ARIZONA DEPARTMENT
OF HEALTH SERVICES

How to Use the ADHS Data Request Submission Form

The purpose of this form is to help your data request get to the appropriate program within ADHS so that they can address it in a timely manner. This will help ADHS to understand the volume and frequency of data requests that we receive, provide assistance for those who are not familiar with how to request data, and will ultimately help to turn public health data into action.

Please note, the Form will populate new fields depending on your selections in previous fields. You must complete all fields marked with a red asterisk (*) before moving on to the next section.

The Form has this flow:

- ➔ **Specify if this is a New or a Follow-up Request**
- ➔ **Confirm whether you can find what you need in our Publicly Available Resources**
- ➔ **Provide Your Contact Information**
- ➔ **Describe your Data Request**
- ➔ **Optional Feedback**

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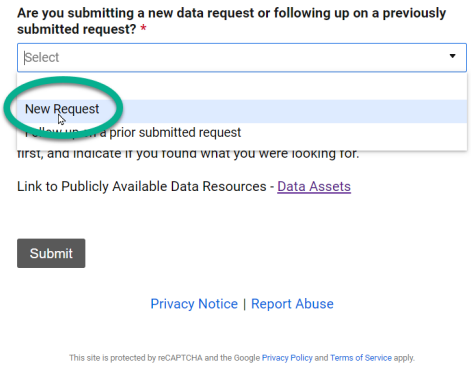
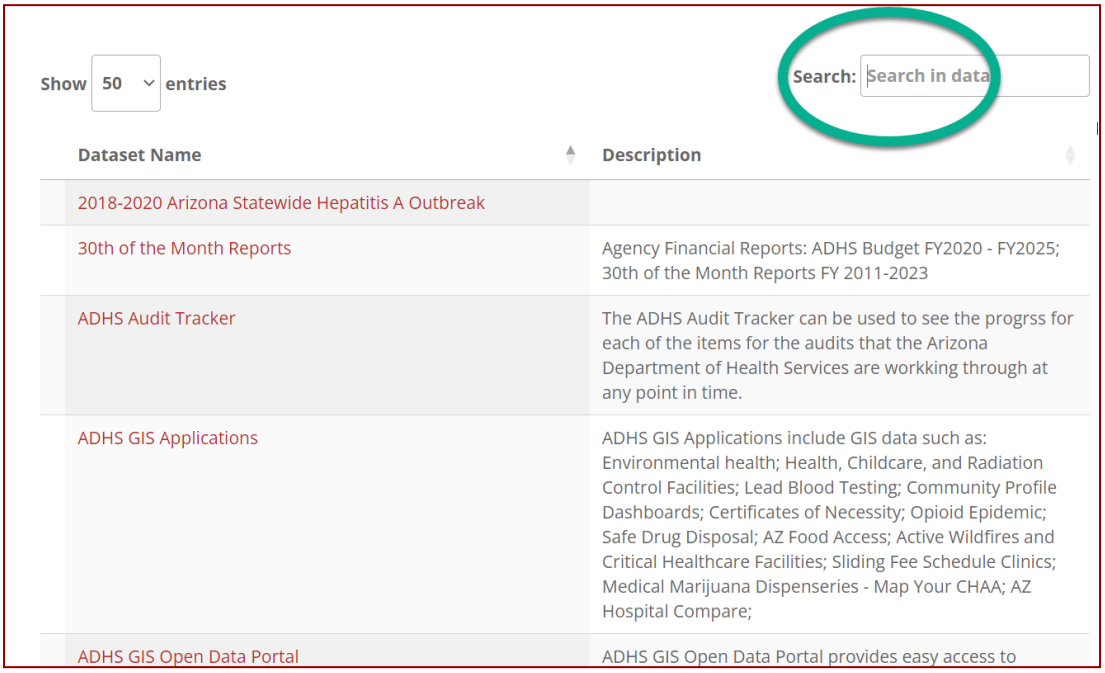
Specify if this is a New or a Follow-up Request

We hope to respond to all requests within 5 business days, but if for some reason you have not yet received a response, please indicate here that this is a **Follow-up Request**. Otherwise, just select **New Request** to begin your submission.



Confirm whether you can find what you need in our Publicly Available Resources

ADHS publishes many aggregated datasets and data reports on our webpage. If you suspect the data that you are interested in might be already included in one of those online resources, try typing in a keyword into the search bar or scrolling down the list of Datasets that we've cataloged in this table.



Provide Your Contact Information

Entering your contact information will allow for a copy of the data request to be sent to your email. Each form submission that is emailed to you will have a unique identifier that can be used for follow up. Additionally, a copy of the form submission questions and responses will be included in the email.

When indicating which entity description applies best to you, new questions will populate on the form that are relevant to that entity. This helps us understand the context of your request and other pertinent information (e.g., whether you already have a data sharing agreement with ADHS, whether you are working on a research project, etc.)

Describe your Data Request

Including some details will help us to better understand where to send your request within the agency. This is also where you can indicate the urgency of your request, the other stakeholders that you are working

with, or any additional questions you have about the data that might affect your request. This information will be sent to the subject matter expert of that data at ADHS to help them respond appropriately to your request based on the details you provide.

Optional Feedback

Please share any suggestions of how to improve this form or the data request process at ADHS in general. We appreciate your insight into how we can better connect you with the public health data you need.