

Appendix IS4-A: Data Inventory

Please complete a separate survey form for each data collection system in your program

A. Program Information

1. Person completing this survey:

Name: _____ Office phone: _____

2. Division:

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Public Health Systems |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Chronic Disease |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Family Health |

3. Program: _____

B. Data Collection Systems

1. Name of data collection system: _____

2. Storage method:

- Electronic (software used _____)
 Paper-based

3. Is this data collection system a surveillance system?

- Yes (go to QUESTION 3a.) No (go to QUESTION 4.)

3a. Active and/or Passive

3b. Population-based -- full population coverage

- Population-based -- based on a sample
Please describe the sampling scheme: _____

- Sentinel
Please describe the selection of sentinel sites for this surveillance system:

4. Is this data collection system service-based?

- Yes (go to QUESTION 4a) No (Go to QUESTION 5)

4a. On whom is data collected? (e.g. all Medicaid patients)

4b. What triggers data collection? (e.g. receipt of service)

5. Please provide a brief summary of the data collection system (eg. The information collected, type of routine reports, etc)