

Center for Urban Population Health

COMMUNITY HEALTH SURVEY

Data Request Form

Investigator's Name & Title:

Institutional Affiliation:

Description of Project/Research Question:

Date Data Needed By:

Please note that we will try our best to accommodate your data request by this date, but it cannot be guaranteed.

Variables Requested: *The survey questions can be found in each of the reports on the Community Health Surveys website:*
<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/index.asp>

Dissemination/Use of Results: *Briefly describe how the results of your project will be disseminated or otherwise used.*