

## Hawaii PRAMS Data Request Instructions

1. Fill out the Data Request Form provided.
2. Please type or print clearly, and do not forget to sign the form.
3. Failure to provide requested information on the form can result in delay.
4. Please return the completed form to:

Hawaii PRAMS Program Coordinator  
Hawaii Department of Health  
1010 Richards Street Suite 911  
Honolulu, HI 96813

It can be scanned (with signature) and emailed to:  
[jane.awakuni@doh.hawaii.gov](mailto:jane.awakuni@doh.hawaii.gov)

5. Due to Hawaii PRAMS staff work load, it is not guaranteed that the data will be ready by the requested completion date.
6. For questions, please contact the Hawaii PRAMS Program Coordinator at (808)733-4052, or [jane.awakuni@doh.hawaii.gov](mailto:jane.awakuni@doh.hawaii.gov).

***Mahalo for supporting Hawaii PRAMS!***

## Data Request Form

State of Hawaii, Department of Health, Family Health Services Division

### Hawaii Pregnancy Risk Monitoring System (PRAMS) Program

|  |              |                                      |
|--|--------------|--------------------------------------|
| 1. Requestor Name:   | 2. Position: | 7: Completion Date/Time Constraints: |
| 3. Agency:   |              |                                      |
| 4. Phone:  | 5. Fax:      |                                      |
| 8. Description of Request [include data year(s), specific indicator(s), etc.]: |              |                                      |
| 9. Stipulate use of the data:  |              |                                      |

To ensure that the PRAMS data will be used correctly, the Hawaii Department of Health PRAMS Program (Hawaii PRAMS) and the U.S. Centers for Disease Control and Prevention (CDC) Protocols require that Hawaii PRAMS reviews and approves all reports prior to presentation and/or publication. Hawaii PRAMS cannot be held liable in the event that incorrect data are released to the public.

I hereby testify that I have read the above and will provide any use of said data to the Hawaii PRAMS Program Coordinator ***at least two weeks prior to presentation or publication.***

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Office Use Only

|                               |                   |                 |
|-------------------------------|-------------------|-----------------|
| 1. Request No.:               | 2. Date Received: | 3. Assigned to: |
| 4. Notes:                     |                   |                 |
| 5. Tentative Completion Date: | 6. Date:          |                 |