

Attachment 10

Data Collection Request Form

**IMPROVING THE QUALITY AND DELIVERY OF CDC'S HEART DISEASE AND STROKE
PREVENTION PROGRAMS**

“Improving the Quality and Delivery of CDC’s Heart Disease and Stroke Prevention Programs”

Data Collection Request Form

Please complete the questions below and submit to Lauren Gase at lgase@cdc.gov. Please attach a copy of the proposed data collection instrument.

Name of Project: _____ **Number:** _____

Point of Contact

Name: _____

Phone: _____ **Email:** _____

Project Abstract

Please provide a brief overview of the project, including an explanation of the DHDSP training, technical assistance, or product being assessed and why is it a priority to assess the relevance, quality, and/or impact of this activity at this time. In addition, please identify what ways does this proposed data collection aligns with the purpose of the DHDSP plan and evaluation goals.

Time Frame

Please provide a brief timeframe for data collection and analysis

Data Collection System (check one)

- Phone Interview
- In-person Interview
- Phone Focus Group
- In-person Focus Group
- Web-based Survey
- Mixed (please explain): _____

Respondent Type (check all that apply)

- State Health Department Staff
- Nonprofit Organization Staff
- Public Health Organizations
- Professional Organizations
- Academic Institution

Number of Respondents

_____ State Health Department Staff	Total Number	
_____ Nonprofit Organization Staff		
_____ Public Health Organization Staff		
_____ Professional Organization Staff		
_____ Academic Institution		

Burden Hours

Number of respondent multiplied by the average time to complete the data collection

Number of Respondents	Average time to complete data collection	Total Burden Hours
	X	
	=	

Instrument

Are **ALL** questions contained instrument drawn **VERMATIM** from the Question Bank?

- Yes
- No – **Requires amendment of clearance**

The proposed data collection is consistent with the DHDSP plan and evaluation goals as outlined in 0920-XXXX.

Lauren Gase, DHDSP Contact Date

The proposed data collection conforms to the terms of the clearance as outlined in 0920-XXXX.

Renita Macaluso, NCCDPHP OMB Contact Date

The Privacy Act applies

- Yes
- No

Approved as submitted

- Yes
- No

Changes

- Required
- Recommended

Project Number: _____ (Format: Year-Number)