Suicide Prevention Research Impact NeTwork

Data Request Form

BSSI

BHS

- 1. Complete the following data request form. If questions arise as you are completing your request form, please contact Dr. Brian Marx at Brian.Marx@va.gov.
- 2. Allow approximately one to two months for the request to be reviewed.
- 3. If the request is approved, an approval notification with follow-up instructions will be sent via email to the Principal Investigator or Project Director appearing on the request form.

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Requestor Name*:		
Email Address*:		
Requestor Organization/Affiliation*:		
Date when data are desired* (please s	ee data request information for i	request timelines):
Type of Request:		
Internal (Inside VA) Data Reque	est	
External (Outside VA) Data Req	uest	
Please list Common Data Element ite measure/scale. (Note: justification for		-
Common Data Elements (CDE) Item	s	
List requested items:		
Other Measurements:		
Basic Demographics	AUDIT	ACSS
Basic Study information	INQ	ACSS - fearlessness

PCL-C (Civilian)

PCL-M (Military)

subscale only

BDI-II

Brief Explanation*

Please provide a brief explanation of how the data will be used. Will they be used for a presentation, publication, grant proposal or other? What are the hypotheses to be tested with these data (be concise but thorough)? Make sure to explain the purpose of each requested measure from above. For the CDE, please indicate which items you are requesting (see Access to Data Information Document – Available Data section for CDE item numbers). Please limit your description to 1,000 words.