

<b>SURVEY NAME</b>	<b>Behavioral Risk Factor Surveillance System (BRFSS)</b>
<b>SPONSOR</b>	Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
<b>MODE OF ADMINISTRATION</b>	Telephone interview.
<b>SURVEY SAMPLE DESIGN</b>	State-level random digit-dialed probability samples of the adult (18+ years) population. Most States currently use stratified random sampling methods. Increasing State participation over time, with 15 States in 1984 and all 50 States and DC since 1996. In 1997, State-specific sample sizes ranged from 1,511 to 4,911.
<b>RESPONSE RATES</b>	State response rates vary from year to year. In 1997, upper-bound response rates ranged from 46% to 93% (median response rate: 77%).
<b>PRIMARY SURVEY CONTENT</b>	The survey consists of a core of questions asked in all States, optional questions on selected topics identified by CDC and administered at the State's discretion, a rotating core of questions asked every other year, and State questions developed to address State-specific needs. Questions cover behavioral risk factors (e.g., alcohol and tobacco use), preventive health measures, health status, limitation of activity, and health care access and utilization.
<b>POPULATION TARGETED</b>	Civilian, non-institutionalized population 18 years of age and over who reside in households with telephones.
<b>DEMOGRAPHIC DATA</b>	Sex, age, educational attainment, race/ethnicity, household income, employment status, marital status.
<b>YEARS COLLECTED</b>	Annually since 1984.
<b>SCHEDULE</b>	Annual.
<b>GEOGRAPHIC ESTIMATES POSSIBLE</b>	State; smaller area estimates possible in some States.
<b>NOTES</b>	The BRFSS is a partnership between State Health Departments and CDC; CDC provides less than half of the financial resources for States to use for data collection efforts. States have substantial input on questions to be asked by all States through the BRFSS. Many <i>Healthy People</i> objectives are tracked with questions that are asked every other year or are optional.

<b>SURVEY NAME</b>	<b>Continuing Survey of Food Intakes by Individuals (CSFII), 1994-96</b>
<b>SPONSOR</b>	U.S. Department of Agriculture, Agricultural Research Service
<b>MODE OF ADMINISTRATION</b>	Self-reported 24-hour dietary recalls by personal household interview on 2 non-consecutive days.
<b>SURVEY SAMPLE DESIGN</b>	Stratified multi-stage area probability sample of U.S. noninstitutionalized civilian population, all ages. Nationally representative of the U.S. For 1994-96, sample size for 1-day dietary data was 16,103; for 2-day dietary data, it was 15,303.
<b>RESPONSE RATES</b>	1-day response rate: 81% 2-day response rate: 76%
<b>PRIMARY SURVEY CONTENT</b>	Kinds and amounts of foods consumed on each of 2 non-consecutive days, sources of foods, time and name of each eating occasion.
<b>POPULATION TARGETED</b>	The civilian, non-institutionalized population residing in all 50 States, all ages.
<b>DEMOGRAPHIC DATA</b>	Household: Income, poverty status, household size, region, urbanization, tenancy, participation in Food Stamp and WIC programs, food expenditures, and shopping practices. Individual: Sex, age, education, race, ethnicity (Hispanic or non-Hispanic), employment status of persons 15 years of age and over, pregnancy/lactation/nursing status, height, and weight.
<b>YEARS COLLECTED</b>	1994-96.
<b>SCHEDULE</b>	Periodic.
<b>GEOGRAPHIC ESTIMATES POSSIBLE</b>	National; 4 U.S. Bureau of the Census regions.
<b>NOTES</b>	Additional outcome variables: Food intakes in grams of 71 USDA-defined food groups and subgroups for each of 2 days of intake and 2-day averages, nutrient intakes of 28 nutrients and food components for each of 2 days and 2-day averages, nutrient intakes expressed as percentages of the 1989 Recommended Dietary Allowances for each of 2 days and 2-day averages.

<b>SURVEY NAME</b>	<b>The National Health and Nutrition Examination Surveys (NHANES)</b>
<b>SPONSOR</b>	Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)
<b>MODE OF ADMINISTRATION</b>	Household interview, and examination at mobile exam center (limited home examination for older and/or frail persons). Interview in household by professional survey administrators (using computer assisted personal interview). Interview (private interview room) in the mobile examination center by trained interviewers. Conducted in English and Spanish. Examples of examinations include ECGs, joint radiographs, central nervous system tests, venipuncture, and spirometry.
<b>SURVEY SAMPLE DESIGN</b>	Stratified multi-staged probability sample of noninstitutionalized civilian population, 2 months of age and over. Nationally representative of the U.S. Conducted in phases. Sample selected from 81 counties across the U.S. Children 2 months-5 years, persons 70 years and over, African-Americans and Mexican-Americans oversampled. A total of 39,695 persons selected over the 6-year period in NHANES III (1988-1994).
<b>RESPONSE RATES</b>	Household interview response rate 86% in NHANES III (1988-94) Medical examination response rate 78% in NHANES III (1988-94)
<b>PRIMARY SURVEY CONTENT</b>	Data collected through interviews and physical examinations on the prevalence of specified chronic diseases and conditions, physical measures such as height and weight and physiological measures such as blood pressure and serum cholesterol levels, on levels of cognitive functioning, mental health, dental health, a 24-hour dietary recall, cardiovascular stress tests, and more.
<b>POPULATION TARGETED</b>	Targeted population varies with each survey. For NHANES III, it was the civilian, non-institutionalized population residing in the United States ages 2 and over.
<b>DEMOGRAPHIC DATA</b>	Sex, age, education, race/ethnicity (non-Hispanic white, non-Hispanic black, Mexican American, place of birth, income, health insurance, income, place of birth
<b>YEARS COLLECTED</b>	From 1960 to 1994, a total of seven national examination surveys have been conducted. Beginning in 1998, survey will be conducted continuously (?).
<b>SCHEDULE</b>	Periodic (1960-1994); continuous (beginning in 1999)
<b>GEOGRAPHIC ESTIMATES POSSIBLE</b>	National; 4 regions.
<b>NOTES</b>	

