

## Data Source Form

*[Fill out separate sheet for each data source not already used in the HIW; e.g., the Health Interview Survey; Medicare Administrative Data, Vital Statistics. Note: Data sources should describe the data as originally collected. Reports are not generally considered primary data sources.]*

1. Data source name:

2. Data source supplier, i.e., sponsoring organization:

3. Provide a brief overview of the data source/system (one or two paragraphs):

4. Mode of data collection

Sample survey

- In person
- Phone (land line only)
- Phone (cell only)
- Phone (cell and land line)
- Mail
- Internet
- Mixed mode (specify all used): \_\_\_\_\_

Surveillance

- Reportable disease
- Other
- Census (e.g., vital statistics data)
- Administrative/claims data
- Other (please describe): \_\_\_\_\_

5. What is the unit being measured (e.g., persons, medical visits, college degree programs)?

6. Who or what is the population covered (e.g., resident persons, non-institutionalized adults)?

7. What is the geographic area covered (check all that apply)?

- National
- State (all states)
- State (selected states) \_\_\_\_\_
- County (all counties (if some are suppressed due to sample size check all))
- County (selected counties) \_\_\_\_\_
- Cities (all cities)
- Cities (selected cities) \_\_\_\_\_
- Zip code (all zip codes)
- Zip code (selected zip codes) \_\_\_\_\_
- Hospital referral region
- Other (describe): \_\_\_\_\_

8. If a sample survey: (skip to 9 if not a survey)

- a) What was the sample size for most recent round of data collection?
- b) What type of sampling design was used (e.g., convenience sample; multistage, area, probability design)?
- c) What was the response rate during the most recent data collection period?

9. If not a survey, please provide information regarding the completeness of the data (based on reconciled data, audits, or other means).

10. What is the schedule of data collection (e.g., annually, every 2-3 years, sporadically)?

11. What data years are currently available?

12. How soon after data collection is completed are data released in final form (e.g., the National Health Interview Survey releases one year of data in the summer of the following year)?

13. If applicable, please supply privacy and confidentiality documentation and guidelines relevant to the data source.

14. Please provide one or two references for the data collection system, if available.

15. Contact information:

Data system homepage:

Agency homepage:

Designated contact person who can provide technical assistance with the data as needed:

Name:

E-mail:

Phone number:

Fax number: