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| Attachment G |
| Secondary Data Analysis Studies Program Questionnaire  |
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OMB Number: XXXX-NEW

 Expiration Date

**Public Burden Statement**: 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.  The OMB control number for this project is XXXX-XXXX.  Public reporting burden for this collection of information is estimated to average \_\_\_\_ minutes per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland, 20857.

**Combating Autism Act Initiative (CAAI)**

**R40 Secondary Data Analysis Studies (SDAS) Program**

 **Data Collection Form**

**ONE YEAR GRANTEES (Secondary Data Analysis Studies)**

In the table below, please provide the requested information regarding the activities funded by your R40 grant and your accomplishments.

|  |  |
| --- | --- |
| Describe the Secondary Data Used Under the Grant  |  |
| Describe the Study Populations |  |
| Describe Highlights of Findings |  |

In the table below, please provide the racial, ethnic, and gender composition of the study dataset.

|  |  |
| --- | --- |
| **Race** |  |
| White |  |
| African American |  |
| Asian |  |
| American Indian/Alaska Native |  |
| Native Hawaiian/Pacific Islander  |  |
| More than One Race |  |
| Unknown or Not Reported |  |
| **Ethnicity** |  |
| Hispanic  |  |
| Non-Hispanic  |  |
| Unknown  |  |
| **Gender** |  |
| Male |  |
| Female |  |

Elaboration/Comments: