

Appendix IS-4-B: Data Use Plan

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. Secondary Data Use

Does your program use data collected by other Maine CDC programs?

- No: You've finished completing this form. *Thank you.*
- Yes: Please use the spaces below to list the *all* data used, the program that collects it, and the frequency of use. This includes data used for: analysis; planning; evaluation; program management; and response to outbreaks, bioterrorism or public health emergencies. Use reverse of form if needed)

Data Used	Program responsible for primary collection	Purpose of use	Data disseminated outside your program? (Yes/No)	Frequency of use (i.e. weekly, monthly, annually, sporadic)
1.				
2.				
3.				
4.				
5.				