Form Approved

OMB no. 0920-XXXX

Exp. Date xx/xx/20xx

Attachment 4

AIRS Data Collection Instrument

Public Reporting Burden Statement

Public reporting burden of this collection of information is estimated to average 4 hours each for the interim and end of year reports, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia; ATTN: PRA 0920-NEW.

National Center for Environmental Health
Asthma Information Reporting System (AIRS)
Release 1.0

Data Requirements

Table of Contents

Document History

Version	Date	Comments	Author
1.0	07/27/2009	Initial Document	Jeanne Casner
1.1	08/20/2009	Additions to document from Appendices	Natalie Birnbaum
1.2	08/29/2009	Updated based upon analysis of indicators.	Jeanne Casner
1.3	09/01/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.4	09/12/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.5	09/22/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.6	10/01/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.7	10/06/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.8	10/13/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.9	10/20/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.10	10/30/2009	Updated based upon review with AIRS Workgroup	Jeanne Casner
1.11	11/05/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.12	11/06/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.13	11/10/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.14	11/17/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.15	11/30/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.16	12/7/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.17	12/14/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.18	12/16/2009	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.19	01/04/2010	Removed highlighted content and updated document	Sheila Braxton
1.20	01/07/2010	Updated based upon review with AIRS Workgroup	Sheila Braxton
1.21	01/08/2010	Updated general organization of document; Revised Evaluation data requirement sections.	Jeanne Casner
1.22	02/02/10	Updated based upon review of prototype with AIRS Workgroup	Sheila Braxton
1.23	02/11/10	Updated based upon review of prototype with AIRS Workgroup	Sheila Braxton
1.24	02/16/10	Updated based upon review of prototype with AIRS Workgroup	Sheila Braxton

Version	Date	Comments	Author
1.25	02/23/10	Updated based upon review of prototype with AIRS Workgroup	Sheila Braxton
1.26	03/03/10	Updated based on feedback from 3/2/10 grantee content review session	Sheila Braxton
1.27	03/17/10	Updated based on review of prototype with AIRS Workgroup	Sheila Braxton
1.28	03/23/10	Updated based on review of prototype with AIRS Workgroup	Sheila Braxton
1.29	03/30/10	Updated based on review of prototype with AIRS Workgroup	Sheila Braxton
1.30	04/08/10	Created separate section for Expanded Component	Sheila Braxton
1.31	04/12/10	Updated response options for 'Race' to include only 5 OMB classifications	Sheila Braxton

Overview

The Air Pollution and Respiratory Health Branch (APRHB) of the National Center for Environmental Health (NCEH), leads Centers for Disease Control and Prevention's (CDC) fight against environmental-related respiratory illnesses, including asthma, and studies indoor and outdoor air pollution. APRHB seeks to implement a management information system (MIS). The MIS will be known as the "Asthma Information Reporting System" (AIRS) and will be intended to allow APRHB's grantees to document information relevant to their programs including resources, work plan and indicators.

Purpose

The purpose of this document is to define the data requirements for AIRS.

Core Component

Program Summary Data Requirements

Contact Information

Question Asked	Response Option
Grantee Name*	Enter text (100 characters/20 words) Pre-populate with initial data
Award Number*	Enter text (20 characters) Pre-populate with initial data
Announcement Number*	Enter text (20 characters) Pre-populate with initial data

Question Asked	Response Option

Funded Components*	Select all that apply:
	• Core Component
	
	• Expanded Components
	
	   o Surveillance
	
	   o Disparities
	
	   o Intervention
	
	I
	Default to "Core Component"
	Pre-populate with initial data

Program Mailing Address*	Address Line 1 Address Line 2 City, State, Zip
Program Shipping Address*	Is this same as Program Mailing Address – Yes/No Address Line 1 Address Line 2 City, State, Zip
FAX*	Enter number
State Program Website*	Enter text (100 characters/20 words) Allow "Not applicable"
Other Asthma Program Website	Enter text (100 characters/20 words)

*Required information

Program Summary

Question Asked	Response Option
Description of Problem*	Enter text (1000 characters/200 words)
Core Surveillance Summary*	Enter text (2000 characters/400 words)
Core Partnerships Summary*	Enter text (2000 characters/400 words)

Question Asked	Response Option
Core Intervention Summary*	Enter text (2000 characters/400 words)
Core Evaluation Summary*	Enter text (2000 characters/400 words)
Success Story*	Upload file (format = MS Word, PDF) Allow more than one story to be uploaded One is required; additional are optional
Segments of Population Disproportionately Affected*	Enter text (1000 characters/200 words)
Describe Unmet Needs and Strategies to Address Needs*	Enter text (1000 characters/200 words)
Expanded Surveillance Abstract	Enter text (2000 characters/400 words) Display and require if Expanded Component is selected in Contact Information
Expanded Disparities Abstract	Enter text (2000 characters/400 words) Display and require if Expanded Component is selected in Contact Information
Expanded Intervention Abstract	Enter text (2000 characters/400 words) Display and require if Expanded Component is selected in Contact Information

*Required information

Resources Data Requirements

Personnel

Question Asked	Response Option

Role Type*
 	
(List page – sort by Status, then by Last name
On Edit, Cancel returns to List page)
	Select one:
	• Required Roles/Positions:
	   o Epidemiologist
	   o Epidemiologist Lead
	   o Evaluator
	   o Evaluator Lead
	   o Financial/Budget Office contact
	   o Principal Investigator
	   o Program Coordinator
	   o Program Coordinator Lead
	
	If Epidemiologist Selected, part of an Epidemiology "pool" – Yes/No
	
	• Other Roles/Positions:
	   o Administrative Support
	   o Communication Specialist
	   o Health Educator
	   o Information Technology Specialist
	   o Other Manager
	   o Other (Specify)
	
	Guidance: Fill out OTHER personnel if funded by FOA.

Question Asked	Response Option
Role/Position Status*	Select one: • Vacant • Filled
If Position Status = Vacant	
Percent of Time Allocated to Asthma Program*	Enter percent
Title*	Enter text (100 characters/20 words)
If Position Status = Filled	
Last Name*	Enter text (100 characters/20 words)
First Name*	Enter text (100 characters/20 words)
Middle Name	Enter text (100 characters/20 words)
Status*	Select one: • Active – Date Started with Program • Inactive – Vacated Date
Title*	Enter text (100 characters/20 words)
Address*	Is this same as Program Mailing Address – Yes/No Address Line 1 Address Line 2 City, State, Zip
E-mail*	Enter text (100 characters/20 words)
Telephone*	Enter number
Percent of Time Allocated to Asthma Program*	Enter percent

Question Asked	Response Option
Employment Type*	Select one: • State Employee • Contractor • Other (specify) "Other" example: Bona Fide Agent Employee
Funding Source*	Select all that apply: • Asthma cooperative agreement • Other CDC funds (specify) • State budget • In-kind (Definition) • Other (specify)

*Required information

Contracts

Question Asked	Response Option
Status* [List page – sort by Status (Pending, In Progress, Other, Complete), then by Org Name)	Select one: • In progress • Complete • Pending • Other (specify)
Primary Responsibility*	Select one: • Administrative Support • Communication/Media • Epidemiology/Surveillance • Evaluation • Facilitation • Information Technology • Interventions • Policy Analysis • Program Coordination • Training • Other (specify)
Organization Name*	Enter text (100 characters/20 words)
Contact Name*	Enter text (100 characters/20 words)

