

## North Dakota BRFSS Data Need Proposal

Completed form is required for consideration on BRFSS questionnaire.

Please list one request (module) per sheet. All of the questions must be answered.

Return completed forms to the BRFSS Program Director **by COB on July 22, 2011.**

Contact Melissa Parsons, Program Director: [mparsons@nd.gov](mailto:mparsons@nd.gov) or 701-328-2787, if you have questions.

<b>Requesting Program (include division if NDDoH):</b>	<b>Contact name, phone number and email address:</b>
<b>Name of Proposed Module:</b>	<b>Will the questions be asked of at least 3-5% of the population? (Required to make data useful) Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<p>1. <b>Funding is required to support state-added and optional modules.</b> Provide grant number to be billed for the questions and grant period (See the ND BRFSS Program Contribution Policy for cost information). <i>Payment will be required no later than December 31, 2012.</i></p> <p style="text-align: center;">Grant Number: _____ Grant Period: _____</p>	
<p>2. Number of proposed questions? Number: _____ List the CDC optional module or question(s), including numerator and denominator, for state-added modules:</p>	
<p>3. What is the purpose and goal(s) of the proposed questions? (Statement of data need and brief summary of how data will be used)</p>	
<p>4. Does data need relate directly to your program activities? Yes <input type="checkbox"/> No <input type="checkbox"/> How will this information make a contribution to your program's body of knowledge for ND?</p>	
<p>5. What is the relationship of the proposed questions to personal behaviors linked to promoting health, preventing disease or injury, and/or reducing health risks? Please include the anticipated benefits to ND public health and anticipated program changes as a result of the information collected from the proposed questions.</p>	
<p>6. Is this module required as part of a federal grant? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a federal recommendation for tracking certain behaviors or conditions related to the proposed questions? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>7. Have other sources been examined or considered for this data need? Yes <input type="checkbox"/> No <input type="checkbox"/> List: _____</p> <p>Is there a better source of data than BRFSS to meet the need? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

<p>8. Is there a need to have county level or small area data from the proposed questions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there a need to continuing asking the proposed questions in subsequent years? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How often?</p>
<p>9. Do the proposed questions relate to other questionnaire topics? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How will the information relate to data needs of other programs in ND?</p>
<p>10. Do partners agree with data need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>List supportive partnerships:</p>
<p>11. If asking a state-added module, is this from a national survey? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Survey title:</p> <p>Survey year:</p>
<p>12. Has this state-added module been asked previously on the ND BRFSS or other state BRFSS? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>State(s):</p> <p>Year(s):</p>
<p>13. If the questions were asked previously, describe the <b><i>previous analysis and use</i></b> of data for these questions.</p>
<p>14. Who will analyze data? Name:</p> <p>Has the CDC or another organization provided a data analysis plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide the planned analysis for the data. <b><i>(Include how the data will be disseminated).</i></b></p>
<p>15. Please provide any additional important information about the proposed questions such as prior negotiations for rotation in and out of the survey, questions were denied in a previous year due to lack of space, questions are required for other modules (i.e., child selection), questions are useful with other questions being asked in the same year (i.e., 2012 is a “cancer year” rather than a “cardiovascular year”, the questions represent a CDC supported module for 2012 in its entirety, etc.:</p>

**Please submit your proposal by COB on July 22, 2011 by email or mail to:** Melissa Parsons, Program Director – BRFSS, North Dakota Department of Health, Community Health Section, 600 East Boulevard Avenue Dept. 301, Bismarck, ND 58505-0200, [mparsons@nd.gov](mailto:mparsons@nd.gov)

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