

Appendix C

**Kentucky Behavioral Risk Factor Surveillance (KyBRFS)
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.

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: _____

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:

KyBRFS Coordinator

Kentucky Department for Public Health, Chronic Disease Prevention & Control Branch

275 East Main St, HS2WE

Frankfort, KY 40621

Phone # (502) 564-7996 Ext 4434

Fax # (502) 564-466

SAMPLE