

Indicator Form A

New HIW Submissions: General Indicator Information by Data Source

[If submitting multiple indicators from the same data source, submit this form only once. If proposing indicators from multiple data sources, fill out one form for each data source. An indicator can be considered to be the variable that is being computed. Descriptors of the indicator such as age, race, ethnicity, or other stratifications are not considered separate indicators.]

1. Name of indicator submission (List all indicator names)

2. Please answer yes or no to whether each of the following will be provided. *[Any answer of no will mean that the indicator cannot be included in the HIW]*

_____ Assurance that estimates will be suppressed based on data source standards of data precision.

_____ Assurance that all indicators are freely available to all users and that no restricted data or copyright restrictions apply.

_____ Assurance that measure(s) of sample variance—standard errors or confidence intervals—for indicator will be provided if applicable.

If not applicable, please explain: _____

3. Data source used to produce indicator (include denominator data if indicator is a rate) *(Note: if new to the HIW, fill out “HIW proposed data source submission form” (check <http://www.healthindicators.gov/Resources/DataSources>)*

4. Population to which most indicator(s) can be generalized:

___ All persons

___ Adults age 18 and over

___ Specific age range(s), please specify _____

___ Specific gender group

 ___ Male only

 ___ Female only

___ Other population subgroup, please specify: _____

(Note: If there are exceptions to this population level for individual indicators, please specify on the individual indicator page(s))

5. What is the level of geographic detail the indicator will provide (check all that apply)?

_____ National

_____ State (all states)

_____ State (selected states) _____

_____ County (all counties (if some are suppressed due to sample size check all))

_____ County (selected counties) _____

_____ Cities (all cities)

_____ Cities (selected cities) _____

_____ Zip code (all zip codes)

_____ Zip code (selected zip codes) _____

_____ Hospital referral region

_____ International: specific countries _____

_____ Other (describe): _____

If there are exceptions to this geographic level for individual indicators, please specify on the individual indicator page(s))

6. Years or periods of data proposed *(if supplying data for multiple years or periods of the indicator(s) please list all years/periods proposed for inclusion in the HIW and specify time unit used. If this differs by indicator please specify on the individual indicator pages):*

7. Designated contact who can answer questions on this submission.

Name:

E-mail:

Phone number:

Best time/method to reach contact:

[An HIW team member will contact you within 10 working days regarding your submission. If your proposal is accepted, you will be asked for additional documentation that will be included in the HIW on the profile pages that describes each of your indicators. Please see www.healthindicators.gov indicator profile pages and data source pages for the types of information that will be required. Also see the indicator data template and indicator definition template on this website. Accepted submissions will be required to use these templates to submit data and descriptive data.]