<b>SURVEY NAME</b>	<b>National Health Interview Survey (NHIS)</b>
<b>SPONSOR</b>	Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)
<b>MODE OF ADMINISTRATION</b>	Personal interview in households, using a Computer-Assisted Personal Interview (CAPI) since mid-1996, administered by professional interviewers. Telephone for non-response follow-up. Conducted in English and Spanish (for CAPI, Spanish version will be initiated in mid-1988).
<b>SURVEY SAMPLE DESIGN</b>	Cross-sectional household survey in the field continuously. Multi-stage probability design, with over-sampling of Black and Hispanic persons. Sample drawn from each state. Although state-level estimates from the basic NHIS are not possible due to small sample sizes, this design will facilitate use with state-level telephone surveys. The survey is designed so that the sample scheduled for each week is representative of the target population and the weekly samples are additive over time.
<b>RESPONSE RATES</b>	Response rates for the basic NHIS have ranged from 94 to 98 percent over the years, with rates of sample person components generally ranging from 85-90 percent of eligible respondents. The effect, if any, of the new CAPI technology is not yet known.
<b>PRIMARY SURVEY CONTENT</b>	The basic household interview asks about everyone in the household, including health status and limitation of activities, injuries and poisonings in the past 3 months, health care access and utilization, health insurance, demographic characteristics, and income and assets. Additional questions are asked of one adult and one child per family in the household. The Adult questionnaire includes: chronic health conditions and limitations in activity, health behavior, health care provider contacts, immunizations, AIDS knowledge and attitudes, and demographic characteristics. The Child questionnaire, asked about children 17 years and under, has questions about chronic health conditions, limitation of activities, and health status, behavior problems, health care access and utilization, and immunizations. Child data are proxy-reported by a parent or other knowledgeable adult respondent. Adult sample person data are all self-report.
<b>POPULATION TARGETED</b>	Civilian, non-institutionalized population residing in the United States.
<b>DEMOGRAPHIC DATA</b>	Sex, age, race/ethnicity, education, income, marital status, place of birth, industry, and occupation.
<b>YEARS COLLECTED</b>	Current design began in 1997 and will continue indefinitely. NHIS has contained smoking questions periodically since 1965 and annually since 1990. Other tobacco products have been included periodically, most recently in 1994 and will be included in the 1998 Prevention Module. Questions varied somewhat year to year prior to the 1997 instrument redesign.
<b>SCHEDULE</b>	Annual
<b>GEOGRAPHIC ESTIMATES POSSIBLE</b>	National; 4 regions.
<b>NOTES</b>	

<b>SURVEY NAME</b>	<b>Mortality Component of National Vital Statistics System (NVSS)</b>
<b>SPONSOR</b>	Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)
<b>MODE OF ADMINISTRATION</b>	Administrative paper records (death certificates) completed by physicians, coroners, medical examiners, and funeral directors are filed with State vital statistics office; selected statistical information is forwarded to NCHS to be merged into a national statistical file. Beginning with 1989, revised standard certificates replaced the 1978 versions. Demographic information on the death certificate is provided by the funeral director based on information supplied by an informant. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.
<b>SURVEY SAMPLE DESIGN</b>	NVSS mortality data include data for 50 States, the District of Columbia, and the territories of Puerto Rico, Virgin Islands, and Guam. All deaths are included (approximately 2.2 - 2.3 million annually).
<b>RESPONSE RATES</b>	N/A
<b>PRIMARY SURVEY CONTENT</b>	Data year, place of decedent's residence, place death occurred, age at death, day of week and month of death, Hispanic origin, race, hospital and patient status, place of accident, place of birth, sex, underlying and multiple causes of death for all States, and industry and occupation for selected States.
<b>POPULATION TARGETED</b>	The entire U.S. population
<b>DEMOGRAPHIC DATA</b>	Sex, race, age at death, Hispanic origin (beginning in 1989), educational attainment (beginning in 1989), industry and occupation for selected States. Race and ethnic origin are separate items on the death certificate. Beginning with 1992 data, California, Hawaii, Illinois, New Jersey, New York, Texas, and Washington reported expanded Asian and Pacific Island categories of Filipino, Asian Indian, Korean, Vietnamese, Samoan, and Guamanian. The rest of the States reported a combined Other Asian and Pacific Island category in addition to the categories of white, black, American Indian, Chinese, Hawaiian, and Japanese that all States report. As of 1995, all States except for Oklahoma reported Hispanic origin. The categories reported include Mexican, Puerto Rican, Cuban, and Other Hispanic.
<b>YEARS COLLECTED</b>	The data system began in 1900 but not all States participated before 1933. Coverage for deaths has been complete since 1933. Current U.S. Standard Death Certificate was last modified in 1989.
<b>SCHEDULE</b>	Annual calendar year data. Data collected continually with cut-off date for receipt at NCHS in July of the following year.
<b>GEOGRAPHIC ESTIMATES POSSIBLE</b>	National; regional; State; county. Beginning with 1989 data, some changes were initiated to raise confidentiality protection. Identifying information including date of death and geographic identifiers for counties of less than 100,000 persons are not available for public use.
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