*Required information

Partners

Question Asked	Response Option
Organization/Individual Name*	Enter text (100 characters/20 words) Help Text: If partner is an individual, then enter the individual's name.
Type of Participation*	Select all that apply: • State coalition • In-state regional coalition • Local coalition • Statewide advisory group or committee

Question Asked	Response Option
Partner Type*	Select one: General: • Acute Care Facilities • Business *[Definition Available]* • Community Clinics/Federally Qualified Health Center (FQHC) • Community/Neighborhood Organization • Day Care/Preschool/Head Start Centers/Other Child Service Agency • Developers or Construction Industry • Elected Representative or Staff *[Definition Available]* • Environmental Advocacy Group • Housing Organization • Individual(s) Affected By Asthma • Local Asthma Coalitions And Other Local Health Coalitions • Local Education Agency (LEA) • Local Health Departments • Managed Care Organization(s) • Media • Parent Teacher Association or Organization (PTA/PTO) • Pharmaceutical Company • Religious/Faith Based Organization • School Management (K-12) *[Definition Available]* • School of Environmental Studies • School of Medicine

Question Asked	Response Option
	Racial or Ethnic Minority Service or Advocacy Organization Representing: • American Indian or Alaska Native • Asian • Black or African American • Hispanic or Latino • Native Hawaiian or Other Pacific Islander • White Service Or Advocacy Organization That Represents The Following Susceptible Age Groups Or Geographic Areas: • Children • Elderly • Rural • Urban • Other (specify)

Question Asked	Response Option
Partner Contributions*	Select all that apply: • Money • Staff Time • Meeting Space or Supplies • Acquisition of New Funds *[Definition Available]* • Endorses or Advocates For Program and/or Communicated or Disseminated Information About Program *[Definition Available]* • Leads Goal or Objective in State Plan *[Definition Available]* • Implements Intervention or Activities to Accomplish State Plan • Member of Workgroup That Plans Interventions or Activities to Accomplish State Plan *[Definition Available]* • Provides Data For Surveillance *[Definition Available]* • Performs Data Analysis For Surveillance *[Definition Available]* • Provides Data For Evaluation *[Definition Available]* • Performs Data Analysis For Evaluation *[[Definition Available]* • Other (Specify)
Type of Change in State Asthma Program Partner Agencies, Organizations, Institutions, Or Programs	Select one: • Policy • Staffing • Funding • Not applicable

Question Asked	Response Option
Change Resulted From Involvement With State Asthma Program	Select one: • Yes • No

*Required information

Statewide Partnership

Question Asked	Response Option

Structure of Statewide Partnership*
(Display message if none have been entered – View page sorted by 'type' then by 'name' – include definitions of state coalitions, in-state coalitions, and local coalitions in the Help text)
	• Is there a state coalition?
	
	  o Select one:
	
	    ▪ Yes
	
	    ▪ No
	
	• Are there in-state regional coalitions?
	
	  o Select one:
	
	    ▪ Yes
	
	    ▪ No
	
	• Are there local coalitions?
	
	  o Select one:
	
	    ▪ Yes
	
	    ▪ No
	
	• Is there a statewide advisory group or committee?
	  o Select one:
	
	    ▪ Yes
	
	    ▪ No
	
	• Is there an internal Department of Health team that addresses asthma across programs?
	
	  o Select one:
	
	    ▪ Yes
	
	    ▪ No

• Is there an interdepartmental team that addresses

Question Asked	Response Option
Role of State Asthma Program Staff Within Partnership Structure*	Enter text (2500 characters/500 words)
Number of Organizations, Agencies, or Programs Represented*	Enter number
Number of Individuals Included*	Enter number
Map of Geographic Location of Partners Within State	Upload file (format = MS Word, PDF) Display onscreen help text – upload map or description
Location of State Asthma Program within Health Department*	Select one: • Chronic Disease Prevention/Control OR Health Promotion OR Health Education • Environmental Health • Environmental/ Occupational Health • Other (Specify)

Question Asked	Response Option
State-Based Programs, Agencies or Associations Within State* (Help text – include definitions of agencies)	Select Yes, No, Don't Know for each: • Chronic Disease Prevention/Control OR Health Promotion OR Health Education • Coordinated school health program • Environmental Health • Environmental Public Health Tracking • Maternal and Child Health • Occupational Health • State Department of Education • State Hospital Association • State Medicaid Office • State Medicare Office • Tobacco Prevention/Control

Question Asked	Response Option
Types of Partners to be Recruited	Select up to 3: General: • Acute Care Facilities • Business *[Definition Available]* • Community Clinics/Federally Qualified Health Center (FQHC) • Community/Neighborhood Organization • Day Care/Preschool/Head Start Centers/Other Child Service Agency • Developers or Construction Industry • Elected Representative or Staff *[Definition Available]* • Environmental Advocacy Group • Housing Organization • Individual(S) Affected By Asthma • Local Asthma Coalitions And Other Local Health Coalitions • Local Education Agency (LEA) • Local Health Departments • Managed Care Organization(S) • Media • Parent Teacher Association or Organization (PTA/PTO) • Pharmaceutical Company • Religious/Faith Based Organization • School Management (K-12) *[Definition Available]* • School of Environmental Studies • School of Medicine

Question Asked	Response Option
	Racial or Ethnic Minority Service or Advocacy Organization Representing: • American Indian or Alaska Native • Asian • Black or African American • Hispanic or Latino • Native Hawaiian or Other Pacific Islander • White Service Or Advocacy Organization That Represents The Following Susceptible Age Groups Or Geographic Areas: • Children • Elderly • Rural • Urban • Other (specify)
Describe Approach For Establishing New Or Sustain Existing Partnerships	Enter text (2500 characters/500 words)

Question Asked	Response Option
Other CDC Funded Programs within Your State	Select all that apply: • Environmental Public Health Tracking Program • State-Based Occupational Safety and Health Surveillance • Coordinated school health program (Division of Adolescent and School Health) • Prevention Research Centers (Division of Adult and Community Health) • Other asthma program funded by Division of Adolescent and School Health)
Collaboration with Other CDC Funded Programs (system validation to check selections in Other Funded – display corresponding fields)	Select all that apply: • Environmental Public Health Tracking Program • State-Based Occupational Safety and Health Surveillance • Coordinated school health program (Division of Adolescent and School Health) • Healthy Homes • Prevention Research Centers (Division of Adult and Community Health) • Other asthma program funded by Division of Adolescent and School Health) If 'none', provide explanation – (Enter text 1000 characters/200 words)

State Plan

Question Asked	Response Option
Date Current Plan was Approved	Enter Date (mm/yyyy)

Question Asked	Response Option
Has Plan Been Revised This Year (Help text - If plan has not been revised, skip questions)	• Yes - Enter Date (mm/yyyy) • No
Describe Grantee Collaboration with partner(s) to Develop the Plan	Enter text (1000 characters/200 words)
Describe how the Plan Addresses all Persons and Environments	Enter text (1000 characters/200 words)
Describe how the Plan will be Revised based upon Analysis of Surveillance Data, Program Evaluation Findings, and Other Factors that Affect State Support for Asthma	Enter text (1000 characters/200 words)
Describe how the Plan will Guide the Program	Enter text (1000 characters/200 words)
Attachments	Select one: • State Asthma Plan • State Asthma Plan-Approval Letter • State Asthma Plan-Key Partner Letter Upload file (format = MS Word, PDF)

*Required information

Program Documents (Attachments)

Question Asked	Response Option
Document Name*	Enter text (100 characters/20 words)

Question Asked	Response Option
Type* (sort view page by Type then by Name)	Select one: • Success Story • Human Interest Story • Organizational Chart • Logic Model • BRFSS Coordinator Letter of Support • New Partner Letter of Support • Existing Partners' Letters of Support
Attachment*	Upload file (format = MS Word, PDF)

Surveillance

Data Sources

Question Asked	Response Option
Core Data Sources* (Help text – Include data sources that are or are not supported/collected by the state asthma program, and data sources that are or are not accessible to the state asthma program)	Select all that apply: • Vital Statistics-Mortality • Statewide Hospital Discharge • Statewide Emergency Department Visits • Health Maintenance Organization (HMO) Data • Other Private Insurance Data • Medicare • Medicaid • State Children's Health Insurance Program (SCHIP) • Youth Risk Behavior Survey (YRBS) – Asthma questions • Youth Tobacco Survey (YTS) – Asthma questions • BRFSS- Core (Adult Prevalence) • BRFSS- Child Prevalence Optional Module • BRFSS- Adult History Optional Module • BRFSS Random Child Selection Module • BRFSS- Child Call Back Survey • BRFSS Adult Call Back Survey • National Asthma Survey • National Survey of Children's Health (SLAITS) • Worker's Compensation Claims • Mandatory Occupational Reporting • BRFSS State-Added Work-Related Asthma • Air Quality Monitoring • Air Quality Modeling • Poison Control Center

Question Asked	Response Option
Core Data Sources* (continued) (Help text – Include data sources that are or are not supported/collected by the state asthma program, and data sources that are or are not accessible to the state asthma program)	Select one - Analyzed By (for each selected data source): • Asthma Surveillance Staff • Other • Unknown/Don't Know • Not Analyzed Select all that apply – Analysis Barriers • Questionable Cleanliness of Data or Quality of Data Analysis • Data Sharing Issues • Asthma Surveillance Staff Time • Asthma Surveillance Staff Time Knowledge of Data • Data Not Yet Available • Other (specify) Note: Question is visible only if "Data Source' = Vital Statistics, Statewide Hospital Discharge, or BRFSS (except for BRFSS state added work related) <u>and</u> "Analyzed By" for one of the past 3 years = Unknown or Not Analyzed

Question Asked	Response Option
Other Data Sources Name	Enter text (100 characters/20 words)
Description and Purpose	Enter text (1000 characters/200 words)

Question Asked	Response Option
Data Collection Period	Enter range of month and year
Data Collection Methods	Enter text (1000 characters/200 words)
Data Collection Frequency	Select one: • On-going collection • Single collection

Question Asked	Response Option

Populations Sampled	Select one:
	
	• General Population
	
	• Specific Population
	
	If Specific Population, Select all that apply:
	
	Age
	  All Ages or Select all that apply:
	  • Children with asthma (0-5 years)
	
	  • Children with asthma (6-12 years)
	
	  • Adolescents with asthma (13-17 years)
	
	  • Adolescents with asthma (18 years)
	
	  • Adults with asthma (19-64 years)
	
	  • Elderly with asthma (65 years of age and older)
	
	Sex
	  Select all that apply:
	  • Male
	
	  • Female
	
	Race
	  Select all that apply:
	  • American Indian or Alaska Native
	
	  • Asian
	
	  • Black or African American
	
	  • Native Hawaiian or Other Pacific Islander
	
	  • White

Question Asked	Response Option
Measures	Select all that apply: • Prevalence • Incidence • Age at diagnosis • Asthma mortality • Hospital discharge • Emergency department visit • Asthma Education -Taken class • Asthma Education -Taught to recognize symptoms • Asthma Education - What to do during attack • Asthma Education - Taught how to use peak flow meter • Asthma Education - Have asthma action plan • Outpatient visit • Urgent visit • Office visit • Daytime symptoms • Sleep disturbance • Days of activity limitations • Symptom free days • Routine care visits • Use of rescue medication • Use of control medication • Prescriptions • Cost as a barrier • Days of work or school missed • Degree of activity limitation

Question Asked	Response Option
Limitations	Enter text (1000 characters/200 words)

Measures

Question Asked	Response Option
Asthma Prevalence Measure	Select all that apply : • Lifetime asthma prevalence – Adults • Current asthma prevalence – Adults • Lifetime asthma prevalence – Children • Current asthma prevalence – Children Select Years (for each selected prevalence): • 2009 • 2008 • 2007 • 2006 • 2005 • 2004 • 2003 • 2002 • 2001 • 2000 • 1999 • 1998 Note: Year list will be dynamic to show 1998 through current year Select all that apply: • BRFSS • BRFSS Child Asthma Prevalence Module

Question Asked	Response Option
Asthma Mortality Measure (Underlying Cause) (Help text -If a measure has been calculated by aggregating data across years (e.g., mortality rate for 2000-2005) select the individual years that are included in this aggregate figure)	Select all that apply: • Number of deaths • Crude mortality rate • Age-adjusted mortality rate Select Years (for each selected): • 2009 • 2008 • 2007 • 2006 • 2005 • 2004 • 2003 • 2002 • 2001 • 2000 • 1999 • 1998 Note: Year list will be dynamic to show 1998 through current year

Question Asked	Response Option
Asthma Hospitalization Measure (First listed diagnosis) (Help text -If a measure has been calculated by aggregating data across years (e.g., mortality rate for 2000-2005) select the individual years that are included in this aggregate figure)	Select all that apply: • Number of hospital discharges • Crude hospital discharge rate • Age-adjusted hospital discharge rate Select Years (for each selected): • 2009 • 2008 • 2007 • 2006 • 2005 • 2004 • 2003 • 2002 • 2001 • 2000 • 1999 • 1998 Note: Year list will be dynamic to show 1998 through current year

Question Asked	Response Option
Asthma Education Measure (Can select both Adults and Children)	For **Children**, Select all that apply: • Have you or {child's name} ever taken a course or class on how to manage {his/her} asthma? • Has a doctor or other health professional ever taught you or {child's name}...to recognize early signs or symptoms of an asthma episode? • Has a doctor or other health professional ever taught you or {child's name}...what to do during an asthma episode or attack? • Has a doctor or other health professional ever taught you or {child's name}...how to use a peak flow meter to adjust his/her daily medications? • Has a doctor or other health professional EVER given you or {child's name}...an asthma action plan? Select Years (for each selected): • 2009 • 2008 • 2007 • 2006 • 2005 • 2004 • 2003 • 2002 • 2001 • 2000 • 1999 • 1998

Question Asked	Response Option
	• Has a doctor or other health professional ever taught you ...what to do during an asthma episode or attack?
	• Has a doctor or other health professional ever taught you ...how to use a peak flow meter to adjust his/her daily medications?
	• Has a doctor or other health professional EVER given you...an asthma action plan?
	Select Years (for each selected): • 2009 • 2008 • 2007 • 2006 • 2005 • 2004 • 2003 • 2002 • 2001 • 2000 • 1999 • 1998 Note: Year list will be dynamic to show 1998 through current year Select one:

Question Asked	Response Option
Additional Asthma Measures	Select up to four: • Prevalence • Incidence • Age at diagnosis • Asthma mortality rate- Multiple cause • Hospital discharge rate- Multiple diagnoses • Hospitalizations (rate) • Hospitalizations (number) • Emergency department visit (rate) • Emergency department visits (number) • Outpatient visit (rate) • Outpatient visit (number) • Urgent visit (rate) • Urgent visit (number) • Office visit (rate) • Office visit (number) • Daytime symptoms • Sleep disturbance • Days of activity limitations • Symptom free days • Routine care visits • Use of rescue medication • Use of control medication • Prescriptions • Cost as a barrier- Primary care

