

## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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

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