



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF PUBLIC HEALTH SERVICES***  
***BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS***

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[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

## Non-Confidential Data Request Form

### Requester Information

Name:	Date:
Title:	IMPORTANT! Deadline needed by:
Email Address:	Organization Name:
Phone:	Organization Address:
If Student - Professor's Name:	Professor's Contact Info:
Academic Institution:	

#### PLEASE NOTE:

**Data requests may take 8 to 12 weeks for delivery**, depending on the complexity of the request and to ensure the quality of the output. Non-confidential public health data is released in aggregated outputs to protect against constructive identification of individuals.

**Confidential record-level data and analysis with personal identifiers** (i.e. date of birth, street address, names, etc.), will be provided to qualified researchers demonstrating a direct and tangible non-commercial, health-related interest, as determined by the appropriate Health Data Review Committee. Guidance and links to confidential applications may be found at: <https://www.dhhs.nh.gov/dphs/hsdm/index.htm>.

**Media or legislative-related data requests** require review by the NH DHHS Public Information Office (PIO)  
PIO contact information: <https://www.dhhs.nh.gov/ocom/pio/index.htm> [PIO@dhhs.nh.gov](mailto:PIO@dhhs.nh.gov) Phone: 603-271-9389.

#### **You also may be able to quickly obtain the data you require at one of the following self-service portals:**

**New Hampshire Vital Records Information Network Web Query** – NH Vital Records birth, death, marriage and divorce: <https://nhvrinweb.sos.nh.gov/Default.aspx>

**NH Health WISDOM** - Public health data from 15 data sources to produce custom reports, maps and time trend analyses: <https://wisdom.dhhs.nh.gov/wisdom/#main>

**New Hampshire Environmental Public Health Tracking Program:** Environmental Health and Community Health Outlooks: <http://www.nh.gov/epht/>

**Center for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS):** Data & Documentation: <http://www.cdc.gov/healthyouth/data/yrbs/data.htm>

**Email completed request form to:**  
Claire Gendron, Executive Secretary  
([claire.gendron@dhhs.nh.gov](mailto:claire.gendron@dhhs.nh.gov))  
NH Department of Health and Human Services  
Division of Public Health Services  
Bureau of Public Health Statistics and Informatics  
29 Hazen Drive, Concord, NH 03301  
603-271-4988

### **TYPE OF DATA NEEDED:**

#### **VITAL RECORDS:**

- ☐ Birth Certificate Data
- ☐ Death Certificate Data
- (There are coding limitations in 2004 Birth and Death Data)
- ☐ Marriage Certificate Data
- ☐ Divorce Certificate Data

#### **OTHER HEALTH DATA:**

- ☐ Cancer Registry Data
- ☐ Behavioral Risk Factor Surveillance System (BRFSS)
- ☐ Pregnancy Risk Assessment Monitoring System (PRAMS)
- ☐ Estimated Population
  
- ☐ Other Data Set: (please specify)

#### **HOSPITAL DISCHARGES:**

- ☐ Inpatient Data
- ☐ Emergency Department (ED) Visit Data
- ☐ Other Outpatient Data
- (Note: For Uniform Healthcare Facility Discharge Data Set (UHFDDS) Public Use Dataset Application, please visit <https://www.dhhs.nh.gov/dphs/hsdm/hospital/publications.htm>)

### **GROUP BY:**

*(Note, not all data sets are available in these groupings)*

#### **Year(s) Requested:**

- 
- ☐ \_Most Recent
- # of Year(s)
- ☐ By Individual Year
- ☐ Years Grouped Together
- ☐ Both

#### **AGE GROUPS:**

- ☐ Standard Age Groups
- ☐ Specific Age Groups
- Please specify below:

#### **LOCATION (s):**

- ☐ All of NH
- ☐ Hospital Service Area:
- ☐ Public Health
- Region:
- ☐ By Hospital:
  
- ☐ Counties:
  
- ☐ Towns:

#### **GENDER:**

- ☐ Male Only
- ☐ Female Only
- ☐ Total

### **DELIVERABLE**

#### **OUTPUT:**

- ☐ Counts
- ☐ Rates
- ☐ Percents

#### **FORMAT:**

- ☐ MS Excel Spreadsheet (suggested)
- ☐ MS Word Document
- ☐ MS Power Point

#### **PREFERRED DELIVERY METHOD:**

- ☐ Email
- ☐ Mail
- ☐ HSDM Staff Presentation at Event

### **DETAILS OF REQUEST**

**Description of any other details needed for your request:**

**Description of project and how this data will be used:**

**For Hospital Data: ICD-9 / ICD-10 Codes or disease conditions of interest:**

**For Death Data: ICD-10 Codes or causes of death of interest:**