Question Asked	Response Option
Additional Asthma Measures (continued)	Data Source (~~Select One~~ Select one for each selected measure): • Vital statistics- mortality • Hospital discharge data • BRFSS- Adult History Optional Module • BRFSS- Child Call Back Survey • BRFSS- Adult Call Back Survey • BRFSS- State added • Worker's Compensation Claims • Emergency Department Visits • Youth Risk Behavior Survey (YRBS) • Youth Tobacco Survey (YTS) • Health Maintenance Organization (HMO) data • Private insurance data other than HMO • Medicare • Medicaid • Poison Control Center • School Absenteeism Data • School Nurse Reports • Other(specify)

*Required information

Discharge Data

Question Asked	Response Option
	Hospital Discharges
Hospital Discharge Data Year	Select one: • 2009 • 2008 • 2007 • 2006 • 2005 • 2004 • 2003 • 2002 • 2001 • 2000 • 1999 • 1998 Note: Year list will be dynamic to show 1998 through current year

Question Asked	Response Option
Number Of Asthma Hospital Discharges With Asthma As The First Listed Diagnosis*	Enter number for each age (allow ###,###,###): • Less than 1 year • 1-4 years • 5-9 years • 10 –14 years • 15 - 17 years • 18 - 19 years • 20 – 24 years • 25 – 29 years • 30 – 34 years • 35 – 39 years • 40 – 44 years • 45 – 49 years • 50 – 54 years • 55 – 59 years • 60 – 64 years • 65 – 69 years • 70 – 74 years • 75 – 79 years • 80 – 84 years • 85 years or more
Number of Hospitals Included in Discharge Dataset* Q20a	Enter number (allow ###,###)

Question Asked	Response Option
Number of Licensed Beds in Hospitals that Provided Data to Discharge Dataset*	Enter number (allow ###,###)
Number of Hospitals that Provided Data to Discharge Dataset*	Enter number (allow ###,###)
Number of Licensed Beds Included in Discharge Dataset*	Enter number (allow ###,###)
Types of Hospitals Not Contained in Discharge Dataset*	Select all that apply: • Veteran's Administration Hospitals • Military Hospitals • Psychiatric/Mental Health Hospitals • Prison Hospitals • Indian Health Service Hospital • Other (specify)
Number of States in the Dataset	Enter number (allow ###)
Specify States in the Dataset with Residents Having Hospital Discharges in Out-of-State Hospitals*	Enter text (1000 characters, 200 words)
Availability of Data for an Emergency Department Visit Resulting in a Hospital Admission*	Select one: • Emergency Department Data File Only • Hospital Discharge Data File Only • Both The Emergency Department Data File And The Hospital Discharge Data File • Other (specify): • Unknown
Emergency Department Visits	

Question Asked	Response Option
Emergency Department Visit Data Year*	Select one: • 2009 • 2008 • 2007 • 2006 • 2005 • 2004 • 2003 • 2002 • 2001 • 2000 • 1999 • 1998 Note: Year list will be dynamic to show 1998 through current year

Question Asked	Response Option
Number Of Asthma Emergency Department Visits With Asthma As The First Listed Diagnosis*	Enter number for each age (allow ###,###,###): • Less than 1 year • 1-4 years • 5-9 years • 10 –14 years • 15 - 17 years • 18 - 19 years • 20 – 24 years • 25 – 29 years • 30 – 34 years • 35 – 39 years • 40 – 44 years • 45 – 49 years • 50 – 54 years • 55 – 59 years • 60 – 64 years • 65 – 69 years • 70 – 74 years • 75 – 79 years • 80 – 84 years • 85 years or more

*Required information

Report

Question Asked	Response Option
Surveillance Report*	Upload file
Most Recent Date Revised*	Enter Date (mm/yyyy)
At-risk Populations Identified in Surveillance*	Enter text (1000 characters/200 words) Help Text: Describe the segments of your states' population that are identified in your surveillance report as disproportionately affected by asthma as compared to the general population with asthma. Segments of the population include specific age groups, ethnic/racial groups (including Native Americans), gender, socioeconomic groups, or people residing in particular geographic areas.
Format of Surveillance*	Select all that apply: • Hard copy • Internet • Electronic Version Available Via CD • Electronic Version Distributed Via Email • Other (specify)

Question Asked	Response Option
Other Methods of Disseminating Surveillance Data Analysis*	Select all that apply: • Fact Sheets, Newsletters, or Quarterly Reports • Presentations • Reports on Special Topics • Data Tables on Website • Scientific Publications • Other (specify): Upload file (format = MS Word, PDF)
Partner/Stakeholder Use of State Asthma Surveillance Data and Documents*	Select all that apply: • Inform Legislation or Policies • Revise Goals, Objectives, or Activities of Program/Organization • Apply For New or Additional Funding • Secondary Distribution of Data Provided By State Asthma Program • Other (specify):

Data Gaps & Barriers

Question Asked	Response Option
Gaps ~~Encountered~~ Gaps in Available Data	Enter text (1000 characters/200 words) Help Text: Specify data gaps by describing data that is not currently available, but is needed to enhance existing asthma surveillance in the state. If needed, identify specific partners who will assist in obtaining these data.
~~Barriers Encountered~~ Barriers to Accessing Data	Enter text (1000 characters/200 words) Help Text: Identify specific barriers to accessing data that is not currently available, but is needed to enhance existing asthma surveillance in the state.

*Required information

Work Plan Data Requirements

Infrastructure/Intervention Goals (1-5 Years)

Definition: Goals indicate the overall mission or purpose of the program to be accomplished in specific areas through the implementation of measurable objectives and activities.

Question Asked	Response Option
Category	Select one: • Core Component • Surveillance Expanded Component • Disparities Expanded Component • Intervention Expanded Component

Question Asked	Response Option

Type	Select one:
	• Infrastructure
	    o Surveillance
	    o State Asthma Plan
	    o Partnerships
	    o Program Evaluation
	    o Management and Staffing
	    o Sustainability
	
	• Intervention

Goal Statement	Enter text (200 characters/40 words)
Related FOA Goal	Select ~~one:~~ all that apply: • Reduce asthma disparities among populations disproportionately affected by asthma as compared to the general population with asthma. • Reduce the state asthma hospitalization rate. • Increase the proportion of people with current asthma who report that they have received self-management education. • Not applicable
Desired Outcome	Select one: • Decrease in asthma disparities • Decrease in asthma mortality • Decrease in asthma morbidity • Decrease in asthma symptoms • Other (specify)

*Required information

Intervention Objectives (Annual)

Definition: Objectives represent the steps a program will take to achieve each goal. Each objective must be related to and contribute directly to the accomplishment of the stated goals.

Question Asked	Response Option
Intervention Name	Enter text (100 characters/20 words)
Related Work Plan Goal	Select ~~one:~~ all that apply: • List of Intervention Work Plan Goals and its related Category
Related State Asthma Plan Goal	Enter text (500 characters/100 words)
Rationale for Selecting Intervention	Select all that apply: • Addresses a goal in the state asthma plan • Limited funding to support an intervention- this intervention could reasonably be implemented with the available funds • Results from analyses of surveillance data indicated there was a need present that this intervention would address • Legislature mandated implementation of this intervention • Evidence obtained that this intervention is effective • Strong partner preferences existed for this intervention • Disparity indentified that needs to be addressed (not identified through surveillance) • Other (specify)

Question Asked	Response Option
Implementation Strategy	Select all that apply: • Public awareness activities (e.g., media campaigns, public service announcements) • Training/educational session(s) (e.g., Open Airways for Schools (OAS), Physician Asthma Care Education (PACE), Asthma Care Training (ACT)) • Policy development and/or implementation (e.g., model policies, policy implementation guidelines, policy procedures (e.g., standard operating procedures (SOP)) • Environmental assessment and/or remediation • Case management and/or care coordination • Other (specify)
Measure	Direction of Change - Select one: • Increase • Decrease • Maintain Unit of Measurement - Select one: • Number • Percent • Rate What will be measured – Select one: • Attitudes • Awareness • Environmental Management

Question Asked	Response Option
	• Policy
	• Provider Management
	• Quality of Life
	• School/Work Days Missed
	• Self Management
	• Other (specify)
Measure (continued)	Baseline – Enter number, or select "Unknown"
	(Help Text – guide users to define unknown baseline as an Activity)
	Target – Enter number
	Primary Data Source – Select one
	• List of data sources from "Core Data Sources"
	• List of data sources from "Other Data Sources"

Question Asked	Response Option

Intervention Recipient	Select all that apply:
	
	Type:
	
	• Certified Asthma Educators (AE-C)
	
	• Childcare/Daycare providers
	
	• Community health workers
	
	• Community organizations
	
	• Elected officials
	
	• Health care providers (specify)
	
	• Individuals with asthma
	
	• Parents/caregivers of people with asthma
	
	• Pharmacists
	
	• School Faculty/Staff
	
	    o Administration
	
	    o Administrative Support
	
	    o Bus Driver
	
	    o Coach/Physical Education Teacher
	
	    o Custodial Staff
	
	    o Nurse/Health Aide
	
	    o Teacher
	
	Location:
	
	• Rural
	
	• Urban
	
	• Suburban

Question Asked	Response Option
Intervention Beneficiary	Select one: • General Population • ~~Disparate~~ Population • Targeted Population If Targeted Population, Select all that apply: Age: • Individuals ages 0-5 years with asthma • Individuals ages 6-12 years with asthma • Individuals ages 13-18 years with asthma • Individuals ages 19-64 years with asthma • Individuals ages 65 or more years with asthma Geography (Select all that apply) • Urban area • Rural area • Suburban area • Other (specify) Socioeconomic Status • Low income • Low literacy

Gender

Question Asked	Response Option
Setting	Select all that apply: • Childcare/Daycare Center • College//University • Community Center (e.g. YMCA, senior center) • Correctional Facility • Emergency Department • Government Office • Head Start • Health Care Provider Office/Clinic • Health Insurance Office • Home • Hospital • Library • Nursing Home • Pharmacy • Place of Worship • Schools (K-12) • Worksite • Other (specify)

Question Asked	Response Option
Priority Messages	Select all that apply: • Inhaled Corticosteroid • Asthma Action Plan • Asthma Severity • Asthma Control • Follow-up Visits • Allergen and Irritant Exposure Control
Contextual Factors That Pose Barriers	Select all that apply: • Legislative • Financial • Personnel • Social • Partnership • Political • Contracts/Grants • Other (specify) Please describe - Enter text (1000 characters/200 words)
Contextual Factors That Facilitate Success	Select all that apply: • Legislative • Financial • Personnel • Social • Partnership • Political • Contracts/Grants • Other (specify) Please describe - Enter text (1000 characters/200 words)

Question Asked	Response Option
Funding	Select one: • Fully funded by CDC state asthma program dollars • Partially funded by CDC state asthma program dollars • Not funded by CDC state asthma program dollars
Begin Date	Enter month and year
End Date	Enter month and year
Progress	
*Progress Period	Select one: • First 6 Months • Second 6 Months
*Objective's Target Status	Select one: • Met • Unmet • Ongoing
*Current Measurement	Enter text (20 characters) or select "Unknown at this time"
**Describe Progress	Enter text (3000 characters)
* Factors Facilitating Success	Enter text (3000 characters)
**Barriers/Issues Encountered	Enter text (3000 characters)
**Plans to Overcome Barriers/Issues Encountered	Enter text (3000 characters)
Unanticipated Outcomes Resulting from the Objective	Enter text (3000 characters)

*Required information

Infrastructure Objectives (Annual)

Definition: Objectives represent the steps a program will take to achieve each goal. Each objective must be related to and contribute directly to the accomplishment of the stated goals.

Question Asked	Response Option
Objective Name	Enter text (100 characters/20 words)
Related Work Plan Goal	Select one: • List of Infrastructure Work Plan Goals and its related Category
Related State Asthma Plan Goal	Enter text (500 characters/100 words)

Question Asked	Response Option
Measure	Direction of Change - Select one: • Increase • Decrease • Maintain Unit of Measurement - Select one: • Number • Percent • Rate Baseline – Enter number, or select "Unknown" (Help Text – guide users to define unknown baseline as an Activity) Target – Enter number What will be measured – Enter text (1000 characters/200 words) Data Source – Enter text (1000 characters/200 words)

Question Asked	Response Option
Contextual Factors That Pose Barriers	Enter text (1000 characters/200 words)
Contextual Factors That Facilitate Success	Enter text (1000 characters/200 words)
Funding	Select one: • Fully funded by CDC state asthma program dollars • Partially funded by CDC state asthma program dollars • Not funded by CDC state asthma program dollars
Begin Date	Enter month and year
End Date	Enter month and year
Progress	
*Progress Period	Select one: • First 6 Months • Second 6 Months
*Objective's Target Status	Select one: • Met • Unmet • Ongoing
*Current Measurement	Enter text (20 characters) or select "Unknown at this time"
**Describe Progress	Enter text (3000 characters)
* Factors Facilitating Success	Enter text (3000 characters)
**Barriers/Issues Encountered	Enter text (3000 characters)
**Plans to Overcome Barriers/Issues Encountered	Enter text (3000 characters)
Unanticipated Outcomes Resulting from the Objective	Enter text (3000 characters)

*Required information

Activities

Activities: Activities represent major tasks required to accomplish each objective. Identify up to FOUR activities.

Question Asked	Response Option
Related Goal Statement	Relationship automatically determined by goal user is currently associating activities to.
Related Annual Work Plan Objective	Relationship automatically determined by objective user is currently associating activities to.
Activity Name	Enter text (100 characters/20 words)
Activity Description	Enter text (1000 characters/200 words)
Assigned Lead Staff	Select one: • List of names from personnel section - (if Goal category = Core, display personnel except those assigned to the Expanded Component role; if Goal category = Expanded Component, display only those personnel assigned to the Expanded Component role)
Assigned Lead Staff Responsibility	Enter text (200 characters/40 words)
Other Assigned Staff	Select all that apply: • List of names from personnel section - (if Goal category = Core, display personnel except those assigned to the Expanded Component role; if Goal category = Expanded Component, display only those personnel assigned to the Expanded Component role)
Other Assigned Staff Responsibility	Enter text (200 characters/40 words)
Assigned Contractors	Select all that apply: • ~~List of names from contractor section~~ • List of names from Contracts section
Assigned Contractors Responsibility	Enter text (200 characters/40 words)
Assigned Partners	Select all that apply: • List of names from partner section

Question Asked	Response Option
Assigned Partners Responsibility	Enter text (200 characters/40 words)
Begin Date (validate date is not prior to first day of budget year)	Enter month and year
End Date (validate date is prior or equal to last day of budget year)	Enter month and year

