**Oregon Health Authority, Health Promotion and Chronic Disease Prevention**

**Special Data Analysis Request Form**

***Objective:*** This form enables Oregon Healthy Communities and TPEP Program Coordinators to request health condition or risk factor data not already displayed in HPCDP burden reports, Physical Activity and Nutrition Facts, Oregon Tobacco Reports, Oregon Tobacco Facts and Laws, county fact sheets, Oregon race oversample web tables, etc. These data publications may be reviewed at <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/pubs.aspx>.

***Instructions:*** Please answer all of the questions below. **Your answers will help us meet your needs in a timely fashion.** Taking the time to think these through will save you time in the long run. Then please email the completed form to your assigned HPCDP community programs liaison. Thank you!

1. Your name:

2. Your county/tribe:

3. Your program:

4. Your email address:

5. Your telephone number:

6. Today’s date:

7. Deadline:

8. Reason for deadline:

9. Describe your data request as best you can. Please be specific:

10. Describe which, if any, of your workplan objectives this request relates to:

11. How will you use these data? Please be specific: