Sources for Behavioral Health and Health Services Research Data Analysis

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Preface

This document is a listing of potential sources for data analysis for behavioral health–related research. These sources exist within and outside of the Substance Abuse and Mental Health Administration (SAMHSA). Some of the listed sources are portals to more surveys, collected data, or archived data. The list is not intended to be exhaustive. Sources may be added to this document as they are identified. The information for each data source provided includes a web address, contact information, a basic description of the study, methodology, sample characteristics, key variables, and how the data may be accessed for use. Although this document is available to everyone, the intended audience is behavioral health researchers and students.

Data sets were considered for inclusion if the following conditions were met: the data (1) include behavioral health measures; (2) provide national-level (may not be nationally representative) or multistate-level data; and (3) are accessible—either publicly, restricted through an application process, or through a third-party vendor.

Additional data and information may be found on websites such as

http://www.healthdata.gov/
http://www.data.gov/
http://www.healthindicators.gov/
https://www.icpsr.umich.edu/icpsrweb/landing.jsp
https://www.icpsr.umich.edu/icpsrweb/NAHDAP/
http://www.bridgetodata.org/
https://datashare.nida.nih.gov/

Entries Current as of 7/22/16

For additional questions or requests to add data to the compendium, please email CBHSQRequest@samhsa.hhs.gov.
Outline of Database Sources

1. Adolescent Suicide Attempt Data System (ASADS) Oregon
2. Adoption and Foster Care Analysis and Reporting System (AFCARS)
3. Adverse Childhood Experiences (ACE Study)
4. Alcohol and Drug Services Study (ADSS)
5. Alcohol Epidemiologic Data Directory
6. American Community Survey (ACS)
7. American Hospital Association (AHA) Annual Survey Database
8. Area Health Resources File (AHRF)
9. Arrest-Related Death (ARD) Survey
10. Behavioral Risk Factor Surveillance System (BRFSS)
11. Biosense
12. California Health Interview Survey (CHIS)
13. Child Death Review (CDR)
14. Counseling Center Directors Survey
15. CORE Institute Alcohol & Drug Survey for Higher Education
16. Death Certificates from National Vital Statistics System
17. Deaths-in-Custody Reporting Program (DCRP)
18. Department of Defense Suicide Event Report (DoDSER—fatal section)
19. Department of Defense Suicide Event Report (DoDSER—nonfatal section)
20. Drug Abuse Warning Network (DAWN)
21. Fatal Accident Reporting System (FARS)
22. Fragile Families
23. Health and Retirement Study (HRS)
24. Health and Retirement Study (HRS) Cross-Year National Death Index (NDI) Cause of Death File
25. Health Reform Monitoring Survey (HRMS)
26. Health System Change Survey
27. Healthcare Cost and Utilization Project (HCUP)
28. Healthy Minds Study (HMS)
29. Medical Expenditure Panel Survey (MEPS)
30. Medicare/Medicaid Data
31. Mental Health Surveillance Study (MHSS)
32. Monitoring the Future (MTF)
33. National Alcohol Survey (NAS)
34. National Ambulatory Medical Care Survey (NAMCS)
35. National Center for Health Statistics (NCHS) Data Linked to Mortality Files
36. National Child Abuse and Neglect Data System (NCANDS)
37. National College Health Assessment (NCHA)
39. National Comorbidity Survey—Adolescents (NCS-A)
40. National Corrections Reporting Program (NCRP)
41. National Electronic Injury Surveillance System—All Injury Program (NEISS-AIP)
42. National Emergency Medical Services Information System (NEMSIS)
43. National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
44. National Health and Nutrition Examination Survey (NHANES)
45. National Health Interview Survey (NHIS)
46. National Hospital Care Survey (NHCS)
47. National Hospital Discharge Survey (NHDS)
48. National Inmate Survey (NIS)
49. National Latino and Asian American Study (NLAAS)
50. National Longitudinal Alcohol Epidemiologic Survey (NLAES)
51. National Longitudinal Study of Adolescent Health (Add Health)
52. National Longitudinal Survey of Youth (NLSY79)
53. National Mental Health Services Survey (N-MHSS)
54. National Survey of Alcohol, Drug, and Mental Health Problems (Healthcare for Communities; HCC)
55. National Survey of American Life (NSAL)
56. National Survey of Children's Health
57. National Survey of Family Growth (NSFG)
58. National Survey on Drug Use and Health (NSDUH)
59. National Survey of Substance Abuse Treatment Services (N-SSATS)
60. National Trauma Data Bank® (NTDB)
61. National Violent Death Reporting System (NVDRS)
62. Nationwide Emergency Department Sample (NEDS)
63. Nationwide Inpatient Sample (NIS)
64. Pregnancy Risk Assessment Monitoring System (PRAMS)
65. Panel Study on Income Dynamics (PSID)
66. Patient Reported Outcomes Measurement Information System (PROMIS)
67. School Health Policies and Practices Study (SHPPS)
68. Treatment Episode Data Set—(TEDS-A and TEDS-D)
69. Treatment for Adolescents with Depression Study (TADS)
70. Youth Risk Behavior Surveillance System (YRBSS)
Database Sources by Sponsoring Organization

Agency for Healthcare Research and Quality (AHRQ):
- Healthcare Cost and Utilization Project (HCUP)
- Nationwide Emergency Department Sample (NEDS)
- Nationwide Inpatient Sample (NIS)
- Medical Expenditure Panel Survey (MEPS)

American College Health Assessment (ACHA)
- National College Health Assessment (NCHA)

American College of Surgeons
- National Trauma Data Bank (NTDB)

American Hospital Association (AHA):
- AHA Survey Database

Association for University and College Counseling Center Directors (AUCCCD)
- Counseling Center Directors Survey

Centers for Disease Control and Prevention (CDC):
- Adverse Child Experiences (ACE Study)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Biosense
- Death Certificates and National Vital Statistics System
- National Ambulatory Medical Care Survey (NAMCS)
- National Center for Health Statistics (NCHS) Data Linked to Mortality Files
- National Electronic Injury Surveillance System—All Injury Program (NIESS-AIP)
- National Health and Nutrition Examination Survey (NHANES)
- National Health Interview Survey (NHIS)
- National Hospital Care Survey
- National Hospital Discharge Survey (NHDS)
- National Survey of Family Growth (NSFG)
- National Violent Death Reporting System (NVDRS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- School Health Policies and Practices Study (SHPPS)
- Youth Risk Behavior Surveillance System (YRBSS)

Centers for Medicare and Medicaid Services (CMS):
- Medicare/Medicaid

Columbia University
- Fragile Families

CORE Institute, Southern Illinois University
- CORE Institute Alcohol and Drug Survey for Higher Education

Department of Defense
- Department of Defense Suicide Event Report (DoDSER—fatal section)
- Department of Defense Suicide Event Report (DoDSER—nonfatal section)

Department of Justice, Bureau of Justice Statistics:
• Arrest-Related Death (ARD) Survey
• Deaths-in-Custody Reporting Program
• National Corrections Reporting Program (NCRP)
• National Inmate Survey (NIS)

Department of Labor:
• National Longitudinal Survey of Youth (NLSY79)

Health Resources and Service Administration (HRSA):
• Area Health Resource File (AHRF)
• Child Death Review (CDR)
• National Emergency Medical Services Information System
• National Survey of Children’s Health

National Highway Traffic Safety Administration, U.S. Department of Transportation
• Fatal Accident Reporting System (FARS)
• National Emergency Medical Services Information System

National Institute of Child Health and Human Development (NICHD):
• The National Longitudinal Study of Adolescent Health (Add Health)

National Institutes of Health (NIH):
• Patient Reported Outcomes Measurement Information System (PROMIS)

National Institute of Mental Health (NIMH):
• National Comorbidity Study- Adolescents
• National Latino and Asian American Study (NLAAS)
• National Survey of American Life (NSAL)
• Treatment for Adolescents with Depression Study (TADS)

National Institute on Aging
• Health and Retirement Study (HRS)
• Cross-Year National Death Index (NDI) Cause of Death File

National Institute on Alcohol Abuse and Alcoholism (NIAAA):
• Alcohol Epidemiologic Data Directory (AEDS)
• National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
• National Alcohol Survey (NAS)
• National Longitudinal Alcohol Epidemiologic Survey (NLAES)

National Institute on Drug Abuse (NIDA)
• Monitoring the Future (MTF)

National Science Foundation (NSF)
• Panel Study on Income Dynamics (PSID)

Oregon Health Authority Public Health Division:
• Adolescent Suicide Attempt Data System (ASADS) Oregon

Princeton University:
• Fragile Families
Robert Wood Johnson Foundation:
- Health Reform Monitoring Survey (HRMS)
- Health System Change
- National Survey of Alcohol, Drug, and Mental Health Problems (Healthcare for Communities)

Social Security Administration
- Health and Retirement Study (HRS)

Substance Abuse and Mental Health Services Administration:
- Alcohol and Drug Services Study (ADSS)
- Drug Abuse Warning Network (DAWN)
- Mental Health Surveillance Study (MHSS)
- National Mental Health Services Survey (N-MHSS)
- National Survey on Drug Use and Health (NSDUH)
- National Survey of Substance Abuse Treatment Services (N-SSATS)
- Treatment Episode Data Set (TEDS)

The United States Census Bureau
- American Community Survey (ACS)

University of California at Los Angeles’s Center for Health Policy Research
- California Health Interview Survey (CHIS)

University of Michigan
- Healthy Minds Study (HMS)
- Monitoring the Future (MTF)
- Panel Study on Income Dynamics (PSID)

Urban Institute
- Health Reform Monitoring Survey (HRMS)
Database Sources by Topic

Alcohol and Drugs:
- Alcohol and Drug Services Survey
- Alcohol Epidemiologic Data Directory (AEDS)
- CORE Institute Alcohol & Drug Survey for Higher Education
- Drug Abuse Warning Network (DAWN)
- National Alcohol Survey (NAS)
- National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
- National Latino and Asian American Study (NLAAS)
- National Longitudinal Alcohol Epidemiologic Survey (NLAES)
- National Longitudinal Study of Adolescent Health (Add Health)
- National Longitudinal Survey of Youth (NLSY97)
- National Survey of Alcohol, Drug, and Mental Health Problems (Healthcare for Communities; HCC)
- National Survey of American Life (NSAL)
- National Survey on Drug Use and Health (NSDUH)
- Treatment Episode Data Set (TEDS)
- Youth Risk behavior Surveillance System (YRBSS)

Children/Adolescents:
- Adolescent Suicide Attempt Data System (ASADS) Oregon
- Adverse Childhood Experiences (ACE Study)
- Adoption and Foster Care Analysis and Reporting System (AFCARS)
- Child Death Review (CDR)
- CORE Institute Alcohol & Drug Survey for Higher Education
- Fragile Families
- Monitoring the Future (MTF)
- National Child Abuse and Neglect Data System (NCANDS)
- National Comorbidity Survey- Adolescent
- National Longitudinal Study of Adolescent Health (Add Health)
- National Longitudinal Survey of Youth (NLSY97)
- National Survey of Children’s Health
- National Survey on Drug Use and Health (NSDUH)
- Treatment for Adolescents with Depression Study (TADS)
- School Health Policies and Practices Study (SHPPS)
- Youth Risk Behavior Surveillance System (YRBSS)

National Surveys:
- American Community Survey (ACS)
- American Hospital Association Survey (AHA)
- Health and Retirement Study (HRS)
- Mental Health Surveillance Study (MHSS)
- Monitoring the Future (MTF)
- National Alcohol Survey (NAS)
- National Ambulatory Medical Care Survey (NAMCS)
- National College Health Assessment (NCHA)
- National Comorbidity Survey- Adolescent
- National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
- National Health Interview Survey (NHIS)
- National Health and Nutrition Examination Survey (NHANES)
• National Longitudinal Alcohol Epidemiologic Survey (NLAES)
• National Longitudinal Study of Adolescent Health (Add Health)
• National Longitudinal Survey of Youth (NLSY97)
• National Survey of Alcohol, Drug, and Mental Health Problems (Healthcare for Communities)
• National Survey of Children’s Health
• National Survey of Family Growth
• National Survey on Drug Use and Health (NSDUH)
• Nationwide Emergency Department Sample (NEDS)
• Nationwide Inpatient Sample (NIS)
• School Health Policies and Practices Study (SHPPS)
• Youth Risk behavior Surveillance System (YRBSS)

General Surveys:
• Behavioral Risk Factor Surveillance System (BRFSS)
• Health Minds (HMS)
• Mental Health Surveillance Study (MHSS)
• National Comorbidity Survey–Adolescent
• National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
• National Latino and Asian American Study (NLAAS) Youth Risk Behavior Surveillance System (YRBSS)
• National Longitudinal Study of Adolescent Health (Add Health)
• National Survey of American Life (NSAL)
• National Survey on Drug Use and Health (NSDUH)
• Pregnancy Risk Assessment Monitoring System (PRAMS)

Mental Health Surveys:
• Mental Health Surveillance Study (MHSS)
• National Comorbidity Survey–Adolescent
• National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
• National Latino and Asian American Study (NLAAS)
• National Longitudinal Alcohol Epidemiologic Survey (NLAES)
• National Longitudinal Study of Adolescent Health (Add Health)
• National Survey of Alcohol, Drug, and Mental Health Problems (Healthcare for Communities; HCC)
• National Survey of American Life (NSAL)
• National Survey on Drug Use and Health (NSDUH)

Health Systems:
• American Hospital Association (AHA) Annual Survey Database
• Area Health Resource File (AHRF)
• Health and Retirement Survey (HRS)
• Health Reform Monitoring Survey (HRMS)
• Health System Change (HSC) Survey
• Healthcare Cost and Utilization Project (HCUP)
• Medical Expenditure Panel Survey (MEPS)
• Medicare/Medicaid
• National Ambulatory Medical Care Survey (NAMCS)
• National Emergency Medical Services Information System (NEMSIS)
• National Hospital Care Survey (NHCS)
- National Hospital Discharge Survey (NHDS)
- National Mental Health Services Survey (N-MHSS)
- National Survey of Substance Abuse Treatment Centers (N-SSATS)
- Nationwide Inpatient Sample (NIS)
- Patient Reported Outcomes Measurement Information System (PROMIS)
- Panel Study on Income Dynamics (PSID)
- School Health Policies and Practices Study (SHPPS)
**Title:** Adolescent Suicide Attempt Data System (ASADS) Oregon  

**Sponsoring Agency:** Oregon Health Authority Public Health Division  

**Website:**  
[http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/ASADS2.aspx](http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/ASADS2.aspx)  

**Contact:**  
Injury & Violence Prevention Section, 800 NE Oregon, Suite 730, Portland, OR 97232; telephone: 971–673–1058; email: lisa.m.millet@state.or.us  

**Purpose:** By law, Oregon hospitals are required to report adolescent suicide attempts to the Oregon Public Health Division. The purpose of the data system is to estimate the magnitude of suicide attempts among Oregon adolescents and monitor possible increases, decreases, and trends; understand factors associated with suicide and suicide attempts among adolescents; and increase public awareness and develop programs that support suicide prevention.  

**Survey Description:** Data system for required reporting of adolescent suicide attempts by hospitals in Oregon  

**Sample Characteristics:** All Oregon hospitals reporting on all adolescent suicide attempts  

**Variables:** Suicide  

**Availability:** Data do not appear to be available for public or restricted access; published tables on the web for 2012  

**Data Access Website:** Oregon vital statistics for adolescent suicides at:  
[http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/sdata.aspx](http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/sdata.aspx)
Title: Adoption and Foster Care Analysis and Reporting System (AFCARS)

Sponsoring Agency: Administration for Children and Families/Children's Bureau

Website: http://www.acf.hhs.gov/programs/cb/research-data-technology/reporting-systems/afcars

Contact: Children's Bureau, Administration on Children, Youth and Families, 330 C Street, SW, Third Floor, Washington, DC 20201; email: info@childwelfare.gov

Purpose: The Adoption and Foster Care Analysis and Reporting System (AFCARS) is a federally mandated data collection system intended to provide case specific information on all children covered by the protections of Title IV-B/E of the Social Security Act (Section 427).

Survey Description: Reporting system

Sample Characteristics: Reporting is federally mandated for most cases. States are encouraged to report other private adoptions not involving the public welfare agency.

Variables: Each adoption data file contains 37 elements that provide information on the adopted child’s gender, race, birth date, ethnicity and prior relationship with the adoptive parents. The date the adoption was finalized, as well as dates parental rights were terminated, characteristics of birth and adoptive parents, and whether the child was placed from within the United States or from another country are also captured. The foster care data files contain 66 elements that provide information on child demographics including gender, birth date, race, and ethnicity. Information about the number of previous stays in foster care, service goals, availability for adoption, dates of removal and discharge, funding sources, and the biological and foster parents is also included in the foster care files.

Availability: Publicly available

Data Access Website: http://www.ndacan.cornell.edu/datasets/datasets-list-afcars.cfm
Title: Adverse Childhood Experiences (ACE Study)

Sponsoring Agency: Collaboration between Centers for Disease Control and Prevention and Kaiser Permanente’s Health Appraisal Clinic

Website: http://www.cdc.gov/violenceprevention/acestudy/about.html

Contact: 
National Center for Injury Prevention and Control (NCIPC), 4770 Buford Hwy, NEMS F–63, Atlanta, GA 30341–3717

Centers for Disease Control and Prevention, 1600 Clifton Rd Atlanta, GA 30333 USA; telephone: 800–CDC–INFO (800–232–4636)

Purpose: The ACE Study examines the relationship between adverse childhood experiences, health care use, and causes of death.

Survey Description: Baseline data for the original study were collected from 1995 to 1997. Each study participant completed a confidential survey containing questions about childhood maltreatment and family dysfunction; baseline data for the study combined survey information with physical examination. The prospective phase of the study is currently under way and will assess the relationship between adverse childhood experiences, health care use, and causes of death.

Sample Characteristics: 17,000 health maintenance organization (HMO) members (aged 19 or older) provided detailed information about their childhood experiences of abuse, neglect, and family dysfunction.

Variables: Alcoholism and alcohol abuse, depression, illicit drug use, risk for intimate partner violence, smoking, suicide attempts, early initiation of smoking, traumatic stressors

Availability: Data do not appear to be available for public or restricted access; tables have been published on the web for ACE Study participant demographics and prevalence of individual adverse childhood experiences.

Data Access Website: http://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html
Title: Alcohol and Drug Services Study (ADSS)

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)

Website: http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/3088

Contact: Brooklyn Lupari, SAMHSA/Center for Behavioral Health Statistics and Quality 5600 Fishers Lane, Rockville, MD 20852; email: Brooklyn.Lupari@samhsa.hhs.gov

Purpose: ADSS, a national survey of substance abuse treatment facilities and clients conducted from 1996 to 1999, is designed to develop estimates of the duration and costs of treatment and to describe the post-treatment status of substance abuse clients.

Survey Description: ADSS comprises (1) a facility-based telephone interview with a representative sample of substance abuse treatment providers; (2) a record-based survey of patients, in which patient-level information is collected on a sample of patients discharged during a 6-month time period; and (3) follow-up personal interviews with the sample of patients and a comparison group to determine substance use, criminal behavior, and other functional characteristics.

Sample Characteristics: ADSS uses a sample of 2,395 treatment facilities.

The sample is stratified to reflect the types of care offered in substance abuse treatment including hospitals, nonhospital residential treatment facilities, outpatient methadone treatment facilities, outpatient on methadone treatment facilities, and outpatient combined methadone and nonmethadone treatment facilities serving predominantly alcohol-abusing clients, and other facilities with undetermined types of care. Approximately 300 facilities per stratum were subsampled by a site visit. Patient-level information is collected on a sample of client records from 280 facilities in Phase 2. Phase 3 interviews are randomly selected from clients included in Phase 2.

Variables: Alcohol and other drug use history; treatment type, cost, and capacity; length of stay; and source of payment. Posttreatment use is recorded in the Phase 3 follow-up.

Availability: Publicly available data set

Data Access Website: http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/3088
Title: Alcohol Epidemiologic Data Directory

Sponsoring Agency: National Institute on Alcohol Abuse and Alcoholism


Contact: Alcohol Epidemiologic Data System, CSR, Incorporated, 2107 Wilson Blvd., Suite 1000, Arlington, VA 22201; phone: (703) 312-5220; fax: (703) 312-5230; email: AEDSinfo@csrincorporated.com

Purpose: The Alcohol Epidemiologic Data Directory is compiled by the Alcohol Epidemiologic Data Systems (AEDS) with the purpose of identifying, acquiring, maintaining, and analyzing alcohol-related epidemiologic data.

Survey Description: This directory, published in June of 2012, is a listing of surveys and other relevant data for epidemiologic research on alcohol.

Sample Characteristics: This directory includes information on surveys and other relevant data suitable for epidemiologic research on alcohol.

Variables: N/A

Availability: The directory is available in PDF format on the Internet.

Title: American Community Survey (ACS)

Sponsoring Agency: U.S. Census Bureau

Website: [https://www.census.gov/programs-surveys/acs/](https://www.census.gov/programs-surveys/acs/)

Contact: U.S. Census Bureau, 4600 Silver Hill Road, Washington, DC 20233, Census Bureau Customer Help Center: 1–800–923–8282; Demographic Call Center: 301–763–INFO (4636) or 1–866–758–1060; or submit a question online at [https://askacs.census.gov/newrequest.php](https://askacs.census.gov/newrequest.php)

Purpose: The survey provides information for communities to plan investments and services that they need.

Survey Description: The ACS is a mandatory annual survey that samples a small [http://datafiles.samhsa.gov/](http://datafiles.samhsa.gov/) age of the population. Methodology reports are available here: [https://www.census.gov/programs-surveys/acs/methodology.html](https://www.census.gov/programs-surveys/acs/methodology.html)

Sample Characteristics: 3.5 million addresses are selected each year to participate in the survey.

Variables: Family and relationships, income and benefits, health insurance, education, disabilities, veteran status

Availability: Available online

Data Access Website: PUMS is available here: [https://www.census.gov/programs-surveys/acs/data/pums.html](https://www.census.gov/programs-surveys/acs/data/pums.html) Data are available for download using Census Bureau file transfer protocol here: [https://www.census.gov/programs-surveys/acs/data/data-via-ftp.html](https://www.census.gov/programs-surveys/acs/data/data-via-ftp.html)
Title: American Hospital Association (AHA) Annual Survey Database

Sponsoring Agency: American Hospital Association

Website:

Contact:
Information (phone): 866–375–3633; research questions (phone): 312–422–2050; email: rc@aha.org

Purpose: The AHA database provides a comprehensive source of information about U.S. hospitals. It has been collecting information since 1946 and provides credible hospital data.

Survey Description: The survey is administered annually to hospitals nationwide. It is delivered by mail and addressed to the CEO. When data are missing, estimates are calculated using the previous year's responses.

Sample Characteristics: Census of U.S. hospitals (more than 6,500 hospitals)

Variables: Hospitals' organizational structure, services, staffing—including alcohol and other drug use disorder-related services

Availability: Available for purchase.

Title: Area Health Resource File (AHRF)

Sponsoring Agency: Health Resources and Services Administration

Website: [http://ahrf.hrsa.gov/index.htm](http://ahrf.hrsa.gov/index.htm)


Purpose: The AHRF is a collection of health data resource products that draw from county-level databases that are assembled annually. This allows for community-level data to be collected and analyzed.

Survey Description: The AHRF contains information on health facilities, health care professions, and measures of resource scarcity, health status, economic activity, and socioeconomic and environmental characteristics. The file contains geographic codes that allow it to be linked to other files and to aggregate counties into geographic groupings.

Sample Characteristics: The AHRF integrates data from numerous primary data sources including: the American Hospital Association, the American Medical Association, the American Dental Association, the American Osteopathic Association, the Bureau of the Census, the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration), the Bureau of Labor Statistics, the Centers for Disease Control and Prevention/National Center for Health Statistics, the Environmental Protection Agency and the Veteran's Administration.

Variables: Search the AHRD to see what data variables are available: [http://ahrf.hrsa.gov/ALLVARS_search.asp](http://ahrf.hrsa.gov/ALLVARS_search.asp)

Availability: These products are made available at no cost by HRSA/BHP/NCHWA to inform health resources planning, analysis and decision making.

Data Access Website: [http://ahrf.hrsa.gov/download.htm](http://ahrf.hrsa.gov/download.htm)
Title: Arrest-Related Death (ARD) Survey

Sponsoring Agency: Department of Justice, Bureau of Justice Statistics

Website: http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=82

Contact: Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531; telephone: 1–202–307–0765; email: askbjs@usdoj.gov

Purpose: To document deaths in the presence of state or local law enforcement.

Survey Description: The ARD program is an annual national census of persons who died either during the process of arrest or while in the custody of state or local law enforcement personnel. The ARD program collects data on civilian deaths caused by any use of force by state or local law enforcement personnel as well as those not directly related to actions of law enforcement, such as deaths attributed to suicide, intoxication, accidental injury, and illness or natural causes. Data collection periods for which data are available begin with 2003 and continue until 2012 (as of 6/15/2015).

Sample Characteristics: Deaths in the presence of state or local law enforcement. Not all deaths that occurred during an interaction with state or local law enforcement personnel were reportable to the program. The ARD program scope excluded four general situations: (1) deaths of bystanders, hostages, and law enforcement personnel; (2) deaths by federal law enforcement agents; (3) deaths of wanted criminal suspects prior to police contact; and (4) deaths by vehicular pursuits without any direct police action.

Variables: Variables related to arrest-related deaths: date of death, manner of death (including suicide), sex, date of birth, race/ethnicity of decedent

Availability: Statistical tables available on Web; direct access to data does not seem to be allowed.

Title: Behavioral Risk Factor Surveillance System (BRFSS)

Sponsoring Agency: Centers for Disease Control and Prevention

Website: http://www.cdc.gov/brfss/

Contact: BRFSS, Centers for Disease Control and Prevention, 1600 Clifton Rd, Mailstop E–97, Atlanta, GA 30333; telephone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348

Purpose: BRFSS is an ongoing data collection program designed to monitor state-level prevalence of the major behavioral risks associated with premature morbidity and mortality among adults.

Survey Description: The survey was initiated in 1984, with 15 states participating in the monthly data collection. By 1994, all states and the District of Columbia were participating in BRFSS. Guam, the Virgin Islands, and the Commonwealth of Puerto Rico were included in 2001–2002. Telephone interviews are conducted during a 2-week period each month throughout the year. Most states use a disproportionate stratified sample (DSS) design. A few states used a Mitofsky–Waksberg design or a simple random sample design. Deviations from sampling frame and weighting protocols exist among states. Initially conducted with paper-administered survey forms, interviews are now conducted through computer-assisted telephone interviewing (CATI). In 2009, the BRFSS implemented the Cell Phone Survey in all states and territories.

Sample Characteristics: BRFSS is conducted in each participating state on a probability sample of the adult population aged 18 or older. BRFSS samples vary in size from state to state and from year to year, depending on the number of states participating and the availability of funds. In 2010, there were a total of 451,075 respondents from all states and territories.

Variables: Health-related risk behaviors, chronic health conditions, use of preventive services, cigarette smoking, alcohol use, physical activity, hypertension, and safety belt use

Availability: Publicly available data from 1984 through 2014

Data Access Website: http://www.cdc.gov/brfss/annual_data/annual_2013.html
Title: BioSense

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)

Website: http://www.cdc.gov/nssp/biosense/index.html

Contact:
Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333; telephone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348; email: BioSenseProgram@cdc.gov

Purpose: CDC’s National Syndromic Surveillance Program (NSSP) BioSense application is a public health surveillance system that increases the ability of health officials at local, state, and national levels to efficiently, rapidly, and collaboratively monitor and respond to harmful health effects of exposure to disease or hazardous conditions. It is a streamlined collaborative data-exchange system that enables its users, who have agreed to share health-related data, to track health issues as they develop and to share this information quickly with other public health jurisdictions in the system.

Survey Description:

Sample Characteristics: 35 jurisdictions as of 2015

Variables:

Availability: BioSense 2.0 is available to authorized organizations.

Data Access Website: https://biosense/login.php
Title: California Health Interview Survey (CHIS)

Sponsoring Agency: University of California at Los Angeles’s Center for Health Policy Research

Website: http://healthpolicy.ucla.edu/chis/Pages/default.aspx

Contact: UCLA Center for Health Policy Research, 10960 Wilshire Blvd. Suite 1550, Los Angeles, CA 90024; telephone: 310–794–0909; fax: 310–794–2686; email: chpr@ucla.edu

Purpose: CHIS is the nation's largest state health survey and a critical source of data on Californians and on the state’s various racial and ethnic groups. Policymakers, researchers, health experts, members of the media, and others depend on CHIS for credible and comprehensive data on the health of Californians.

Survey Description: CHIS is conducted on a continuous basis, allowing it to provide a detailed picture of the health and health care needs of California’s large and diverse population. A full data cycle takes 2 years to complete, with more than 50,000 Californians surveyed. Continuous data collection allows CHIS to generate timely 1-year estimates.

Sample Characteristics: More than 50,000 Californians—including adults, teenagers and children—are surveyed by CHIS. Participants in the CHIS survey are chosen at random, and the sample is extensive enough to be statistically representative of California’s diverse population. CHIS is especially known for its hard-to-find data on ethnic subgroups.

Variables: Health status, health conditions, mental health, health behaviors, dental health, neighborhood and housing, access to and use of health care, food environment, health insurance, public program eligibility, parental involvement/adult supervision, child care and school, employment, income, demographic characteristics

Availability: Publicly available and restricted access

Data Access Website: http://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
Title: Child Death Review (CDR)

Sponsoring Agency: Health Resources and Services Administration of the Maternal and Child Health Bureau

Website: [https://www.childdeathreview.org/about-us/](https://www.childdeathreview.org/about-us/)

Contact: [https://www.childdeathreview.org/about-us/contact-us/](https://www.childdeathreview.org/about-us/contact-us/)

Purpose: The National Center for the Review and Prevention of Child Deaths is funded by the Health Resources and Services Administration of the Maternal and Child Health Bureau as a resource and data center for state and local Child Death Review (CDR) programs. It promotes, supports, and enhances child death review methodology and activities at the state, community, and national levels.

Survey Description: This database contains links to state and national-level data about child mortality by year as well as a link to the Child Death Review Case Reporting System of the National Center for the Review and Prevention of Child Deaths (NCRPCD), which systematically collects, analyzes, and reports information surrounding deaths of individual children around the country.

Sample Characteristics: Deaths of individual children around the country

Variables: Data collected in the Child Death Review Case reporting system include information about the child, family, and perpetrator, cause of death including risk and protective factors.

Availability: Restricted access to the CDR Case Reporting System

Data Access Website: Information about gaining access to the Case Reporting System is available at [https://www.childdeathreview.org/resources/data-dissemination/](https://www.childdeathreview.org/resources/data-dissemination/).
Title: Counseling Center Directors Survey

Sponsoring Agency: Association for University and College Counseling Center Directors (AUCCCD)

Website: http://www.aucccd.org/director-surveys-public

Contact: Corinne Earle, AUCCCD Office Administrator, 1101 N. Delaware, Ste. 200, Indianapolis, IN 46202; telephone: 317–635–4755; fax: 317–635–4757; email: office@aucccd.org

Purpose: The mission of AUCCCD is to assist directors in providing effective leadership and management of campus counseling centers. The organization promotes college student mental health awareness through research, dissemination of key campus mental health issues and trends, and related training and education, with special attention to issues of changing demographics, including diversity and multiculturalism. In 2006, AUCCCD developed and administered the Annual Survey to its membership as a means to increase the objective understanding of those factors critical to the functioning of college and university counseling centers.

Survey Description: The reporting period for the 2014 Annual Survey varies among administrators, reflecting variations in organization specific annual reporting periods. All participants had reporting periods ranging from July 1, 2013, through June 30, 2014, to September 1, 2013, through August 31, 2014.

Sample Characteristics: In December 2014, all college and university counseling center administrators identified in the Higher Education Directory were invited to participate in the Annual Survey. The survey was administered to 1,708 verified email accounts via a secure internet interface.

Variables: Institutional demographics, director demographics, counseling center demographics, services, policies, procedures, clinical service rates, target population outreach, utilization rate, total sessions provided

Availability: Publicly accessible tables are provided in a published monograph at http://www.aucccd.org/director-surveys-public

Data Access Website: Other access to data is not indicated.
Title: CORE Institute Alcohol & Drug Survey for Higher Education

Sponsoring Agency: CORE Institute, Southern Illinois University

Website: http://core.siu.edu/

Contact: CORE Institute, Student Health Center, Southern Illinois University, Building 0269-Mailcode 6740, 374 E. Grand Avenue, Carbondale, IL 62901

Purpose: The Core Alcohol and Drug Survey was developed to measure alcohol and other drug usage, attitudes, and perceptions among college students at 2- and 4-year institutions.

Survey Description: The survey includes several types of items about drugs and alcohol. One type deals with the students’ attitudes, perceptions, and opinions about alcohol and other drugs, and the other deals with the students’ own use and consequences of use. There are also several items on students’ demographic and background characteristics as well as perception of campus climate issues and policy.

Sample Characteristics: Undergraduate students from colleges in the United States. All institutions in the samples used methods to insure a random and representative sample of their respective student bodies.

Variables: Data on drugs and alcohol, including items on students’ attitudes, perceptions, and opinions about alcohol and other drugs, as well as use and consequences of use. There are also several items on students’ demographic and background characteristics as well as perception of campus climate issues and policy.

Availability: Summary reports are available at http://core.siu.edu/results/index.html; public or restricted access to data are not indicated.

Data Access Website: N/A
Title: Death Certificates from National Vital Statistics System

Sponsoring Agency: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Website: http://cdc.gov/nchs/nvss.htm

Contact: Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329–4027, USA; telephone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348

Purpose: Mortality data from the National Vital Statistics System (NVSS) are a fundamental source of demographic, geographic, and cause-of-death information. This is one of the few sources of health-related data that are comparable for small geographic areas and are available for a long time period in the United States. The data are also used to present the characteristics of those dying in the United States, determine life expectancy, and compare mortality trends with other countries.

Survey Description: Death certificates in the United States

Sample Characteristics: 50 states and the District of Columbia; white, black, American Indian (includes Aleuts and Eskimos), Chinese, Japanese, Hawaiian (includes part-Hawaiian), Filipino, Asian Indian, Korean, Samoan, Vietnamese, Guamanian, other Asian or Pacific Islander in areas reporting codes 18–58, Combined other Asian or Pacific Islander, includes codes 18–68 for areas that do not report them separately.

Variables: Race, sex, state of residence, age, and cause of death

Availability: Public or restricted; refer to Research Data Center (http://www.cdc.gov/rdc/) for restricted access.

Data Access Website: http://www.cdc.gov/nchs/data_access/vitalstatsonline.htm (public)
Title: Deaths-in-Custody Reporting Program (DCRP)

Sponsoring Agency: Department of Justice, Bureau of Justice Statistics

Website: http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=19

Contact: Margaret Noonan, Project Manager, U.S. Department of Justice, Bureau of Justice Statistics, 810 7th Street, NW, Washington, DC 20531; phone: 202–353–2060; email: Margaret.Noonan@usdoj.gov

Purpose: The DCRP is an annual data collection conducted by the Bureau of Justice Statistics (BJS). The DCRP began in 2000 under the Death in Custody Reporting Act of 2000 (P.L. 106–297). It is the only national statistical collection that obtains detailed information about deaths in adult correctional facilities. The DCRP collects data on persons dying in state prisons, local jails, and the process of arrest.

Survey Description: The DCRP collects data on persons dying in state prisons, local jails, and the process of arrest. Each collection is a separate subcollection, but each is under the umbrella of the DCRP collection.

Sample Characteristics: Local jails, state prisons, and federal prisons (50 state prison systems, 50 state juvenile correctional authorities, and 3,095 local jails); all age groups; white non-Hispanic, black non-Hispanic, Hispanic-Latino, American Indian/Alaska Native, Asian, Hawaiian Native/Pacific Islander, two or more races, other

Variables: Characteristics of persons who died while in custody, cause of death

Availability: Restricted access/online from 2001 to 2009; statistical tables up to 2012. Restricted Data Use Agreement needed; specify the reasons for the request and obtain Institutional Review Board approval or notice of exemption for their research.

Data Access Website: http://www.icpsr.umich.edu/icpsrweb/NACJD/studies/34277
Title: Department of Defense Suicide Event Report (DoDSER—fatal section)

Sponsoring Agency: Department of Defense

Website: http://t2health.dcoe.mil/programs/dodser

Contact: National Center for Telehealth & Technology 9933C West Hayes Street, Joint Base Lewis–McChord, WA 98431; telephone: 253–968–1914; fax: 253–968–4192

Purpose: The DoDSER standardizes suicide surveillance efforts across the Services (Air Force, Army, Marine Corps, and Navy) to support the Department of Defense's (DoD's) suicide prevention mission.

Survey Description: Each service conducts a professional review of records, and conducts interviews where appropriate. The DoDSER website includes comprehensive reports, including on survey methodology.

Sample Characteristics: Air Force, Army, Marine Corps, and Navy

Variables: The DoDSER is used for a variety of suicide behaviors, including suicides, suicide attempts, and some other suicide related behaviors (e.g., deliberate self-harm or some cases in which only suicidal ideation is documented).

Availability: Tables available in annual report; no indications of data availability to non-DOD institutions. Annual reports are available at http://t2health.dcoe.mil/programs/dodser.

Data Access Website: N/A
Title: Department of Defense Suicide Event Report (DoDSER—nonfatal section)

Sponsoring Agency: Department of Defense

Website: http://t2health.dcoe.mil/programs/dodser

Contact: National Center for Telehealth & Technology 9933C West Hayes Street, Joint Base Lewis–McChord, WA 98431; telephone: 253–968–1914; fax: 253–968–4192

Purpose: The DoDSER standardizes suicide surveillance efforts across the Services (Air Force, Army, Marine Corps, and Navy) to support the Department of Defense’s (DoD’s) suicide prevention mission.

Survey Description: Each service conducts a professional review of records, and conducts interviews where appropriate. The DoDSER website includes comprehensive reports, including on survey methodology.

Sample Characteristics: Air Force, Army, Marine Corps, and Navy

Variables: The DoDSER is used for a variety of suicide behaviors including suicides, suicide attempts, and some other suicide related behaviors (e.g., deliberate self-harm or some cases in which only suicidal ideation is documented).

Availability: Tables available in annual report; no indications of data availability to non-DOD institutions. Annual reports are available at http://t2health.dcoe.mil/programs/dodser.

Data Access Website: N/A
Title: Drug Abuse Warning Network (DAWN)

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)

Website: http://www.samhsa.gov/data/emergency-department-data-dawn

Contact: Brooklyn Lupari, SAMHSA/Center for Behavioral Health Statistics and Quality 5600 Fishers Lane, Rockville, MD 20852; email: Brooklyn.Lupari@samhsa.hhs.gov

Purpose: DAWN is a public health surveillance system that monitors drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the United States.

Survey Description: DAWN relies on a nationally representative sample of general, nonfederal hospitals operating 24-hour EDs, with oversampling of hospitals in selected metropolitan areas. In each participating hospital, ED medical records are reviewed retrospectively to find the ED visits that involved recent drug use. All types of drugs—illegal drugs, prescription drugs, over-the-counter pharmaceuticals (e.g., dietary supplements, cough medicine), and substances inhaled for their psychoactive effects—are included. Alcohol is considered an illicit drug when consumed by patients aged 20 or younger. For patients aged 21 or older, though, alcohol is reported only when it is used in conjunction with other drugs.

Sample Characteristics: Sample of U.S. hospitals with 24-hour emergency department; white, nonwhite (missing data); all age groups

Variables: Drug-related ED visits in the United States by drug, drug combinations, drug characteristics, number of drugs involved, patient demographics, visit characteristics, and visit disposition

Availability: Publicly available

Data Access Website: http://datafiles.samhsa.gov/
Title: Fatal Accident Reporting System (FARS)

Sponsoring Agency: National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation

Website: http://www-fars.nhtsa.dot.gov

Contact: Louann Hall, National Center for Statistics and Analysis, NHTSA, 1200 New Jersey Avenue, SE, West Building, Washington, DC 20590; telephone: 202–366–4199 or 800–934–8517

Purpose: FARS is designed to assist the traffic safety community in identifying traffic safety problems (including drinking and driving), developing and implementing vehicle and driver countermeasures, and evaluating motor vehicle safety standards and highway safety initiatives.

Survey Description: FARS gathers detailed data on all fatal traffic crashes each year within the 50 states, the District of Columbia, and Puerto Rico. FARS has been in operation since 1975. FARS is a census of all fatal traffic crashes. To be included in FARS, a crash must involve at least one motor vehicle moving on a roadway customarily open to the public and must result in the death of a person within 30 days of the crash. Each case has more than 100 data elements that characterize the crash and are coded at four levels: the accident, the vehicle, the driver, and the person(s) involved. Data sources may include police crash reports, state vehicle registration files, state driver licensing files, state highway department files, vital statistics documents, death certificates, coroner reports, hospital reports, and emergency medical services reports. The specific data elements may be modified slightly over the years.

Sample Characteristics: The total number of FARS cases varies from year to year. In 2012, FARS reported 30,800 fatal crashes.

Variables: Alcohol variables include judgment calls made by police officers on alcohol involvement and results of blood alcohol concentration (BAC) tests. Since 1984, NHTSA has used statistical models to estimate BAC values for drivers with unknown BAC levels.

Availability: Data files from 1975 to 2013 are publicly available from an FTP site.

**Title:** Fragile Families

**Sponsoring Agency:** Princeton University and Columbia University

**Website:** [http://www.fragilefamilies.princeton.edu/documentation.asp](http://www.fragilefamilies.princeton.edu/documentation.asp)

**Contact:**
The Fragile Families and Child Wellbeing Study, Center for Research on Child Wellbeing, Wallace Hall, Princeton University, Princeton, NJ 08544; email: ffdata@princeton.edu

**Purpose:** A cohort study aimed to address the following questions: (1) What are the conditions and capabilities of unmarried parents, especially fathers? (2) What is the nature of the relationships between unmarried parents? (3) How do children born into these families fare? (4) How do policies and environmental conditions affect families and children?

**Survey Description:** The first five waves of the Fragile Families Study include data from the core study, which includes telephone interviews with mothers and fathers, and a number of collaborative studies which were conducted over the telephone, in person, or via fieldwork. Some of the collaborative studies added questions to the core interviews, others will yield separate data files for subsets of the core sample. The core study began with mothers interviewed in the hospital soon after the child's birth. Most fathers were also interviewed in the hospital. These initial interviews are followed by telephone interviews with both parents when the child is 1, 3, 5, and 9 years old. The core interviews are about an hour in length and collect extensive information on sociodemographic characteristics, parents' health, parental relationships, parenting, and child well-being. Data from the first five waves of the core study are available to the public.

**Sample Characteristics:** 4,700 families, made up of 3,600 unwed couples and 1,100 married couples; families sampled in 21 American cities

**Variables:** Domestic violence, health, health care

**Availability:** Mother and father data from baseline and 1–, 3–, 5–, and 9-year follow-ups are available for download from the Princeton University Office of Population Research data archive ([http://opr.princeton.edu/archive/ff/](http://opr.princeton.edu/archive/ff/)). Users must register before downloading data. Geographic identifiers are not released to the public use data files for confidentiality. Must apply for data via restricted use contract ([http://www.fragilefamilies.princeton.edu/restricted](http://www.fragilefamilies.princeton.edu/restricted)).

**Data Access Website:** [http://opr.princeton.edu/archive/ff/](http://opr.princeton.edu/archive/ff/)  
[http://www.fragilefamilies.princeton.edu/restricted](http://www.fragilefamilies.princeton.edu/restricted)
Title: Health and Retirement Study (HRS)

Sponsoring Agency: National Institute on Aging and Social Security Administration

Website: http://hrsonline.isr.umich.edu/index.php?p=qnaires

Contact: Health and Retirement Study, Survey Research Center, Institute for Social Research, University of Michigan, 426 Thompson Street, Ann Arbor, MI 48104; telephone: 734–936–0314; fax: 734–647–1186

Purpose: HRS is a national longitudinal study of economic, physical and mental health, marital, and family status, as well as public and private support systems of older Americans. The study is designed to track the course of age-related changes in health, economic status, and support that affect retirement, health insurance, saving, and well-being. A companion study of Assets and Health Dynamics Among the Oldest Old (AHEAD) is conducted in association with HRS to fill the gap of information on Americans over the age of 70. The HRS data can be linked with the Employer Pension Study (1993, 1999), the National Death Index, the Social Security Administration earnings and projected benefits data, W-2 self-employment data, and Medicare data.

Survey Description: HRS is a national panel study with an initial sample of more than 12,600 persons from 7,600 households. Current studies survey more than 22,000 respondents. The HRS core sample design is a multistage area probability sample of households. The baseline sample included in-home, face-to-face interviews in 1992 (1931–1941 birth cohort) and 1998 (1924–1930 and 1942–1947 birth cohorts). At 6-year intervals, the 6-year birth cohort that is aged 51–56 in that year is added to the sample. Follow-ups occur every 2 years, with proxy interviews after death. Blacks, Hispanics, and Florida residents are oversampled. In 2006, HRS initiated an enhanced face-to-face interview. In addition to the core interview, the enhanced face-to-face interview includes a set of physical performance measures, collection of biomarkers, and a leave-behind questionnaire on psychosocial topics. A random one-half of households were preselected for the enhanced face-to-face interview in 2006, with the other half of the sample selected for 2008. The design is repeated in each subsequent wave.

Sample Characteristics: HRS surveys Americans over the age of 50 every 2 years. Each original sample is restricted to those living in households in the 48 conterminous states at the time of the baseline wave. Follow-up interviews are not restricted by geographic area. There are four distinct sample groups. The original HRS sample includes individuals born between 1931 and 1941. In 1998, the original AHEAD sample of individuals born before 1923 was merged with the HRS into a single interview schedule and two additional sample groups were added. These include the War Baby (WB) sample, born between 1942 and 1947, and the Children of the Depression Age (CODA) sample, born between 1924 and 1930. In 2004, the Early Baby Boomer (EBB) cohort born in 1948–1953 were added. The Middle Baby Boomer (MBB) cohort born in 1954–1959 were added in 2010.

Variables: Alcohol use, alcohol use problems, psychosocial functioning, health care utilization

Availability: Publicly available data sets are available without cost to registered users.

Data Access Website: http://hrsonline.isr.umich.edu/index.php?p=reg
Title: Health and Retirement Study (HRS) Cross-Year National Death Index (NDI) Cause of Death File

Sponsoring Agency: National Institute on Aging (NIA)


Contact:
Health and Retirement Study, Survey Research Center, Institute for Social Research, University of Michigan, 426 Thompson Street, Ann Arbor, MI 48104; phone: 734–936–0314; fax: 734–647–1186

Purpose: Track HRS respondents who are deceased

Survey Description: The HRS Cross-Year NDI Cause of Death File is a cumulative record of deaths based on finder files submitted to the National Center for Health Statistics containing the names of HRS respondents from all entry cohorts who:

- were flagged as deceased in the Tracker file after completion of data processing for the latest biennial survey OR
- had an unknown death status at the time of creation AND
- were not found in any previous NDI search.

Sample Characteristics: U.S. population older than 50; deceased

Variables: Cause of death, suicide, alcohol-, or drug-related deaths


Title: Health Reform Monitoring Survey (HRMS)

Sponsoring Agency: Robert Wood Johnson Foundation

Website: http://hrms.urban.org/

Contact: Urban Institute, 2100 M Street, N.W., Washington, DC 20037; telephone: 202–833–7200

Purpose: HRMS provides information on health insurance coverage, access to and use of care, health care affordability, and self-reported health status.

Survey Description: Survey is distributed quarterly since October 2013, and data are checked against federal ACS/CPS and BRFSS data.

Sample Characteristics: Quarterly survey of the nonelderly population (aged 18 to 64; representative of U.S. population).

Variables: health care, health care accessibility

Availability: Data available for 2013 and 2014

Data Access Website: https://www.icpsr.umich.edu/icpsrweb/HMCA/studies?archive=HMCA&permit%5B0%5D=AVAILABLE&q=Health+Reform+Monitoring+Survey&x=51&y=12
Title: Health System Change Survey

Sponsoring Agency: Robert Wood Johnson Foundation

Website: http://www.hschange.com/index.cgi?data=12

Contact: communications@mathematica-mpr.com

Purpose: The Health System Change Survey documents changes in health care over time and tracks the effects of those changes on people.

Survey Description: The Center for Studying Health System Change (HSC) documents changes in health care over time and tracks the effects of those changes on people. Through surveys and site visits, HSC seeks to describe and analyze how the interactions of providers, insurers, policy makers, and others determine the accessibility, cost and quality of care. HSC’s Community Tracking Study (CTS) and Health Tracking Surveys, a periodic set of longitudinal site visits and surveys, allow researchers to analyze information about local health care markets and the nation as a whole. Because health care delivery is primarily local, both the surveys and site visits are largely centered on U.S. communities—although later survey rounds are based on national samples only.

Sample Characteristics: During the first four rounds, the survey samples were concentrated in 60 communities randomly selected to provide a representative profile of change across the United States. Among 60 communities, 48 are large metropolitan areas with populations greater than 200,000, from which 12 communities were randomly selected to be studied in depth through larger sample sizes. Those 12 communities also comprise the communities used for the site visits. The community-based survey design was replaced by a national sample design for the 2007 and 2010 Household and 2008 Physician surveys, although site visits continue to be focused on the 12 communities. Because the latest samples are no longer clustered in communities, the surveys have been renamed the HSC Health Tracking household and physician surveys. The 2007 and 2010 household and 2008 physician surveys support analyses at the national level only.

Variables: Health care, health care accessibility

Availability: Publicly available

Data Access Website: http://www.hschange.com/index.cgi?data=11
Healthcare Cost and Utilization Project (HCUP)

Agency for Healthcare Research and Quality (AHRQ)

http://www.hcup-us.ahrq.gov/databases.jsp

User Support Healthcare Cost and Utilization Project, AHRQ, 540 Gaither Road, Suite 5000
Rockville, MD 20850; telephone: 301–427–1364 or 866–290–4287;
http://www.ahcpr.gov/data/hcup

HCUP is a partnership among federal and state agencies and private industry focusing on health care data collection. It includes patient data from all payer sources. HCUP’s objectives are to (1) obtain data from statewide information sources; (2) design and develop a multistate health care database for health services research and health policy analysis; and (3) release data to a broad set of public and private users. HCUP data allow for comparative studies of health care services and the use and cost of hospital care, including effects of market forces on hospitals and the care they provide, variations in medical practice, effectiveness of medical technology and treatments, and use of services by special populations. NEDS, a part of HCUP, is a database containing patient-level information on emergency department (ED) visits across the country.

HCUP includes several databases including the National Inpatient Survey (NIS), Kids’ Inpatient Database (KID), Nationwide Emergency Department Sample (NEDS), State Inpatient Databases (SID), State Ambulatory Surgery and Services Databases (SASD), and the State Emergency Department Databases (SEDD).

As the largest publicly available all-payer ED visits database in the United States, NEDS contains data on ED visits at over 950 hospitals, approximating a 20-percent sample of U.S. hospital-based EDs. The number of states involved is listed as follows: 2006 (24 states), 2007 (27 states), 2008 (28 states), and 2009 (29 states).

NEDS contains up to 15 diagnoses on each ED visit record, which are coded according to ICD-9-CM. Behavioral health diagnoses can be identified by ICD-9-CM codes. Health care utilization, access, charges, quality, and outcomes

Many of the HCUP databases are available for purchase through the HCUP Central Distributor at http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp:
(1) NIS (starting in 1988); (2) KID (starting in 1997); (3) NEDS (starting in 2006); (4) SID (starting in 1995); (5) SASD (starting in 1997); and (6) SEDD (starting in 1999).

http://www.hcup-us.ahrq.gov/databases.jsp
Title: Healthy Minds Study (HMS)

Sponsoring Agency: University of Michigan

Website: http://healthymindsnetwork.org/hms

Contact: healthyminds@umich.edu

Purpose: HMS is an annual web-based survey-based study examining mental health and related issues (depression, anxiety, substance use) and service utilization among college students.

Survey Description: Randomly selected 4,000 college students aged 18 or older

Sample Characteristics: College students

Variables: Mental health status, depression, anxiety, suicide, mental health treatment, lifetime mental disorders, nonsuicidal self-injury

Availability: Publicly accessible based on request

Data Access Website: http://healthymindsnetwork.org/research/data-for-researchers
Title: Medical Expenditure Panel Survey (MEPS)

Sponsoring Agency: Agency for Healthcare Research and Quality (AHRQ)

Website: http://meps.ahrq.gov/mepsweb/about_meps/survey_back.jsp

Contact: MEPS Project Director, Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; telephone: 301–427–1406; email: mepsprojectdirector@ahrq.hhs.gov

Purpose: This survey asks families and individuals, medical providers, and employers across the United States about utilization of health services, frequency of use, cost of services, how they are paid for, and also information about the health insurance that is held by and available to employees.

Survey Description: MEPS involves two components: a household household component and an insurance component. The household component collects data from a nationally representative sample of families and individuals in selected communities. The insurance component collects data from a sample of private and public-sector employers on the health insurance plans that are offered to employees.

Sample Characteristics: Nationally representative sample of households for the household component and a sample of private and public-sector employers for the insurance component.

Variables: Health conditions, use of medical services, source of payments, access to care, satisfaction with care, income, employment, number and type of private insurance plans offered, premiums, employer characteristics

Availability: Public use data sets released regularly

Data Access Website: http://meps.ahrq.gov/mepsweb/about_meps/releaseschedule.jsp
Title: Medicare/Medicaid Data

Sponsoring Agency: Centers for Medicare and Medicaid Services (CMS)


Contact: Research Data Assistance Center (ResDAC) Help Desk; telephone: 888–9–ResDAC (888–973–7322)

Purpose: CMS offers researchers and other health care professionals a broad range of quantitative information on CMS programs, from estimates of future Medicare and Medicaid spending to enrollment, spending, and claims data, and a broad range of consumer research to help its partners and staff.

Survey Description: ResDAC provides free assistance to academic and nonprofit researchers interested in using Medicare, Medicaid, State Children’s Health Insurance Program, and Medicare Current Beneficiary Survey data for research. Primary funding for ResDAC comes from a CMS research contract. ResDAC is a consortium of faculty and staff from the University of Minnesota, Boston University, Dartmouth Medical School, and the Morehouse School of Medicine.

Sample Characteristics: Medicare and Medicaid recipient populations, expenditures, and utilization

Variables: Health care, mental health care

Availability: Key statistics are provided about CMS programs and national health expenditures

Title: Mental Health Surveillance Study (MHSS)

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)

Website: http://www.samhsa.gov/data/sites/default/files/NSDUH-DR-N2MentalDis-2014-1/Web/NSDUH-DR-N2MentalDis-2014.htm

Contact: Brooklyn Lupari, SAMHSA/Center for Behavioral Health Statistics and Quality 5600 Fishers Lane, Rockville, MD 20852; email: Brooklyn.Lupari@samhsa.hhs.gov

Purpose: The overarching goal of the Mental Health Surveillance Study (MHSS) of the National Survey on Drug Use and Health (NSDUH) was to provide accurate estimates of the prevalence of serious mental illness (SMI) among adults aged 18 or older at the national and state levels.

Survey Description: Telephone interviews using a semi-structured clinical interview to assess past year mental disorders among a subsample of NSDUH respondents from 2008 to 2012.

Sample Characteristics: Nationally representative of noninstitutionalized U.S. adults aged 18 or older who completed the English version of the NSDUH main interview. The combined sample size from 2008 to 2012 was 5,653.

Variables: Alcohol and other drug use, substance use disorder, mental disorders, SMI, functioning

Availability: Publicly available

Data Access Website: http://datafiles.samhsa.gov/
Title: Monitoring the Future (MTF)

Sponsoring Agency: National Institute on Drug Abuse (NIDA) and Institute for Social Research, University of Michigan

Website: http://www.monitoringthefuture.org/

Contact: National Institute on Drug Abuse, Office of Science Policy and Communications, Public Information and Liaison Branch, 6001 Executive Boulevard, Room 5213, MSC 9561, Bethesda, Maryland 20892–9561; telephone: 301–443–1124

Purpose: MTF is designed to explore changes in important values, behaviors, and lifestyle orientations of contemporary American youths, with a particular emphasis on recent trends in the use of licit and illicit drugs. Data on high school seniors have been collected during the spring of each year since the survey began in 1975. The survey was expanded to include college students and young adults through follow-ups. Eighth- and 10-grade students were added each year after 1990.

Survey Description: MTF employs a complex cohort sequential design appropriate for distinguishing and explaining period-related, age-related, and cohort-related changes. The samples were drawn with a multistage random sampling procedure from public and private secondary schools throughout the conterminous United States. The total 12th-grade sample was equally divided into six subsamples. Each was administered a different form of the questionnaire to enable wide coverage of survey questions among the sample. However, about one-third of each questionnaire consists of the core drug and demographic questions common to all forms. Unlike the 12th-grade surveys, the 8th- and 10th-grade surveys only used two different questionnaire forms in 1991–1996 (this expanded to four forms beginning in 1997). The study design of MTF calls for biennial follow-ups—through age 32—of a subsample of the participants in each participating senior class, beginning with the class of 1976.

Sample Characteristics: Approximately 50,000 8th-, 10th-, and 12th-grade students are surveyed each year. Sample sizes in 2010 were 15,769 (from 147 schools), 15,586 (from 123 schools), and 15,127 (from 126 schools) for 8th, 10th, and 12th graders, respectively.

Variables: Alcohol and other drug use, binge drinking

Availability: Publicly available

Data Access Website: http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/35/studies?archive=ICPSR&sortBy=7
Title: National Alcohol Survey (NAS)

Sponsoring Agency: National Institute on Alcohol Abuse and Alcoholism (NIAAA)


Contact: Public Health Institute, Alcohol Research Group, 6475 Christie Avenue, Suite 400, Emeryville, CA 94608–1010; telephone: 510–597–3440; web: http://www.arg.org/


Survey Description: The 2000 NAS used a random digit dialing (RDD) sampling and computer-assisted telephone interviewing (CATI) of adults in households in all 50 states and the District of Columbia. Blacks and Hispanics were oversampled in N7 (1992) and N9 (1995–1996) and later NAS surveys. Special populations in various institutional settings, including detoxification centers, jails, clinics, emergency rooms, and welfare offices were not included in the NAS.

Sample Characteristics: Representative sample of the U.S. population; the number of respondents varies each year. Full sample sizes can be found in a table here: http://pubs.niaaa.nih.gov/publications/2012DataDirectory/2012DataDirectory.htm

Variables: Factors related to alcohol use (expenditures for alcohol, alcohol-use disorders and disabilities, alcohol-attributed health conditions, and cognitive and attitudinal variables), binge drinking, attempts to reduce drinking, attitudes/opinions on drinking levels in different drinking situations; treatment status, and drinking consequences, injury or health effects, and psychological/emotional distress.

Availability: N11 (2005) and earlier data are available on request from AEDSinfo@csrsincorporated.com.

Data Access Website: N/A
Title: National Ambulatory Medical Care Survey (NAMCS)

Sponsoring Agency: National Center for Health Statistics, Centers for Disease Control and Prevention (CDC)

Website: http://www.cdc.gov/nchs/ahcd.htm

Contact:
Ambulatory and Hospital Care Statistics Branch, National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782; phone: 301–458–4600; web: http://www.cdc.gov/info

Purpose: NAMCS is a records-based survey that provides information about the provision and use of ambulatory medical care services in hospital emergency and outpatient departments.

Survey Description: The survey was collected annually from 1973 to 1981, in 1985, and annually since 1989. Each physician is randomly assigned to a 1-week reporting period during which the data for a random sample of visits is recorded by the physician on a provided “encounter form.”

Sample Characteristics: NAMCS sample sizes of patients vary from year to year. The sampling rate varies from a 100-percent sample for very small practices to a 20-percent sample for very large practices. During 2009, NAMCS collected a total of 32,281 patient record forms from 1,293 physicians, a sample reflecting 1.04 billion office visits made in the United States.

Variables: Behavioral health conditions cited as a reason for the visit, physician's diagnoses.

Availability: Public use data files available

Data Access Website: NAMCS public use files are provided in ASCII text format. Public use data files are available here: http://www.cdc.gov/nchs/ahcd.htm
Title: National Center for Health Statistics (NCHS) Data Linked to Mortality Files

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)

Website: [http://www.cdc.gov/nchs/data_access/data_linkage/mortality.htm](http://www.cdc.gov/nchs/data_access/data_linkage/mortality.htm)

Contact: Data Linkage Team, Office of Analysis and Epidemiology, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 6435 Hyattsville, MD 20782; email: datalinkage@cdc.gov

Purpose: NCHS has linked various surveys with death certificate records from the National Death Index (NDI). Linkage of the NCHS survey participants with the NDI provides the opportunity to conduct a vast array of outcome studies designed to investigate the association of a wide variety of health factors with mortality.

Survey Description: NCHS Surveys Linked with Mortality Data:

- National Health Interview Survey (NHIS) 1985–2009
- National Health and Nutrition Examination Surveys (NHANES) 1999–2010
- Third National Health and Nutrition Examination Survey (NHANES III)
- Second National Health and Nutrition Examination Survey (NHANES II)
- NHANES I Epidemiologic Follow-up Study (NHEFS)
- National Nursing Home Surveys (NNHS)
- National Home and Hospice Care Survey (NHHCS) 2007
- Supplement on Aging (SOA)
- The Second Longitudinal Study of Aging (LSOA II)

Sample Characteristics: National surveys

Variables: Cause of death, suicide, alcohol or drug-related deaths

Availability: Public and restricted

Data Access Website: Public use files: [http://www.cdc.gov/nchs/data_access/ftp_data.htm](http://www.cdc.gov/nchs/data_access/ftp_data.htm)
Title: National Child Abuse and Neglect Data System (NCANDS)

Sponsoring Agency: Administration for Children & Families/ Children’s Bureau

Website: http://www.acf.hhs.gov/programs/cb/research-data-technology/reporting-systems/ncands

Contact:

Purpose: The National Child Abuse and Neglect Data System (NCANDS) is a federally sponsored effort that annually collects and analyzes data on child abuse and neglect known to child protective services (CPS) agencies in the United States.

Survey Description: Every year, NCANDS data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The NCANDS reporting year is based on the FFY calendar which spans October 1 to September 30. States submit case-level data, called a Child File, by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response in the form of an investigation or alternative response.

Sample Characteristics: Case-level data include information about the characteristics of the reports of abuse and neglect, the children involved, the types of maltreatment, the CPS findings, the risk factors of the child and the caregivers, the services provided, and the perpetrators.

Variables: Abuse; drug and alcohol status; emotional disturbance; behavioral problems; learning disabilities. Variables are often collected for both the parent and the caregiver.

Availability: Public and restricted use

Title: National College Health Assessment (NCHA)

Sponsoring Agency: American College Health Association (ACHA)

Website: http://www.acha-ncha.org/

Contact:
ACHA–NCHA, Program Office; telephone: 410–859–1500; email: mhoban@acha.org

Purpose: The ACHA-NCHA is a national research survey that collects data about students’ health habits, behaviors, and perceptions.

Survey Description: The NCHA adjusts to the needs of different institutions using the survey. The primary purpose, surveying method, sample size, target population, and time period vary, as well as whether the survey is administered on paper or online.

Sample Characteristics: 825,000 students at more than 550 2-year and 4-year colleges and universities

Variables: Alcohol, tobacco, drug use, sexual health, weight, nutrition, exercise, mental health, personal safety, violence

Availability: Portions of the ACHA-NCHA Reference Group data set may be made available for independent analysis. Interested investigators are encouraged to submit proposals.

Data Access Website: http://www.acha-ncha.org/usingdata.html

Sponsoring Agency: National Institute of Mental Health (NIMH)

Website: http://www.hcp.med.harvard.edu/ncs/

Contact: Nancy Sampson, Project Director, Health Care Policy, Harvard Medical School, 180 Longwood Avenue, Boston, MA 02115–5821; telephone: 617–432–2279; web: http://www.hcp.med.harvard.edu/ncs

Purpose: Surveys of psychiatric disorders in the United States designed to assess the prevalence, risk factors, and consequences of psychiatric morbidity and comorbidity.

Survey Description: NCS uses a fully structured diagnostic interview to assess the prevalence and correlates of DSM-III-R disorders. The baseline NCS was a structured psychiatric interview with a nationally representative sample in the fall of 1990 to the spring of 1992. Subsamples of the respondents completed the NCS-2 survey and the Tobacco Use Supplement. The study also included a nonrespondent survey and a supplemental sample of students living in campus group housing. Diagnoses were based on a modified version of the Composite International Diagnostic Interview (the UM-CIDI). The National Comorbidity Survey Replication (NCS-R) was carried out a decade after the original NCS (NCS-1). The NCS-R repeats many of the questions from the NCS-1 and also expands the questioning to include assessments based on the more recent DSM-IV diagnostics system.

Sample Characteristics: NCS uses a stratified, multistage area probability sample of persons ages 15 to 54 from the civilian, noninstitutionalized population in the 48 contiguous states. The NCS household sample included more than 8,000 respondents. The NCS–2 was completed by a subsample of 5,877 respondents. The Tobacco Use Supplement was completed by a subsample of 4,414 respondents. NCS–R interviewed adults ages 18 and older, rather than in the NCS–1 age range of 15 to 54. The NCS–R sample included more than 9,000 respondents in Part I. Part II was administered only to a subsample of Part I respondents, including all Part I respondents with a lifetime disorder plus a probability subsample of other respondents.

Variables: Alcohol and other drug use and use disorders, mental health, suicide

Availability: Publicly available, restricted access for NCS-2

Title: National Comorbidity Survey—Adolescents (NCS-A)

Sponsoring Agency: National Institute of Mental Health (NIMH)

Website: http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/28581

Contact:
Inter-university Consortium for Political and Social Research, University of Michigan, Phone: 734–647–2200; email: help@icpsr.umich.edu

Purpose: Surveys of psychiatric disorders in the United States designed to assess the prevalence, risk factors, and consequences of psychiatric morbidity and comorbidity.

Survey Description: In addition to interviewing adolescents, information was collected from a parent or a parent surrogate to obtain an additional perspective on the adolescent’s mental health and its correlates. Information from parents focused on the five adolescent disorders for which previous methodological research has most consistently shown that parental reports are important for making diagnoses: attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, major depressive episode, and dysthymic disorder. The study contains four data files: (1) data for the adolescent household and school respondents; (2) data for the parents who responded to the long self-administered questionnaire; (3) data for the parents who responded to both the long self-administered questionnaire and the short telephone interview; and (4) diagnostic variables based on information collected from both adolescents and parents.

