

## State and Local Population Health Survey Profile

Please provide us with an overview of the population health survey in your state or region. If your survey is in the planning stages or has not yet been fielded, please answer those questions that may apply.

1. State \_\_\_\_\_

2. Survey Name \_\_\_\_\_

3. Website \_\_\_\_\_

4. Organization Conducting Survey \_\_\_\_\_

5. Key Contact Information \_\_\_\_\_

6. Sample Size (Average) by Population

\_\_\_\_\_ Adult

\_\_\_\_\_ Adolescent

\_\_\_\_\_ Child

\_\_\_\_\_ Total Sample

7. Populations Oversampled (if applicable) \_\_\_\_\_

8. Sampling Method

\_\_\_ Random Digit Dial

\_\_\_ Address-Based Sampling

\_\_\_ Convenience

9. Mode (select all that apply)

\_\_\_ Landline

\_\_\_ Cell

\_\_\_ Mail

\_\_\_ Web Based

\_\_\_ In-person

\_\_\_ Other (specify) \_\_\_\_\_

10. General Content Areas (select all that apply with an X)

	Adult	Adolescent	Child
Health Status			
Health Conditions			
Health Behaviors			
• diet			
• physical activity			
• tobacco behaviors			
• injury prevention			
• screening			
• other:			
Health Insurance			
Health Care Access			
Health History			
Mental Health			
Demographics			
Socioeconomics			
Other			

11. Survey Frequency \_\_\_\_\_

12. Who has access to this data? \_\_\_\_\_

13. What is the main use of this data? \_\_\_\_\_

14. Major Funders \_\_\_\_\_