided (when n is sufficient):

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Age group | <input type="checkbox"/> Income | <input type="checkbox"/> Geographic Region(s): _____ |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Race | <input type="checkbox"/> Other: _____ |

5. Data format(s):

- | | |
|--|--|
| <input type="checkbox"/> Excel spreadsheet | <input type="checkbox"/> SAS statistical software |
| <input type="checkbox"/> Access database | <input type="checkbox"/> SPSS statistical software |
| | <input type="checkbox"/> Other: _____ |

6. Additional information, requirements, or questions (if any):

Data Use Agreement

Each individual listed by name and email below agrees to conform to these BRFSS data use and reporting restrictions:

1. I will not use and will not permit others to use the data in these datasets in any way other than for statistical reporting and analyses;
2. I will not release these datasets or any data contained therein, in whole or in part, to any other person without the written approval of the Alaska Division of Public Health;
3. I will acknowledge the Alaska Department of Health and Social Services, Division of Public Health, and the Centers for Disease Control and Prevention as the original source;
4. I will secure these data according to procedures and security requirements of the Health Insurance Portability and Accountability Act (HIPAA) in the following ways: a) access to data will be limited to the individual(s) identified in this data release form, and b) transmitted using secure methods (e.g., YouSendIt);
5. In publications, presentations, and communications in which I refer to these data, I will include a disclaimer that expressly credits any analyses, interpretations, or conclusions reached to the author(s) and not to the Alaska Division of Public Health or the Centers for Disease Control and Prevention, unless prior authorization has been obtained;
6. I understand that the State of Alaska is not liable for any harm or injury that may be suffered as a consequence of any inaccurate information obtained through this request;
7. I will send any product for general dissemination that includes these data to the BRFSS Coordinator or Chronic Disease Epidemiologist prior to publication; I will also allow the BRFSS Coordinator, Chronic Disease Epidemiologist, or CDPHP staff member designated by the BRFSS Coordinator fifteen working days to comment on the findings within the publication.

Signature (or e-signature)

Email:

Investigator:

Additional
authorized
users:

Street Address:

Phone:

City, State, Zip:

Please Send Request To:

Aulasa Liendo, BRFSS Coordinator
Section of Chronic Disease Prevention & Health Promotion
Alaska Department of Health and Social Services
(907) 465-8540
aulasa.liendo@alaska.gov

Reviewed By / Date

Notes:

