



Date of Request:

Name:

Organization:

Email address:

Phone number:

Mailing address:

Type of Organization:

Federal Government	College Student	Department of State Health Services
State Government	Non-profit	Doctor/Healthcare Practitioner
Local Government	Hospital or Medical School	Other Health Department
Consultant		
Other:		

Purpose of Request:

Grant	Research	Report
Presentation	Marketing	General Information

Primary Professional Activity (check all that apply):

Epidemiology	Education	Evaluation	Administration
Research/Statistics	Clinical Care	Student Project	
Other:			

**Data Years Needed
(Only back to 2000):**

File Format Needed (check all that apply):

SPSS	STATA	SAS
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Texas YRBSS Public Use Data File Confidentiality Agreement

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

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

Your signature on this form gives the following assurances:

1. I will analyze the Texas YRBSS data with appropriate software that accounts for the complex sample survey design of the Texas YRBSS. Examples of these software packages include SPSS with Complex Samples, SAS (v.9 or later), or STATA.
2. I understand that, in most cases, the Texas YRBSS PUDFs contain data collected in the Spring of every odd 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 group at the Texas Department of State Health Services (DSHS).
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 YRBSS PUDF without first discussing such actions with the Texas YRBSS Coordinator at the Texas DSHS. I will receive an updated finalized Texas YRBSS PUDF when one is available.
5. I will not distribute the Texas YRBSS PUDFs to any other partners, organizations, foundations, institutions, agencies or programs.
6. I will not attempt to use the Texas YRBSS PUDFs nor permit others to use the Texas YRBSS 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 YRBSS 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 YRBSS 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, please submit the request form and a signed agreement by e-mail, yrbss@dshs.texas.gov OR click on the yellow box.

Printed Name:

Signature:

Date: