

**CDC Assessment of STLT
Principal Grant Contacts for
SAS[®] Licenses**

Form Approved
OMB No. 0920-0879
Expiration Date: 03/31/2014

Introduction Script

Hello, CDC will be gathering information about analytic practices and software usage among data analysts in health departments using CDC-provided SAS licenses. The assessment findings will be used to develop a comprehensive strategy to facilitate analytic capacity building in state, tribal, local and territorial health departments. To ensure that CDC can assess all grantee users of CDC-provided SAS licenses, we are contacting people responsible for distributing the SAS licenses for the grant.

You have been identified as a Principal Grant Contact responsible for distributing more than one SAS licenses awarded to your state. This assessment of the Principal Grant Contacts will inquire about the names of users and their email addresses. In addition, there are questions for you as the Principal Grant Contact regarding your affiliation and role, if you are an authorized user of SAS, how many licenses you manage or distribute, if and how you monitor SAS use, and if you receive technical assistance from CDC with SAS.

These questions should take you about eight minutes to complete. Thank you for your assistance and participation.

Public reporting burden of this collection of information is estimated 8 minutes to complete this assessment, 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879)

Section 0: Screening Questions

0.1 With which of the following are you affiliated: (Select the best response)

- 1 A state health department
1a If state, which state? (Create pull down list)
- 2 A local health department (e.g., county)
2a If county, which county? (e.g., Hudson County Health Department)

- 3 A tribal health department
3a If tribal, which tribal health department? _____
- 4 A territorial health department
4a If territory, which territorial health department? _____
- 5 None of the above

If “**None of the above,**” thank you for your participation, but this assessment is only for employees or contractors who are affiliated with a state, tribal, local, or territorial health department.

STOP Questions

Section 1: Basic Respondent Information

1.1 Which of the following best describes your role as Principal Grant Contact? (Select all that apply) (Create a pull down list for responses)

- 1 Point of contact for a CDC-supplied SAS license
- 2 Procurer of SAS license (non-CDC-funded)
- 3 SAS user only
- 4 Information Technology support
- 5 Other (please specify) _____

1.2 How many licenses do you manage or distribute? (Select the best response) (Create a pull down list for responses)

- 1 1-10
- 2 11-20
- 3 21-30
- 4 31-40
- 5 Other (please specify) _____

1.3 Are you also an “authorized software user” of this SAS license?

