

**Public Use Data File (PUDF)**

**Data Use Agreement**

The Health of Houston Survey Public Use Data Files (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 analysis and 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 (*Year*), Public Use Data File. Institute for Health Policy, UTHealth School of Public Health. Accessed at <http://>  
\_\_\_\_\_ on  
\_\_\_\_\_; and
- The data recipient agrees to analyze the HHS data with appropriate software that accounts for the complex sample survey design and agrees to use the appropriate weighting factor to generate valid estimates. Estimates produced from small number of cases should be used with caution due to their instability.

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     Public Health     Statistics  
 Student Project     Evaluation     Clinical Care  
 Other: \_\_\_\_\_

Date Received: \_\_\_\_\_  
Date Sent: \_\_\_\_\_