

**Government of the District of Columbia  
Department of Health  
Behavioral Risk Factor Surveillance System (BRFSS)  
Data Request and Use Agreement**

Date

First Name:

Last Name:

Phone Number:

E-mail Address:

**Affiliation (check all that apply)**

- Federal Government       State/Local Government       University       Medical School   
 Non-Profit Agency       Hospital or Clinic       Other

**Primary Professional Activity (check all that apply):**

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

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The Behavioral Risk Factor Surveillance System (BRFSS) is the most extensive state-based telephone (landline and cell phone) health surveillance system globally supported by the Centers for Disease Control and Prevention (CDC). For over 30 years, through a series of monthly telephone interviews, states-uniformly collect data on chronic health conditions, health care coverage and access, risk, and preventive behaviors of District adults aged 18 years and older. The results are used to monitor trends, objectives, identify priority areas, data gaps, guide policy and funding decisions.

**YEAR**

- 2011       2012       2013       2014       2015       2016       2017  
 2018       2019       2020       2021\*       2022\* (data collection in progress)

**DEMOGRAPHICS**

- Gender/Sex       Age       Race/Ethnicity       Education  
 Income       Employment Status       Marital Status       Ward\*\* (Geographic)

**TOPIC AREAS (Variables)**

- Alcohol Consumption       Arthritis       Asthma       Cancer  
 Cholesterol Screening       Colorectal Screening       Condom Use\*\*       COPD  
 Depressive Disorder       Diabetes       Disability       Exercise

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Falls                | <input type="checkbox"/> Flu Shot         | <input type="checkbox"/> Fruits and Vegetables | <input type="checkbox"/> General Health Status |
| <input type="checkbox"/> Heart Attack         | <input type="checkbox"/> Heart Disease    | <input type="checkbox"/> HIV/AIDS              | <input type="checkbox"/> Hookah**              |
| <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Inadequate Sleep | <input type="checkbox"/> Kidney Disease        | <input type="checkbox"/> Mammogram             |
| <input type="checkbox"/> Mental Health Days   | <input type="checkbox"/> Oral Health      | <input type="checkbox"/> Overweight/Obesity    | <input type="checkbox"/> Pap Test              |
| <input type="checkbox"/> Physical Health Days | <input type="checkbox"/> Pneumonia Shot   | <input type="checkbox"/> Prediabetes**         | <input type="checkbox"/> Prostate Cancer       |
| <input type="checkbox"/> Stroke               | <input type="checkbox"/> Tobacco Use      | Other  |  |

**Requesting Data:** When providing raw data, the DC BRFSS evaluates several key factors to ensure data integrity and validity of potential inferences that could be made specifically to an existing small sample. The sample size dictates the amount of information that determines precision or level of confidence in the data. Raw datasets released that contain a small sample also factor the following criteria:

- Policy decisions that could affect a unique or large population
- Measuring small changes over time across groups
- Allocation of financial or other resources that would be a result of data outcome
- Data findings that could be applied or misused to suggest an increased risk in an area or population resulting in driven public health policy where resources are misdirected based on inaccurate inferences of data
- Policy or standards that mandates suppression

Note: Utilizing the DC BRFSS dataset(s), you agree to the following terms and conditions. Failure to adhere to the following will violate this agreement and prohibit you from receiving future DC BRFSS datasets external from public use files located at [www.cdc.gov/brfss](http://www.cdc.gov/brfss). The DC BRFSS retains the rights and ownership to all BRFSS non-public use datasets, including geographical location and state-added survey results.

**TERMS AND CONDITIONS**

I understand that the data files provided under this data request and outlined in your project narrative are to be used only for the intended purpose in your request.

*How Do You Intend to Use the Data?*

**Will this Project be distributed or presented internally or externally of your institution?**

- Yes       No

## Project Completion

Once my study is completed, I will dispose of all information provided under this agreement to be handled as follows:

- Paper records will be shredded or burned; and
- Computer tapes, diskettes, CDs, and an electronic file will be destroyed, completely erased, or returned to the Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System, District of Columbia Department of Health.

*Note this statement is specific to the non-public use variables, to include all state-added questions*

I understand that utilizing data file {year(s)} without prior permission from the District of Columbia Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System is a violation of this agreement and prohibits future data requests up to three (3) years.

I will analyze the DC BRFSS data with appropriate software for the complex sample survey design. Examples of these software packages include SPSS with Complex Samples, SAS (v.9.4 or later), R/RStudio, STATA, or SUDAAN.

I must use the appropriate weighting factor to get correct estimates. The attached data files contain the final weighting factors of the Centers for Disease Control and Prevention (CDC).

I will not distribute the DC BRFSS Limited dataset to other partners, organizations, foundations, institutions, agencies, or programs.

I will not develop web-based interactive sites or dashboards containing the DC BRFSS data.

## Data will be accessible only to authorized users:

Name Date

Name Date

## Confidentiality

I will not attempt to use the District of Columbia BRFSS data files nor permit others to use the District of Columbia BRFSS Data Files to learn the identity of any person.

If I should discover the identity of any person, I will make no use of the knowledge, and I will advise the District of Columbia BRFSS Coordinator at the Department of Health of the incident. I will safeguard or delete the information that would identify an individual, as requested by the DC Health and DC BRFSS, and I will inform no one else of the discovered identity.

No statement shall be made indicating or suggesting that interpretations drawn from DC BRFSS data are those of the District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System, unless work was conducted in collaboration and approved by that Office.

I understand that the accuracy of statistical analysis and findings are not the responsibility of the District of Columbia Department of Health. The District of Columbia Department of Health shall not be held liable for improper or incorrect use of the data.

Should I fail to comply with the terms and conditions, access to the BRFSS Data will be terminated immediately. All data will be returned to the Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System, District of Columbia Department of Health. I understand that unauthorized disclosure of information from confidential records may be punishable, upon conviction, by a fine, imprisonment or both, and civil penalties as prescribed by law.

## CITATION for PUBLICATION OR PRESENTATION

District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (DC BRFSS), [year(s), of the study]

By signing this form, I hereby certify that I understand the preceding terms and provisions and accept responsibility for using the BRFSS data provided to me.

**Request form and confidentiality agreements** must be completed before receiving any data. The DC BRFSS has 15 business days to meet all requests, starting when your data request is approved. This time frame excludes holidays and weekends.

\* = Data for this year is currently unavailable \*\* = Not considered public use data

You can view DC BRFSS Annual and Topic Specific reports online at <https://doh.dc.gov/service/behavioral-risk-factor-surveillance-system>

By signing, I acknowledge and agree to the terms and conditions of this request.

Signature \_\_\_\_\_

Date Signed

**DC HEALTH – AUTHORIZED USE  
Request Determination**

Approved

Denied

Rationale for denial

Signature \_\_\_\_\_

Date Signed