



Disability and Health Data System Evaluation Survey

Welcome

Form Approved
OMB No. 0920-1154
Exp. Date 01/31/2020

The Disability and Health Branch seeks your input to help us evaluate the usability of the Disability and Health Data System (DHDS) and improve how the data in the system is used in the future. Your input on this survey is anonymous and should only take 5 minutes to complete.

Thank you for your time and input!

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 30333; ATTN: PRA (0920-1154).

OK

0 of 15 answered



Disability and Health Data System Evaluation Survey

Demographics

1. Which best describes your primary role?

- Researcher/data analyst
- Program manager or coordinator
- Communications
- Policy analyst
- Other (please specify)
- Elected official (local, county, state, or federal)
- Health care provider
- Educator
- Student

0 of 15 answered



2. Which of the following best describes where you work?

- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- College or university
- Other (please specify)
- Private for-profit company or business, or of an individual
- Private not-for-profit, tax-exempt, or charitable organization
- Self-employed, family business, or farm

3. Are you limited in activities in any way because of a physical, mental, or emotional problem?

- Yes

0 of 15 answered



3. Are you limited in activities in any way because of a physical, mental, or emotional problem?

Yes

No

4. Are you Hispanic, Latino/a, or of Spanish origin?

Yes

No

0 of 15 answered



No

4. Are you Hispanic, Latino/a, or of Spanish origin?

Yes

No

5. Which one of these groups would you say best represents your race?

White

Asian

Black or African American

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other (please specify)

0 of 15 answered



NO

5. Which one of these groups would you say best represents your race?

- White
- Black or African American
- American Indian or Alaska Native
- Other (please specify)
- Asian
- Native Hawaiian or other Pacific Islander

6. What is your sex?

- Male

0 of 15 answered



6. What is your sex?

Male

Female

7. What is your age?

0 of 15 answered



7. What is your age?

PREV

NEXT

0 of 15 answered





Disability and Health Data System Evaluation Survey

Visits

8. Excluding your current visit, how many times have you visited DHDS in the last month?

- 0 times
- 1-2 times
- 3-4 times
- 5 or more times

9. During your current visit to DHDS, what information were you looking for?

0 of 15 answered

9. During your current visit to DHDS, what information were you looking for?

PREV

NEXT

0 of 15 answered





Disability and Health Data System Evaluation Survey

Utility

10. How do you plan to use the information in DHDS?

11. What products do you plan to develop using information from DHDS? (Select all that apply)

- None
- Digital media (e.g., website, social media messages)
- Reports (e.g., Policy briefs)
- Program materials (e.g., training materials, fact sheets)

0 of 15 answered



11. What products do you plan to develop using information from DHDS? (Select all that apply)

- None
- Reports (e.g., Policy briefs)
- Presentations or publications (e.g., abstracts, manuscripts)
- Other (please specify)
- Digital media (e.g., website, social media messages)
- Program materials (e.g., training materials, fact sheets)

12. DHDS has improved my awareness of the health status of people with disabilities.

- Strongly Agree
- Agree

0 of 15 answered



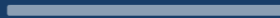
12. DHDS has improved my awareness of the health status of people with disabilities.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

13. DHDS has expanded my knowledge about the health status of people with disabilities.

- Strongly Agree
- Agree
- Disagree

0 of 15 answered



13. DHDS has expanded my knowledge about the health status of people with disabilities.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

14. DHDS is my primary source for state-level disability health data.

- Strongly Agree
- Agree
- Disagree

0 of 15 answered



14. DHDS is my primary source for state-level disability health data.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

15. Please indicate other sources of disability health data that you use.

0 of 15 answered



15. Please indicate other sources of disability health data that you use.

PREV

DONE

0 of 15 answered

