Appendix D

Kentucky Behavioral Risk Factor Surveillance (KyBRFS)
Data Request Form

Name: ____________________________________________________________
Organization: ______________________________________________________
Address: __________________________________________________________
City: ______________________________________________________________
State: ______________________ Zip Code: _____________________________
E-mail: ____________________________________________________________
Telephone #: ______________________ Fax #: ____________________________

Year(s) of data requested:
_________________________________________________________________

Topic(s) of data requested:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How will data be used:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Date data request should be completed:
_________________________________________________________________
_________________________________________________________________
The undersigned investigator agrees to the following with respect to KyBRFS data:
1. I will send a copy of any published reports using KyBRFS data to the address listed below.
2. I will acknowledge the Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health as the original source of the data.

Suggested Citation:
Kentucky Department for Public Health (KDPH) and Centers for Disease Control and Prevention (CDC). Kentucky Behavioral Risk Factor Survey Data. Cabinet for Health and Family Services, Kentucky Department for Public Health, Frankfort, Kentucky [appropriate data year or years].

Signed: ________________________________
Date: ________________________________

Please mail or fax this form to:
KyBRFS Coordinator
Chronic Disease Prevention & Control Branch
Kentucky Department for Public Health
275 East Main St, HS2WE
Frankfort, KY 40621
Phone # (502) 564-7996 Ext 4434
Fax # (502) 564-4667