Evaluation Data Requirements

Strategic Evaluation

Question Asked	Response Option
Strategic Evaluation Plan Status*	Select one: • Revision in Process • Planning Stage • In Progress • Completed
Date of Most Recently Revised Strategic Evaluation Plan*	Enter date (mm/yyyy)
Strategic Program Evaluation Plan*	Upload file (format = MS Word, PDF)

*Required information

Individual Program Evaluations

Question Asked	Response Option

Program Area Being Evaluated*	Select one:
	
	• Core
	
	   o Partnerships
	
	   o Surveillance
	
	   o Interventions

Program Evaluation Purpose*	Enter text (500 characters/100 words)
Program Evaluation Status*	Select one: • Planning • In Progress • Completed
Program Evaluation Plan*	Upload file (format = MS Word, PDF)

Primary Responsibility for Conducting Evaluation*	Select one:
	
	• Contractor
	
	• Asthma Program Staff
	
	   o Evaluator
	
	   o Epidemiologist
	
	   o Program Coordinator
	
	• Other (specify):

Question Asked	Response Option

Evaluation/Method-Instrument*
 	
(If method selected, system prompts for instrument)
	Select all that apply:
	  If "Program Area Being Evaluated" = Partnerships
	  • Member Surveys
	    o New
	    o Existing
	    o Modified
	  • Post Meeting Effectiveness Surveys
	    o New
	    o Existing
	    o Modified
	  • Key Informant Interviews
	    o New
	    o Existing
	    o Modified
	  • Informal Discussion or Feedback
	    o New
	    o Existing
	    o Modified
	  • Other (specify)
	    o New
	    o Existing
	    o Modified
	
	  If "Program Area Being Evaluated" = Surveillance
	  • User Surveys
	    o New

Question Asked	Response Option

Evaluation/Method Instrument (continued)	If "Program Area Being Evaluated" = Intervention
	• Intervention Staff Interviews
	   o New
	   o Existing
	   o Modified
	• Intervention Beneficiary Interviews
	   o New
	   o Existing
	   o Modified
	• Surveys
	   o New
	   o Existing
	   o Modified
	• Focus Groups
	   o New
	   o Existing
	   o Modified
	• Observations
	   o New
	   o Existing
	   o Modified
	• Data Abstraction
	   o New
	   o Existing
	   o Modified

Question Asked	Response Option
Data Set Used for Evaluation*	Display only if "Program Area Being Evaluated" = Surveillance Select all that apply: • BRFSS Adult Asthma Call-Back • BRFSS Adult History Module • BRFSS Child Asthma Call-Back • BRFSS Child Prevalence Module • BRFSS Core Adult Prevalence • BRFSS Random Child Selection Module • Death Records or Vital Statistics • Hospital Discharge • Other (specify):
Surveillance Products Evaluated*	Display only if "Program Area Being Evaluated" = Surveillance Select all that apply: • Burden Report • Data Tables on Website • Fact Sheets, Newsletters, or Quarterly Reports • Presentations • Reports on Special Topics • Other (Please specify):

Question Asked	Response Option
How Results Will Be Disseminated*	Select all that apply: • Journal Article and/or Peer Reviewed Publication • Personal Discussions • Posts to Website(s) • Presentations (In Person or Video) • Web Conferences or Teleconferences • Working Session Meetings • Written Medium (Newsletter, Brochures, Memorandum, E-Mail, etc.) • Other (specify)
Recipients of Evaluation Results*	Select all that apply: • Asthma Program Staff and Other Health Department Staff • Funders • General Public • Other State Asthma Programs • Partners • Policy Makers • Other (specify)
How Evaluation Results Will be Used*	Select all that apply: • Assess process and practice as it is implemented • Develop standardized tools • Develop strategies to make necessary changes to operations • Garner political support by demonstrating effectiveness of a program • Identify areas for future research and evaluation • Identify effective policies, procedures or practices for replication • Organize key information for training staff and informing those outside program • Prioritize program activities and resources • Target areas for enhancement or improvement • Understand implications of policy and guidelines on the program • Other (specify)

Question Asked	Response Option
Lessons Learned*	Enter text (500 characters/100 words)
Program Evaluation Products	Upload file (add on screen text)

*Required information

Expanded Component

Resources Data Requirements

Personnel

Question Asked	Response Option
Role Type* (List page – sort by Status, then by Last name On Edit, Cancel returns to List page)	Select one: • Expanded Component Roles/Positions: o Data Analyst o Epidemiologist o Epidemiologist Lead o Program Personnel o Other (Specify) If Epidemiologist Selected, part of an Epidemiology "pool" – Yes/No Guidance: Fill out OTHER personnel if funded by FOA.
Role/Position Status*	Select one: • Vacant • Filled
If Position Status = Vacant	

Question Asked	Response Option
Percent of Time Allocated to Asthma Program*	Enter percent
Title*	Enter text (100 characters/20 words)
If Position Status = Filled	
Last Name*	Enter text (100 characters/20 words)
First Name*	Enter text (100 characters/20 words)
Middle Name	Enter text (100 characters/20 words)
Status*	Select one: • Active – Date Started with Program • Inactive – Vacated Date
Title*	Enter text (100 characters/20 words)
Address*	Is this same as Program Mailing Address – Yes/No Address Line 1 Address Line 2 City, State, Zip
E-mail*	Enter text (100 characters/20 words)
Telephone*	Enter number
Percent of Time Allocated to Asthma Program*	Enter percent
Employment Type*	Select one: • State Employee • Contractor • Other (specify) "Other" example: Bona Fide Agent Employee

Question Asked	Response Option
Funding Source*	Select all that apply: • Asthma cooperative agreement • Other CDC funds (specify) • State budget • In-kind (Definition) • Other (specify)

*Required information

Program Documents (Attachments)

Question Asked	Response Option
Document Name*	Enter text (100 characters/20 words)
Type* (sort view page by Type then by Name)	Select one: • Success Story • Logic Model
Attachment*	Upload file (format = MS Word, PDF)

*Required information

Surveillance

Data Sources

Question Asked	Response Option
Expanded Component Data Sources Name	Enter text (100 characters/20 words)
Description and Purpose	Enter text (1000 characters/200 words)
Data Collection Period	Enter range of month and year
Data Collection Methods	Enter text (1000 characters/200 words)

Question Asked	Response Option
Data Collection Frequency	Select one: • On-going collection • Single collection

Question Asked	Response Option
Populations Sampled	Select one: • General Population • Specific Population If Specific Population, Select all that apply: Age All Ages or Select all that apply: • Children with asthma (0-5 years) • Children with asthma (6-12 years) • Adolescents with asthma (13-17 years) • Adolescents with asthma (18 years) • Adults with asthma (19-64 years) • Elderly with asthma (65 years of age and older) Sex Select all that apply: • Male • Female Race Select all that apply: • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White

Question Asked	Response Option
Measures	Select all that apply: • Prevalence • Incidence • Age at diagnosis • Asthma mortality • Hospital discharge • Emergency department visit • Asthma Education -Taken class • Asthma Education -Taught to recognize symptoms • Asthma Education - What to do during attack • Asthma Education - Taught how to use peak flow meter • Asthma Education - Have asthma action plan • Outpatient visit • Urgent visit • Office visit • Daytime symptoms • Sleep disturbance • Days of activity limitations • Symptom free days • Routine care visits • Use of rescue medication • Use of control medication • Prescriptions • Cost as a barrier • Days of work or school missed • Degree of activity limitation

Question Asked	Response Option
Limitations	Enter text (1000 characters/200 words)

*Required information

Report/Analysis

Question Asked	Response Option
Report/Analysis*	Upload file
Most Recent Date Revised*	Enter Date (mm/yyyy)
At-risk Populations Identified*	Enter text (1000 characters/200 words) Help Text: Describe the segments of your states' population that are identified in your surveillance report as disproportionately affected by asthma as compared to the general population with asthma. Segments of the population include specific age groups, ethnic/racial groups (including Native Americans), gender, socioeconomic groups, or people residing in particular geographic areas.
Format of Report/Analysis*	Select all that apply: • Hard copy • Internet • Electronic Version Available Via CD • Electronic Version Distributed Via Email • Other (specify)

Question Asked	Response Option
Other Methods of Disseminating Data Analysis*	Select all that apply: • Fact Sheets, Newsletters, or Quarterly Reports • Presentations • Reports on Special Topics • Data Tables on Website • Scientific Publications • Other (specify): Upload file (format = MS Word, PDF)
Targeted Audience*	Select all that apply:
Dissemination Method*	Select all that apply:
Partner/Stakeholder Use of State Asthma Surveillance Data and Documents*	Select all that apply: • Inform Legislation or Policies • Revise Goals, Objectives, or Activities of Program/Organization • Apply For New or Additional Funding • Secondary Distribution of Data Provided By State Asthma Program • Other (specify):

*Required information

Data Gaps & Barriers

Question Asked	Response Option
Gaps in Available Data	Enter text (1000 characters/200 words) Help Text: Specify data gaps by describing data that is not currently available, but is needed to enhance existing asthma surveillance in the state. If needed, identify specific partners who will assist in obtaining these data.
Barriers to Accessing Data	Enter text (1000 characters/200 words) Help Text: Identify specific barriers to accessing data that is not currently available, but is needed to enhance existing asthma surveillance in the state.

*Required information

Evaluation Data Requirements

Individual Program Evaluations

Question Asked	Response Option

Program Area Being Evaluated*	Select one:
	
	• Expanded Opportunities
	
	   o Surveillance
	
	   o Interventions
	
	   o Disparities

Program Evaluation Purpose*	Enter text (500 characters/100 words)

Question Asked	Response Option
Program Evaluation Status*	Select one: • Planning • In Progress • Completed
Program Evaluation Plan*	Upload file (format = MS Word, PDF)

Primary Responsibility for Conducting Evaluation*	Select one:
	
	• Contractor
	
	• Asthma Program Staff
	
	  o Evaluator
	
	  o Epidemiologist
	
	  o Program Coordinator
	
	• Other (specify):

Question Asked	Response Option

Evaluation/Method-Instrument*
 	
(If method selected, system prompts for instrument)
	Select all that apply:
	    If "Program Area Being Evaluated" = Partnerships
	        • Member Surveys
	            o New
	            o Existing
	            o Modified
	        • Post Meeting Effectiveness Surveys
	            o New
	            o Existing
	            o Modified
	        • Key Informant Interviews
	            o New
	            o Existing
	            o Modified
	        • Informal Discussion or Feedback
	            o New
	            o Existing
	            o Modified
	        • Other (specify)
	            o New
	            o Existing
	            o Modified
	
	    If "Program Area Being Evaluated" = Surveillance
	        • User Surveys
	            o New

Question Asked	Response Option

Evaluation/Method Instrument (continued)	If "Program Area Being Evaluated" = Intervention
	• Intervention Staff Interviews
	   o New
	   o Existing
	   o Modified
	• Intervention Beneficiary Interviews
	   o New
	   o Existing
	   o Modified
	• Surveys
	   o New
	   o Existing
	   o Modified
	• Focus Groups
	   o New
	   o Existing
	   o Modified
	• Observations
	   o New
	   o Existing
	   o Modified
	• Data Abstraction
	   o New
	   o Existing
	   o Modified

Question Asked	Response Option
Data Set Used for Evaluation*	Display only if "Program Area Being Evaluated" = Surveillance Select all that apply: • BRFSS Adult Asthma Call-Back • BRFSS Adult History Module • BRFSS Child Asthma Call-Back • BRFSS Child Prevalence Module • BRFSS Core Adult Prevalence • BRFSS Random Child Selection Module • Death Records or Vital Statistics • Hospital Discharge • Other (specify):
Surveillance Products Evaluated*	Display only if "Program Area Being Evaluated" = Surveillance Select all that apply: • Burden Report • Data Tables on Website • Fact Sheets, Newsletters, or Quarterly Reports • Presentations • Reports on Special Topics • Other (Please specify):

Question Asked	Response Option
How Results Will Be Disseminated*	Select all that apply: • Journal Article and/or Peer Reviewed Publication • Personal Discussions • Posts to Website(s) • Presentations (In Person or Video) • Web Conferences or Teleconferences • Working Session Meetings • Written Medium (Newsletter, Brochures, Memorandum, E-Mail, etc.) • Other (specify)
Recipients of Evaluation Results*	Select all that apply: • Asthma Program Staff and Other Health Department Staff • Funders • General Public • Other State Asthma Programs • Partners • Policy Makers • Other (specify)
How Evaluation Results Will be Used*	Select all that apply: • Assess process and practice as it is implemented • Develop standardized tools • Develop strategies to make necessary changes to operations • Garner political support by demonstrating effectiveness of a program • Identify areas for future research and evaluation • Identify effective policies, procedures or practices for replication • Organize key information for training staff and informing those outside program • Prioritize program activities and resources • Target areas for enhancement or improvement • Understand implications of policy and guidelines on the program • Other (specify)

Question Asked	Response Option
Lessons Learned*	Enter text (500 characters/100 words)
Program Evaluation Products	Upload file (add on screen text)

*Required information

Work Plan Data Requirements

Infrastructure/Intervention Goals (1-5 Years)

Definition: Goals indicate the overall mission or purpose of the program to be accomplished in specific areas through the implementation of measurable objectives and activities.

Question Asked	Response Option
Category*	Select one: • Surveillance Expanded Component • Disparities Expanded Component • Intervention Expanded Component

Type*	Select one:
	• Infrastructure
	  o Surveillance
	  o State Asthma Plan
	  o Partnerships
	  o Program Evaluation
	  o Management and Staffing
	  o Sustainability
	
	• Intervention

Question Asked	Response Option
Goal Statement*	Enter text (200 characters/40 words)
Related FOA Goal*	Select all that apply: • Reduce asthma disparities among populations disproportionately affected by asthma as compared to the general population with asthma. • Reduce the state asthma hospitalization rate. • Increase the proportion of people with current asthma who report that they have received self-management education. • Not applicable
Desired Outcome*	Select one: • Decrease in asthma disparities • Decrease in asthma mortality • Decrease in asthma morbidity • Decrease in asthma symptoms • Other (specify)

*Required information

Intervention Objectives (Annual)

Definition: Objectives represent the steps a program will take to achieve each goal. Each objective must be related to and contribute directly to the accomplishment of the stated goals.

