

**Kentucky Behavioral Risk Factor
Surveillance System (BRFSS)**



Data Set Request Form

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-mail: _____

Telephone #: _____ Fax #: _____

Year(s) of data requested: _____

Date project will begin: _____

Date project will be completed: _____

Preferred Data Management Software (ex. SAS, SPSS) _____

How will data be used? Please specify topic(s) of interest: _____

The undersigned investigator agrees to the following with respect to BRFSS data sets:

1. I will not release the data set I receive to any other persons.
2. I will not use these data for any purpose other than statistical reporting.
3. I will not attempt to contact or re-identify any respondents to the survey.
4. I will acknowledge the Centers for Disease Control and Prevention (CDC) as the original source of the data.
5. I will send a copy of any published reports using BRFSS data to the address listed below.

Signed: _____

Date: _____

Note: Sample sizes for states and subpopulations vary. Estimates produced from fewer than 50 unweighted records are not considered by the CDC to meet standards of statistical reliability. It is highly recommended that 95% Confidence Intervals or standard errors be reported for all estimates produced by data users.

Please mail or fax this form to:

Kentucky BRFSS Coordinator
Chronic Disease Prevention & Control Branch
Kentucky Department for Public Health
275 East Main St, HS2WE
Frankfort, KY 40621

Phone # (502) 564-7996 Ext 4284
Fax # (502) 564-4667

