

North Dakota State Behavioral Risk Factor Surveillance System (BRFSS)**Call for 2015 Question Modules**

Use this template to propose State Added Questions (SAQs) for the 2015 BRFSS questionnaire. Please also refer to the following documents to complete this proposal:

1. CDC's DRAFT of the 2015 Questionnaire
[Note: CDC "Optional Modules" will not appear on survey unless submitted as an SAQ proposal.
2. North Dakota 2014 BRFSS Questionnaire (working doc).
3. Other optional modules used in the past or by other states (working doc).

SAQ charges requested for 2015 will be dependent on funding received to administer the BRFSS survey, and will be communicated to you in the next several weeks, but in all likelihood SAQ charges will be applied. SAQ charges comprise a significant portion of the budget used to purchase sample each year. Projected sample size (number of completes) in 2015 depends on next year's total BRFSS budget, including grants from the Centers for Disease Control and Prevention, funds raised from SAQ charges, and partner contributions to sample size. Other cost factors that are used to determine the SAQ charges as shared by the contractor as listed in the document attached. A sample size of 8,000 completes is optimal, however, the budget is uncertain, so the final number of completes will be dependent on funding received. If your program is interested in contributing funds to boost the 2015 sample size, please contact the BRFSS Coordinator.

Questions: amusumba@nd.gov / (701) 328-3322

Key Dates for 2015 SAQ Proposal Process:

By June 30: Please email Alice Musumba with your intent to propose questions. You will be contacted to schedule a presentation at the "2015 Question Proposal Meeting".

By July 18: Proposals due. Send Proposal Form (using this template) to Coordinator.

July 24: "2015 Question Proposal Meeting" (2 – 2.5 hours).

August: North Dakota BRFSS Advisory Committee reviewers score each proposal according to criteria. Scores are used to select questions for the 2015 instrument. Final decision is made by Coordinator with input from the Advisory Committee.

August 1: Cognitive testing of new questions must be underway by this date. Contact the Coordinator in July if this applies to your proposed questions.

September 18: Sponsors notified re: SAQs confirmed for administration on 2015 instrument.

I. PROPOSAL OVERVIEW**BASIC INFORMATION**

1.	Name of question module:	
2.	# of questions in module:	
3.	Primary contact name:	
4.	E-mail:	
5.	Telephone:	
6.	Agency, Division, Program:	
7.	Name of Presenter for SAQ Meeting (7/24/2014):	

SOURCE AND TESTING OF QUESTIONS

		Yes	No	DK
8.	Are the proposed SAQ BRFSS questions taken verbatim from any of CDC's <i>Optional Modules</i> for BRFSS 2015?			
9.	Have the questions been fielded on ND BRFSS in the past?			
10.	If questions not been fielded, have questions been tested? Field testing ____ Cognitive testing ____ Validity testing ____			

DATA USE PLANS

11	Indicate the purpose and goal(s) of the proposed questions (statement of data need and brief summary of how data will be used, if applicable, describing past and anticipated use of the data to be collected).			
12.	Are the data going to be used for any of the following?	Yes	No	DK
a.	North Dakota Health indicators (Specify: _____)			
b.	<i>Healthy People 2020</i> (Specify: _____)			
b.	<i>Community Health Profiles</i> (Specify: _____)			
c.	Needed for local-level (e.g., county/Local Public Health) estimates used in Community Health Improvement Plans, accreditation or other.			
d.	Local Public Health Indicator(s) (Specify: _____)			

e.	Data are needed for burden documents, grant applications, fact sheets, Report Card on Health, strategic plans, or other: (Specify:_____)			
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Use of Data – Previous and Anticipated

		Yes	No
13.	Will the questions be asked of at least 5% of the population? (Required to make the data useful) If no, list number of years required to get at list 5% population on item 16 below.		
14.	Is there a need to have county level or small area data from the proposed questions?		
15.	Has this module been asked previously on ND BRFSS or other state BRFSS? State(s): Year(s):		
16.	Is there need to continue asking the proposed questions in subsequent years?		
16b.	If yes, describe your long-term surveillance plan		
17	Has CDC or another organization provided an analysis plan?		
18.	If the questions were asked previously, describe the <i>previous analysis and use</i> of data for these questions.		
19.	Who will analyze the data? Name:		
20.	Provide the planned analysis of the data (<i>Include how the data will be disseminated</i>).		

PRIORITY RANKING

		Yes	No	N/A (only 1 Q)
21.	If necessary, can a subset of questions from the module (instead of the full module) be fielded? Please note highest priority questions in Section III.D.			
22.	If your office, program, or division is submitting multiple proposals, list priority of the modules highest to lowest (use answer to item #1 “Topic” to refer to modules): 1. 2. 3.			

23.	Anticipated SAQ charges for all proposed Questions in module: (Payment will be required no later than December 31, 2015)	\$		
24.	Status of funding: a. assured / allocated; b. identified but not secured; c. unknown	Assured / allocated	Identified, not secured	Unknown
25.	Type of funding source(s) (mark all that apply)	Federal	State	Other
26.	Name of anticipated funding source(s) (name of grant, etc.)			
27.	Planning extra contribution to 2015 sample size (if any):	\$		

II. RELEVANCE OF QUESTIONS TO PUBLIC HEALTH ACTION

Answers in this section will be used to determine how well proposal meets question selection criteria A, B and E, and otherwise inform prioritization for the 2015 survey.

A. Public Health Importance:

- a. Describe the public health issue these questions address, i.e., what is the relationship of the proposed questions to personal behaviors linked to promoting health, preventing disease or injury and/or reducing health risks?
- b. Explain the significance of the issue for the state of North Dakota.
- c. Describe the specific population of interest.
- d. Provide expected prevalence of the condition or behavior of interest.
(Is it common enough to detect in a random sample of ND adult population, where sample size n = 5,000 – 8,000?)

II. A.

B. Breadth of Stakeholder Interest:

- a. List primary and secondary stakeholders with interest in data from these questions.
- b. Can the data inform multiple prevention programs / service areas?
- c. Will the data be useful to data users / data consumers at multiple levels (e.g., local, state, federal), and if so how?

II. B.

C. Reliance on BRFSS as data collection vehicle:

- a. Have other sources been examined or considered for this data need?
- b. Describe why BRFSS is a necessary or desirable vehicle for collection of these data.
- c. Is similar information available from other data sources? If so, why is it important to gather these data via BRFSS in addition to other data sources?

II.D.

III. ABOUT THE QUESTIONS

A. Question Validity/Reliability:

If you answered “Yes” to item I.8 then write “see CDC 2015 Optional Module”

If you answered “No” to item I.8, then provide the following:

- a. Original source of the question module
- b. History of the question(s) use on BRFSS surveys, or other population-based surveys
- c. If known, describe previous testing (i.e., cognitive, validity, reliability) of these questions

III.A.

B. New Question Testing

For any *new* questions, describe your plans and timeline for cognitive testing of the questions. (Contact BRFSS Coordinator ASAP to discuss options for testing. Testing should be underway by July.) If no new questions, type “N/A”.

III.B.

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C. Skip patterns and sub-populations

Should **all** respondents be asked **all** the questions in the module?

Yes	No	DK

IF NO or DON'T KNOW: Describe which respondents should be asked the questions. If possible, list question(s) to be used as screeners for the module (e.g., “only people who have seen a health care provider in last 12 months – that is, answered “yes” to Q3.4).

III.C.

D. Question Prioritization: Unless the questions are of equal importance (e.g., it’s an “all or nothing” module), please identify which questions are the most critical and which questions could potentially be dropped (if insufficient space on survey).

Use question #s, variable names, or key words taken **from your inserted proposal**, below.

III.D.	
Highest Priority Questions	Lowest Priority Qs (could drop if necessary)

E. Proposed questions.

Insert the proposed questions under the dotted line (below). Please include all requested information:

1. Filters for administering to sub-set of respondents (e.g., Only administered to respondents where Demographics question 7.1 (AGE) = 50+ years). Check against CDC’s draft 2015 questionnaire to make dependencies on earlier questions are correct.
2. Question wording (number should start with 1)
3. Skip patterns within the module provided to the right of response options (“No ► SKIP to Q4”)
4. Interviewer instructions (e.g., “Read all response options” or “Read if necessary”)
5. IF NEEDED scripts and clarifications

2015 North Dakota BRFSS: Question Proposal

INSERT MODULE NAME HERE

6. Probe prompts for interviewers, if needed (ASK: “Any other symptoms?”)
7. If question has been used in the past, highlight anything new / changes to the questions.

[INSERT PROPOSED QUESTIONS HERE]

Thank you for completing this proposal form. **The submission deadline is July 18, 2015.** If you have any questions, contact Alice Musumba (amusumba@nd.gov) / (701) 328-3322. Feedback on this proposal form is also welcome.

Decisions about the 2015 survey and beyond will be made by the end of August.