Sample Characteristics: Nationally representative of the continental United States; aged 13 to 17

Variables: Adolescents, health services utilization, mental disorders, mental health services, parents, substance use disorder; alcohol and other drug use

Availability: Restricted access

Data Access Website: http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/28581
Title: National Corrections Reporting Program (NCRP)

Sponsoring Agency: Department of Justice

Website: http://www.bjs.gov/index.cfm?ty=dcdetail&iid=268

Contact: Christin Cave, Information Technology Specialist; primary telephone: 734–764–4315; secondary telephone: 800–999–0960; fax: (734) 647–8200; email: ccave@umich.edu; secondary email: nacjd@icpsr.umich.edu

Purpose: The National Corrections Reporting Program (NCRP) collects offender-level administrative data annually on prison admissions and releases, and year-end custody populations, and on parole entries and discharges in participating jurisdictions. The collection began in 1983 and is conducted annually. Beginning in 1999, jurisdictions also began providing a stock file for all inmates held at year end. In 2012, jurisdictions began reporting parole entry data. The number of states submitting data to NCRP has varied over the years, but at least 38 states have provided some data since 2000. In 2012, 47 states provided data for this collection.

Survey Description: Demographic information, conviction offenses, sentence length, minimum time to be served, credited jail time, type of admission, type of release, and time served are collected from individual prisoner records.

Sample Characteristics: 47 states on offender-level data; white, Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, other, multiracial; Hispanic origin

Variables: Conviction offenses, type of release

Availability: Restricted access. Restricted data use agreement is needed; specify the reasons for the request, and obtain Institutional Review Board approval or notice of exemption for their research.

Data Access Website: http://www.icpsr.umich.edu/icpsrweb/NACJD/studies/34984
Title: National Electronic Injury Surveillance System—All Injury Program (NEISS-AIP)

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)


Contact: Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329–4027, USA; telephone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348

Purpose: Track injuries treated in hospitals in the United States

Survey Description: NEISS is a national probability sample of hospitals in the U.S. and its territories. Patient information is collected from each NEISS hospital for every emergency visit involving an injury associated with consumer products. From this sample, the total number of product-related injuries treated in hospital emergency rooms nationwide can be estimated. Web access to NEISS allows certain estimates to be retrieved online.

Sample Characteristics: Sample of hospitals in the United States and its territories; all age groups

Variables: Diagnosis, disposition

Availability: Online query and public use data for 2002 to 2011

Data Access Website: https://www.cpsc.gov/cgibin/NEISSQuery/home.aspx; http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/198
Title: National Emergency Medical Services Information System (NEMSIS)

Sponsoring Agency: National Association of State Emergency Medical Services (EMS) Directors, National Highway Traffic Safety Administration, Health Resources and Services Administration (HRSA)

Website: [http://nemsis.org](http://nemsis.org)

Contact: N. Clay Mann, PhD, MS, University of Utah School of Medicine, Department of Pediatrics, 295 Chipeta Way, P.O. Box 581289, Salt Lake City, Utah 84158–1220; email: clay.mann@hsc.utah.edu

Purpose: The NEMSIS Project is an effort to create a National EMS Database. The database will contain data from local and state agencies from across the nation.

This effort will define EMS and pre-hospital care in a way never before imagined, improving patient care and EMS curriculum and defining a standard on which to measure care.

Survey Description: NEMSIS is a national effort to standardize the data collected by EMS agencies. NEMSIS stands for the National Emergency Medical Services Information System. NEMSIS is the national repository that will be used to potentially store EMS data from every state in the nation. Since the 1970s, the need for EMS information systems and databases has been well established, and many statewide data systems have been created. However, these EMS systems vary in their ability to collect patient and systems data and allow analysis at a local, state, and national level. For this reason, the NEMSIS project was developed to help states collect more standardized elements and eventually submit the data to a national EMS database.

Sample Characteristics: Voluntary sample of local EMS; all age groups

Variables: Patient data, outcome indicators, trauma, domestic terrorism, assessment

Availability: Online query, public–release if requested (2009–2013)

Title: National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

Sponsoring Agency: National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Website: [http://www.psc.isr.umich.edu/dis/data/catalog/detail/1179](http://www.psc.isr.umich.edu/dis/data/catalog/detail/1179)

Contact: Aaron White, PhD, Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism; telephone: 301–451–5943; email: Whitea4@mail.nih.gov

Purpose: NESARC is the largest comorbidity study of multiple mental health disorders among U.S. adults designed to assess the prevalence of alcohol use disorders and associated disabilities in the general population.

Survey Description: NESARC is a nationwide household survey with a multistage stratified probability sample representative of civilian, noninstitutionalized adults residing in the United States, including all 50 states and the District of Columbia. Military personnel living off base and residents in noninstitutionalized group quarters housing, such as boarding houses, shelters, and dormitories, were also included. One sample person aged 18 or older was selected randomly from each household for a face-to-face interview. Data collection for Wave 1 was completed using the computer assisted personal interviewing (CAPI) method.

Sample Characteristics: The final sample for the first wave of the survey includes 43,093 respondents. Blacks, Hispanics, and young adults aged 18–24 were oversampled. The design and sampling strategy of the survey allow for population estimates at the national level. The Wave 2 NESARC reinterviewed 34,653 of the 43,093 Wave 1 respondents.

Variables: Alcohol and other substance use disorders, mental health disorders, suicide

Availability: NESARC Wave 1 data are publicly available. For restricted data (Wave 2), contact Aaron White, PhD, Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism; phone: 301–451–5943; email: Whitea4@mail.nih.gov

Data Access Website: [http://www.psc.isr.umich.edu/dis/data/catalog/access/1179](http://www.psc.isr.umich.edu/dis/data/catalog/access/1179)
Title: National Health and Nutrition Examination Survey (NHANES)

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)

Website: http://www.cdc.gov/nchs/nhanes/about_nhanes.htm

Contact: National Center for Health Statistics, 3311 Toledo Rd, Room 5419, Hyattsville, MD 20782; phone: 800–232–4636

Purpose: Since the 1960s, NHANES has been conducted as a series of surveys focusing on different population groups or health topics intended to get information about the health and nutritional status of adults and children in the United States, determine the prevalence of major diseases and risk factors for diseases, and assess the nutritional status and its association with health promotion and disease prevention.

Survey Description: Health interviews are conducted in respondents’ homes. Health measurements are performed in mobile centers. Study team consists of a physician, medical and health technicians, and dietary and health interviewers. Information is gathered electronically using advanced computer system. Physical exams include dietary interviews and body measurements, blood samples, and dental screenings. Depending on the age of the participant, the rest of the exam includes tests and procedures to assess aspects of health.

Sample Characteristics: NHANES examines a nationally representative sample of about 5,000 persons each year oversamples individuals over 60, African Americans, and Hispanics. A total of 32,000 people were included in NHANES I. Among them, 14,407 were examined medically.

Variables: Diabetes, cardiovascular disease, nutrition, physical fitness and functioning, reproductive history, sexual behavior, vision

Availability: All data sets are publicly available

Data Access Website: http://www.cdc.gov/nchs/nhanes/nhanesi.htm
Title: National Health Interview Survey (NHIS)

Sponsoring Agency: National Center for Health Statistics, Centers for Disease Control and Prevention (CDC)

Website: [http://www.cdc.gov/nchs/nhis.htm](http://www.cdc.gov/nchs/nhis.htm)

Contact:
Division of Health Interview Statistics, National Center for Health Statistics, 3311 Toledo Rd, Room 2217, Hyattsville, MD 20782; telephone: 301–458–4901 or 301–458–4001; email: nhis@cdc.gov

Purpose: NHIS is a multipurpose health survey conducted continuously since 1957 by NCHS to obtain national information about the incidence and distribution of illness, its effects in terms of disability and chronic impairments, and the type of health services people receive. It is the principal source of health information on the civilian, noninstitutionalized, household population of the United States.

Survey Description: NHIS is based on a stratified multistage sample design. Data are collected by the U.S. Census Bureau using computer-assisted interviews. For the Family Core component of the Basic Module, all adult members of the household aged 18 or older who are at home at the time of the interview are invited to participate and to respond for themselves. For children and adults not at home, information is provided by a knowledgeable adult family member (aged 18 or older) residing in the household. From each family in the survey, one sample adult and one sample child (if any children younger than 18 are present) are randomly selected. This adult responds for him/herself to the questions in the Sample Adult questionnaire. Information for the Sample Child questionnaire is obtained from a knowledgeable adult in the household.

Sample Characteristics: NHIS is based on a stratified multistage sample design. Data are collected by the U.S. Census Bureau using computer-assisted interviews. For the Family Core component of the Basic Module, all adult members of the household aged 18 or older who are at home at the time of the interview are invited to participate and to respond for themselves. For children and adults not at home, information is provided by a knowledgeable adult family member (18 years of age or over) residing in the household.

Variables: Demographic, insurance status, health behaviors, income and assets, physical activity/limitations, alcohol use, binge drinking

Availability: Publicly available

Title: National Hospital Care Survey (NHCS)

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)

Website: http://cdc.gov/nchs/nhcs.htm

Contact: Dr. Carol DeFrances, Team Leader, Hospital Care Team, National Center for Health Statistics, 3311 Toledo Road, Room 3230, Hyattsville, MD 20782–2064; telephone: 301–458–4440; fax: 301–458–4693; email: cdefrances@cdc.gov

Purpose: NHCS is designed to provide accurate and reliable health care statistics that answer key questions of interest to health care and public health professionals, researchers and health care policy makers. This includes tracking the latest trends affecting hospitals and health care organizations and factors that influence the use of health care resources, the quality of health care and disparities in health care services provided to population subgroups in the United States.

Survey Description: NHCS is a new survey that describes national patterns of health care delivery in hospital-based settings, including inpatient departments, emergency and outpatient departments (EDs and OPDs), hospital-based ambulatory surgery locations (ASLs), and freestanding ambulatory surgery centers (ASCs). Data are collected on hospitals, their patients, and their care, providing national estimates of service use and allowing health care decision makers, policy makers, and researchers to track the latest trends affecting hospitals and health care organizations, to study relationships between the organization and delivery of health care, and to benchmark hospitals against the national data.

NHCS has integrated data collected from the National Hospital Discharge Survey (NHDS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS). A new sample of hospitals is being recruited for this survey. Hospitals are providing data on all inpatients from their administrative claims database. Data on hospital characteristics are also being collected. Over the next year, hospitals will begin to provide data on the utilization of health care provided in their EDs, OPDs, and hospital-based ASLs. Additionally, a sample of freestanding ASCs will be recruited and inducted.

NHCS will continue to provide nationally representative data on utilization of hospital inpatient care and care delivered in EDs, OPDs, and hospital-based ASLs and/or free-standing ASCs. For the first time, patient-level identifiers will be collected which will allow a patient’s episodes of care to be linked between different hospital inpatient and outpatient settings. Linkage of patients will be made to the National Death Index to measure post-discharge mortality, as well as to the Medicare Provider Analysis and Review (MedPAR) and Medicaid Statistical Information System (MSIS) data sets. Obtaining all inpatient administrative claims data from a hospital will make it possible to sample hospital discharges with specific diagnoses and procedures in order to conduct special studies that will use medical record abstraction to collect more specific clinical data.

Sample Characteristics: 500 hospitals being recruited

Variables: Care provided across treatment settings

Availability: Data are being collected currently.

