

Texas BRFSS Public Use Data File User Registration and Confidentiality Agreement

Name: _____

Phone Number: _____

Mailing Address: _____

E-mail Address: _____

Place of Employment (check all that apply):

- Federal Government State Government Local Government Hospital or Clinic
 University Medical School Non-Profit Agency Foundation
 Other: _____

Primary Professional Activity (check all that apply):

- Epidemiology Education Administration Statistics
 Student Project Evaluation Clinical Care Other: _____

Years Needed (Only back to 2000): _____

File Format Needed (check all that apply):

- SPSS SPSS Portable SAS Transport SAS
 STATA ASCII Other: _____

Files will be saved to: Desktop Network (How many people will have access? _____)

Date Received: _____
Date Sent: _____

The Texas Behavioral Risk Factor Surveillance System (BRFSS) Public Use Data Files (PUDFs) were established so that analysts, epidemiologists, statisticians, etc would have the ability to do additional in-depth analyses. The Texas BRFSS data may be used only for the purposes for which the data were obtained.

The Community Assessment Team (CAT) highly recommends that estimates should not be reported or interpreted based upon a denominator of fewer than 50 respondents (unweighted sample size) due to decreased statistical reliability.

Therefore, your signature on this form gives the following assurances:

1. I will analyze the Texas BRFSS data with appropriate software that accounts for the complex sample survey design of the Texas BRFSS. Examples of these software packages include SPSS with Complex Samples, SAS (v.9 or later), STATA, or SUDAAN.
2. I understand that, in most cases, the Texas BRFSS PUDFs contain data collected from January through December of each year.
3. I must use the appropriate weighting factor to get correct estimates. All PUDFs contain Centers for Disease Control and Prevention final weighting factors, and in later years, also contain weighting factors created by the CAT at the Texas Department of State Health Services (DSHS). Additional weighting factors for split surveys are also provided.
4. Under special circumstances, a preliminary data file may be made available. If I am using a preliminary data file, I will not release any preliminary results or findings from the Texas BRFSS PUDF without first discussing such actions with the Texas BRFSS Coordinator at the Texas DSHS. I will receive an updated finalized Texas BRFSS PUDF when one is available.
5. I will not distribute the Texas BRFSS PUDFs to any other partners, organizations, foundations, institutions, agencies or programs.
6. I will not attempt to use the Texas BRFSS PUDFs nor permit others to use the Texas BRFSS PUDFs to learn the identity of any person.
7. If I should discover the identity of any person, I will make no use of the knowledge, I will advise the Texas BRFSS Coordinator at the Texas DSHS of the incident, I will safeguard or delete the information that would identify an individual, as requested by the Texas DSHS, and I will inform no one else of the discovered identity.
8. If the Texas BRFSS PUDFs will be made available off of the network, all staff members who have access to the data set are aware of these conditions.
9. I recognize that the data are not guaranteed to be without error.

To expedite receiving your data sets, the CAT will accept a signed agreement by fax or e-mail as long as the original is sent by mail:

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Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347
Fax: 512-458-7429
E-mail: BRFSS@dshs.state.tx.us

Signature: _____ Date: _____

Printed Name: _____

Date Received: _____
Date Sent: _____