

Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) Data Request Form

Date of Request: _____ **Date needed:** _____ (3 weeks minimum)

Requestor's Name _____ Title _____

Organization/Affiliation _____ Phone _____

Email _____

Reason for Request (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Capacity building/planning | <input type="checkbox"/> Project Implementation |
| <input type="checkbox"/> Conference/presentation | <input type="checkbox"/> Resource Development |
| <input type="checkbox"/> Grant proposal/reporting | <input type="checkbox"/> University project |
| <input type="checkbox"/> Media | <input type="checkbox"/> Policy/decision making |
| <input type="checkbox"/> Problem/needs assessment | <input type="checkbox"/> Other |

Year(s) of data requested: _____

Please describe your project and its purpose. If you are a researcher, what are your specific questions?

Which variables do you need? Do you have specific breakdowns/categories (e.g., race, age, urban/rural, etc.) in which you are interested?

- I understand that the data I receive can only be used for the purpose(s) indicated on the request form. Any other use should be approved by Minnesota PRAMS.
- I agree that the data I receive cannot be published without written approval from Minnesota PRAMS.

Signature _____ **Date** _____

Send request to: health.mnprams@state.mn.us

Minnesota PRAMS, Minnesota Department of Health, 85 7th Pl. E, St. Paul, MN 55101

Phone: 800-723-2712