



Data Request

Instructions: Please provide detailed information as available. If you need additional pages, please attach forms to this request in email. Please email completed form(s) to tobaccoprevention@odh.ohio.gov. You'll receive notification via email that your request has been received with status of acceptance and completion date. Please allow enough time to process request. To check status of request, please feel free to email or call the Tobacco Program at 614-728-2429.

Contact Info:

Requestor's Name and Title:
Organization/Company:
Department:
Requestor's Email Address:
Requestor's Phone Number:
Date of Request:
Date you would like to receive completed report:

- 1. Priority Level of Request: low, medium, high?** If high priority, please provide supporting information for this level. *Time frame to receive the data is directly related to the priority level. Low Priority= 2 weeks, Medium Priority= 1 week, High Priority=1-3 days

- 2. Identify the target audience and ways the data will be used?** Ex: Webinar for hospital support staff

- 3. What year(s) should the data reflect?** If you want most recent data, please state "most recent".

Tobacco Use Prevention and Cessation Program
Tobacco Surveillance and Evaluation



4. **Geographic Area of Interest?** Please list **at least one** geographic area of interest below.

Statewide	
County:	
Region:	
City:	
Other:	

5. **What is your population of interest?** Example: High School Youth between ages of 14-18 years old.

6. **What question(s) should this request answer?** Example: What's the rate of electronic cigarette use among youth?

7. **If known, please describe the requested data including indicators/variables?** Example: Youth E-cigarette use, Combustible tobacco use

8. **Are there specific survey data of interest?** Example: Ohio Youth Tobacco Survey(OYTS)