Question Asked	Response Option
Intervention Name	Enter text (100 characters/20 words)
Related Work Plan Goal	Select all that apply: • List of Intervention Work Plan Goals and its related Category
Related State Asthma Plan Goal	Enter text (500 characters/100 words)

Question Asked	Response Option
Rationale for Selecting Intervention	Select all that apply: • Addresses a goal in the state asthma plan • Limited funding to support an intervention- this intervention could reasonably be implemented with the available funds • Results from analyses of surveillance data indicated there was a need present that this intervention would address • Legislature mandated implementation of this intervention • Evidence obtained that this intervention is effective • Strong partner preferences existed for this intervention • Disparity indentified that needs to be addressed (not identified through surveillance) • Other (specify)
Implementation Strategy	Select all that apply: • Public awareness activities (e.g., media campaigns, public service announcements) • Training/educational session(s) (e.g., Open Airways for Schools (OAS), Physician Asthma Care Education (PACE), Asthma Care Training (ACT)) • Policy development and/or implementation (e.g., model policies, policy implementation guidelines, policy procedures (e.g., standard operating procedures (SOP)) • Environmental assessment and/or remediation • Case management and/or care coordination • Other (specify)
Measure	Direction of Change - Select one:

Question Asked	Response Option
	• Increase
	• Decrease
	• Maintain
	Unit of Measurement - Select one:
	• Number
	• Percent
	• Rate
	What will be measured – Select one:
	• Attitudes
	• Awareness
	• Environmental Management
	• Policy
	• Provider Management
	• Quality of Life
	• School/Work Days Missed
	• Self Management
	• Other (specify)

Question Asked	Response Option

Measure (continued)	Baseline – Enter number, or select "Unknown"
	
	     (Help Text – guide users to define unknown baseline as an Activity)
	
	 Target – Enter number
	
	 Primary Data Source – Select one
	
	    • List of data sources from "Core Data Sources"
	
	    • List of data sources from "Other Data Sources"

Question Asked	Response Option
Intervention Recipient	Select all that apply:
	Type:
	• Certified Asthma Educators (AE-C)
	• Childcare/Daycare providers
	• Community health workers
	• Community organizations
	• Elected officials
	• Health care providers (specify)
	• Individuals with asthma
	• Parents/caregivers of people with asthma
	• Pharmacists
	• School Faculty/Staff
	o Administration
	o Administrative Support
	o Bus Driver
	o Coach/Physical Education Teacher
	o Custodial Staff
	o Nurse/Health Aide
	o Teacher
	Location:
	• Rural
	• Urban
	• Suburban

Question Asked	Response Option
Intervention Beneficiary	Select one: • General Population • Targeted Population If Targeted Population, Select all that apply: Age: • Individuals ages 0-5 years with asthma • Individuals ages 6-12 years with asthma • Individuals ages 13-18 years with asthma • Individuals ages 19-64 years with asthma • Individuals ages 65 or more years with asthma Geography (Select all that apply) • Urban area • Rural area • Suburban area • Other (specify) Socioeconomic Status • Low income • Low literacy Gender • Males

Question Asked	Response Option
Setting	Select all that apply: • Childcare/Daycare Center • College//University • Community Center (e.g. YMCA, senior center) • Correctional Facility • Emergency Department • Government Office • Head Start • Health Care Provider Office/Clinic • Health Insurance Office • Home • Hospital • Library • Nursing Home • Pharmacy • Place of Worship • Schools (K-12) • Worksite • Other (specify)

Question Asked	Response Option
Priority Messages	Select all that apply: • Inhaled Corticosteroid • Asthma Action Plan • Asthma Severity • Asthma Control • Follow-up Visits • Allergen and Irritant Exposure Control
Contextual Factors That Pose Barriers	Select all that apply: • Legislative • Financial • Personnel • Social • Partnership • Political • Contracts/Grants • Other (specify) Please describe - Enter text (1000 characters/200 words)
Contextual Factors That Facilitate Success	Select all that apply: • Legislative • Financial • Personnel • Social • Partnership • Political • Contracts/Grants • Other (specify) Please describe - Enter text (1000 characters/200 words)

Question Asked	Response Option
Funding	Select one: • Fully funded by CDC state asthma program dollars • Partially funded by CDC state asthma program dollars • Not funded by CDC state asthma program dollars
Begin Date	Enter month and year
End Date	Enter month and year
Progress	
*Progress Period	Select one: • First 6 Months • Second 6 Months
*Objective's Target Status	Select one: • Met • Unmet • Ongoing
*Current Measurement	Enter text (20 characters) or select "Unknown at this time"
**Describe Progress	Enter text (3000 characters)
* Factors Facilitating Success	Enter text (3000 characters)
**Barriers/Issues Encountered	Enter text (3000 characters)
**Plans to Overcome Barriers/Issues Encountered	Enter text (3000 characters)
Unanticipated Outcomes Resulting from the Objective	Enter text (3000 characters)

*Required information

Infrastructure Objectives (Annual)

Definition: Objectives represent the steps a program will take to achieve each goal. Each objective must be related to and contribute directly to the accomplishment of the stated goals.

Question Asked	Response Option
Objective Name	Enter text (100 characters/20 words)
Related Work Plan Goal	Select one: • List of Infrastructure Work Plan Goals and its related Category
Related State Asthma Plan Goal	Enter text (500 characters/100 words)

Question Asked	Response Option
Measure	Direction of Change - Select one: • Increase • Decrease • Maintain Unit of Measurement - Select one: • Number • Percent • Rate Baseline – Enter number, or select "Unknown" (Help Text – guide users to define unknown baseline as an Activity) Target – Enter number What will be measured – Enter text (1000 characters/200 words) Data Source – Enter text (1000 characters/200 words)

Question Asked	Response Option
Contextual Factors That Pose Barriers	Enter text (1000 characters/200 words)
Contextual Factors That Facilitate Success	Enter text (1000 characters/200 words)
Funding	Select one: • Fully funded by CDC state asthma program dollars • Partially funded by CDC state asthma program dollars • Not funded by CDC state asthma program dollars
Begin Date	Enter month and year
End Date	Enter month and year
Progress	
*Progress Period	Select one: • First 6 Months • Second 6 Months
*Objective's Target Status	Select one: • Met • Unmet • Ongoing
*Current Measurement	Enter text (20 characters) or select "Unknown at this time"
**Describe Progress	Enter text (3000 characters)
* Factors Facilitating Success	Enter text (3000 characters)
**Barriers/Issues Encountered	Enter text (3000 characters)
**Plans to Overcome Barriers/Issues Encountered	Enter text (3000 characters)
Unanticipated Outcomes Resulting from the Objective	Enter text (3000 characters)

*Required information

Activities

Activities: Activities represent major tasks required to accomplish each objective. Identify up to FOUR activities.

Question Asked	Response Option
Related Goal Statement	Relationship automatically determined by goal user is currently associating activities to.
Related Annual Work Plan Objective	Relationship automatically determined by objective user is currently associating activities to.
Activity Name	Enter text (100 characters/20 words)
Activity Description	Enter text (1000 characters/200 words)
Assigned Lead Staff	Select one: • List of names from personnel section - (if Goal category = Core, display personnel except those assigned to the Expanded Component role; if Goal category = Expanded Component, display only those personnel assigned to the Expanded Component role)
Assigned Lead Staff Responsibility	Enter text (200 characters/40 words)
Other Assigned Staff	Select all that apply: • List of names from personnel section - (if Goal category = Core, display personnel except those assigned to the Expanded Component role; if Goal category = Expanded Component, display only those personnel assigned to the Expanded Component role)
Other Assigned Staff Responsibility	Enter text (200 characters/40 words)
Assigned Contractors	Select all that apply: • List of names from Contracts section
Assigned Contractors Responsibility	Enter text (200 characters/40 words)
Assigned Partners	Select all that apply: • List of names from partner section
Assigned Partners Responsibility	Enter text (200 characters/40 words)

Question Asked	Response Option
Begin Date (validate date is not prior to first day of budget year)	Enter month and year
End Date (validate date is prior or equal to last day of budget year)	Enter month and year