

Public Use Data File (PUDF)

Data Use Agreement

The Health Of Houston Survey 2010 Public Use Data File (PUDF) can be downloaded with permission, once the data recipient agrees to the provisions listed below. These provisions are intended to protect the identity of survey respondents and to assure proper citation and appropriate uses of these data.

By signing this form, the data recipient gives the following assurances with respect to the use of the PUDF:

- The data recipient will not share or grant access to the PUDF to other users without express permission from the HHS staff;
- The data recipient will not use the data for profit making purposes;
- The data recipient will not disclose any information that risks exposing the identity of any individual respondent to the survey, and will not link information from the PUDF with personally identifiable records from any other source;
- In the event that any person becomes identifiable because of small numbers of cases in particular analyses, the data recipient will keep that information strictly confidential, and will advise HHS staff of the incident;
- The data recipient recognizes that the data are not guaranteed to be without error;
- The data user will include the following citation in any public dissemination of information or results from this file:
 - Health of Houston Survey 2010, Institute for Health Policy, The University of Texas School of Public Health, UTHealth. Public Use Data File. Accessed at http://_____ on _____; and
- The data recipient agrees to analyze the HHS 2010 data with appropriate software that accounts for the complex sample survey design and agrees to use the appropriate weighting factor to generate valid estimates.

Signature: _____ Date: _____

Date Received: _____
Date Sent: _____

**Public Use Data Agreement
User Registration**

Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email 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: _____

Organization Name: _____

Primary Professional Activity (Check all that apply):

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

Date Received: _____
Date Sent: _____