



Indiana Department of Health Cardiovascular and Diabetes Section Epidemiology

2 N. Meridian, 6th Floor
Indianapolis, IN 46204
DiabetesHeart@isdh.IN.gov

Data Request Sent	Click here to enter a date.	Proposed Request Deadline*	Click here to enter a date.
<p>*NOTE: Data requests are processed as quickly as possible; however, due to staffing and complexity of the requests it can take longer. Please provide as much detail as possible to expedite the process. If you have examples of previous data requests or graphs, please attach.</p>			
Requestor Information			
Name		Title & Organization	
Phone		Email	
Description of Data Request			
Background Information and/or Question			
Intended Audience			
Data Sets (if known)	<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS) <input type="checkbox"/> Hospital discharge (ED and hospitalizations) <input type="checkbox"/> Mortality <input type="checkbox"/> Other – specify		
Purpose of Request			
Purpose	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Analysis or support for decision-making activities (i.e., policies, program changes) <input type="checkbox"/> Grant materials and evidence <input type="checkbox"/> Quarterly, semi-annual or annual report </div> <div style="width: 35%;"> <input type="checkbox"/> Presentation <input type="checkbox"/> Research project <input type="checkbox"/> Other – specify </div> </div> <p>Please describe the purpose in detail:</p>		
Parameters			
Time Period		CY = Calendar Year (e.g., CY12 = 01/01/12 – 12/31/12) SFY = State Fiscal Year (e.g., SFY12 = 07/01/11 – 06/30/12) FFY = Federal Fiscal Year (e.g., FFY12 = 10/01/11 – 09/30/12)	
Geography		Statewide (aggregate), by County, Other	
Specific Demographics		Age, Sex, Race, Ethnicity, Other	
Diagnosis Codes		List ICD <u>codes</u> as appropriate	

[FOR INTERNAL USE ONLY]



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