Data Access Website: N/A
Title: National Hospital Discharge Survey (NHDS)

Sponsoring Agency: National Center for Health Statistics, Centers for Disease Control and Prevention (CDC)

Website: http://cdc.gov/nchs/nhds.htm

Contact: Ambulatory and Hospital Care Statistics Branch, National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782–2064; telephone: 301–458–4321; email: nhds@cdc.gov

Purpose: NHDS, which was conducted annually from 1965 to 2010, was a national probability survey designed to meet the need for information on characteristics of inpatients discharged from nonfederal short-stay hospitals in the United States. Data from the NHDS are available annually and are used to examine important topics of interest in public health and for a variety of activities by governmental, scientific, academic, and commercial institutions.

Survey Description: NHDS has been conducted continuously by the National Center for Health Statistics (NCHS) since 1965. The NHDS annually abstracts both demographic and medical information from the face sheets of the medical records of inpatients selected from a national sample of hospitals. The survey is designed to provide national and regional estimates of hospital utilization by inpatients according to their demographic and medical characteristics, as well as by characteristics of the hospitals, including their geographic location, bed size, and type of ownership.

Sample Characteristics: NHDS covers discharges from community short-stay hospitals with an average patient length of stay of fewer than 30 days, general hospitals, or children’s general hospitals, exclusive of federal, military, Veterans Administration hospitals, and hospitals with fewer than six beds located in the 50 states and the District of Columbia. In 1988, NHDS implemented a stratified, three-stage design in which units selected at the first stage of sampling consisted of either hospitals or geographic areas (i.e., 112 primary sampling units [PSUs] from the 1985–1994 National Health Interview Survey sample). Hospitals within PSUs were then selected at the second stage. Strata at this stage were defined by geographic region, PSU size, abstracting service status, and hospital specialty-size groups. Within these strata, hospitals were selected with probabilities proportional to their annual number of discharges. At the final stage, a sample of discharges was selected by a systematic random sampling technique. NHDS collected data from a sample of approximately 300,000 inpatient records acquired from a national sample of about 500 hospitals annually. Due to funding limitations, the sample of hospitals was reduced by half beginning in 2008. In 2010, the sample consisted of 239 hospitals. Of the 236 eligible hospitals, 203 hospitals responded to the survey. There were an estimated 35.1 million discharges of inpatients in 2010, based on 137,459 inpatient records (excluding newborn infants) from nonfederal, short-stay hospitals in the United States.

Variables: ICD-9 diagnostic for substance use and other mental disorders

Availability: Publicly available

Data Access Website: http://www.cdc.gov/nchs/nhds/nhds_questionnaires.htm
Title: National Inmate Survey (NIS)

Sponsoring Agency: Bureau of Justice Statistics (BJS)

Website: http://www.bjs.gov/index.cfm?ty=dcdetail&iid=278

Purpose: The NIS is part of the BJS's National Prison Rape Statistics Program, which gathers mandated data on the incidence and prevalence of sexual assault in correctional facilities, under the Prison Rape Elimination Act of 2003 (PREA; P.L. 108–79). PREA requires a 10 percent sample of correctional facilities to be listed by incidence of sexual assault, with a minimum of one prison and one jail facility in each state. Data are collected directly from inmates in a private setting using audio computer-assisted self-interview (ACASI) technology with a touchscreen laptop and an audio feed to maximize inmate confidentiality and minimize literacy issues. See the methodology section in reports for sampling and weighting information.

Survey Description: This survey has been collecting data since 2007. Data sets are available for 2007 and 2008–2009; 2011–2012 data are in the process of being archived. Inmates are randomly assigned to receive either a survey of sexual victimization or a survey of mental and physical health, past drug and alcohol use, and treatment for substance abuse (questions from which are also used to pad out time for respondents completing the victimization survey quickly).

Sample Characteristics: Randomly selected inmates

Variables: Mental health, drug and alcohol use, mental health and substance use treatment

Availability: 2007 and 2008–2009 data are archived. No indication that data are available for public or restricted access. Statistical tables are available in the website.

Data Access Website: N/A
Title: National Latino and Asian American Study (NLAAS)

Sponsoring Agency: National Institute of Mental Health (NIMH)

Website: http://www.multiculturalmentalhealth.org/nlaas.asp

Contact:
Center for Multicultural Mental Health Research, 120 Beacon Street, 4th Floor, Somerville, MA 02143; telephone: 617–503–8440; email: CHA–Research@charesearch.org

Purpose: NLAAS provides national information on the similarities and differences in mental illness and service use of Latinos and Asian Americans.

Survey Description: The NLAAS instrument was administered in the respondent’s choice of the following languages: English, Spanish, Chinese, Vietnamese, or Tagalog by fully bilingual lay interviewers.

Sample Characteristics: The final NLAAS sample consisted of 2,554 Latino respondents and 2,095 Asian American respondents. To allow for important subgroup analysis, respondents were further stratified into the following ethnic subgroup categories: Puerto Rican, Cuban, Mexican, other Latinos, Chinese, Vietnamese, Filipino, and other Asians. Data collection took place between May 2002 and November 2003. To be eligible to complete the NLAAS, respondents were required to be 18 years of age or older, living in the noninstitutionalized population of the coterminous United States or Hawaii, of Latino, Hispanic, or Spanish decent, or of Asian decent.

Variables: Mental health, substance use, substance use disorder, mental health treatment, suicide

Availability: Publicly available

Data Access Website: http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/20240
Title: National Longitudinal Alcohol Epidemiologic Survey (NLAES)

Sponsoring Agency: National Institute on Alcohol Abuse and Alcoholism (NIAAA) and U.S. Census Bureau

Website: http://ciser.cornell.edu/ASPs/search_athena.asp?IDTITLE=2111

Contact: NIAAA, P.O. Box 10686, Rockville, MD 20849–0686

Purpose: NLAES was conducted to measure factors relating to alcohol use and alcohol use disorders. One of the purposes was to measure the prevalence, incidence, and other rates of drinking levels and also to identify risk factors of alcohol use. The data were used to estimate the size, characteristics, and time trends of target populations and to get information about alcohol and drug treatment utilization.

Survey Description: NLAES collected longitudinal data on the prevalence of alcohol abuse and dependence associated with disabilities. Data collection began in 1991. NLAES was conducted to comply with NIAAA’s mandate under the Anti-Drug Abuse Act of 1988, which emphasizes the determination of the incidence as well as the prevalence of alcohol use disorders and associated disabilities.

Sample Characteristics: Survey information was gathered from the civilian noninstitutional population, aged 18 or older and living at a fixed household address in the contiguous United States.

Variables: Detailed measures of alcohol consumption and patterns of use, psychiatric disorders, medical problems, detailed income, impact of alcohol disorders, treatment utilization, and awareness of alcohol warning labels

Availability: Data are archived. To copy or view records contact: National Archives at College Park—Electronic Records (RD–DC–E), National Archives at College Park, 8601 Adelphi Road, College Park, MD 20740–6001; phone: 301–837–0470; fax: 301–837–3681; email: cer@nara.gov

Data Access Website: N/A
Title: The National Longitudinal Study of Adolescent Health (Add Health)

Sponsoring Agency: National Institute of Child Health and Human Development (NICHD) and 17 other federal agencies

Website: http://www.cpc.unc.edu/projects/addhealth

Contact: Joyce Tabor, Add Health Data Manager, Carolina Population Center, CB#8120 University Square, Chapel Hill NC 27516; email: tabor@unc.edu; web: http://www.cpc.unc.edu/addhealth/

Purpose: Add Health is a nationally representative study that explores the causes of health–related behaviors of adolescents in grades 7 through 12 and their outcomes in young adulthood. Add Health seeks to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence adolescent health and risk behaviors. To date, data have been collected at four time points: Wave I (1994–1995), Wave II (1996), Wave III (2001–2002), and Wave IV (2007–2008).

Survey Description: The in-school phase (fall 1994) questionnaires were administered to students in 80 high schools and 52 associated middle schools identified through a stratified random sample of all high schools in the country. School administrators at each school completed a questionnaire on school characteristics and policies. In the in-home phases (Wave I, summer and fall 1995), interviews were conducted with a stratified sample of students enrolled in participating schools (core sample) and with selected oversampled students. A separate interview was conducted with a parent of each adolescent in Wave I. Information about community and neighborhood characteristics were compiled independently from 1990 Census block group level data and linked to the individual data. The in-home sample design includes a genetic sample of sibling pairs; a saturation sample of all adolescents attending selected high schools; a disabled sample; and an oversample of Chinese, Cuban, and Puerto Rican students and students from high-education black families.

Sample Characteristics: Add Health includes 80 high schools and 52 middle schools from the United States with an unequal probability of selection. Systematic sampling methods and implicit stratification are incorporated into the study to ensure a sample representative of U.S. schools. At Wave I, 90,118 respondents participated in the in-school administration, and 20,745 respondents were interviewed in home. Of the respondents interviewed in home, 14,738, 15,197, and 15,701 were reinterviewed at Waves II, III, and IV, respectively. At Wave IV, the respondents were between ages of 24 and 32.

Variables: Longitudinal data on substance use, substance use disorder, mental health, suicide, delinquency

Availability: Add Health data are available in two forms—a public-use data set and a restricted-access contractual data set. Public-use data sets are distributed by Sociometrics on CD-ROM in ASCII format: Sociometrics Corporation, 170 State Street, Suite 260, Los Altos, California 94022-2812; phone: 650–949–3282; fax: 650–949–3299; email: socio@socio.com; web: http://www.socio.com/srch/summary/afda2/fam48-50.htm. For access to restricted data, an application for obtaining sensitive data and a $500 nonrefundable fee made payable to the University of North Carolina at Chapel Hill must be submitted. For further information about the contractual data sets, contact: Add Health Project, Carolina Population Center, CB#8120 University Square, Chapel Hill, NC 27516–3997; email: addhealth@unc.edu

Title: National Longitudinal Survey of Youth (NLSY79)


Website: http://www.bls.gov/nls/


Center for Human Resource Research, Ohio State University, 921 Chatham Lane, Suite 100, Columbus, OH 43221–2418; telephone: 614–442–7300

Purpose: NLSY79 is a national longitudinal survey to help evaluate the expanded employment and training programs for youths legislated by 1977 amendments to the Comprehensive Employment and Training Act (CETA). Since then, the NLSY has expanded to examine a variety of policy issues. The survey’s new aim is to obtain information on youths in the labor force and factors potentially affecting a young person’s labor force attachment, including employment earnings, transition from school to work, training programs and training in the workplace, family/workplace relationships, geographic mobility, juvenile delinquency, and criminal behavior.

Survey Description: NLSY79 uses a multistage, stratified area probability sample designed to be representative of the noninstitutionalized civilian segment of American youths aged 14 to 22 when first interviewed in 1979. Supplemental samples oversampled civilian Hispanic, black, and economically disadvantaged white youths. Another supplemental sample represented the military population aged 17 to 21. Annual personal interviews of the original respondents were conducted through 1994. Thereafter, interviews were biennial. The 1987 survey was conducted by telephone.

Sample Characteristics: NLSY79 sampled a total of 12,686 young persons born in 1957 to 1964. This sample includes 11,406 civilian and 1,280 military youths. Hispanic, economically disadvantaged, and youths in the military were oversampled.

Variables: Alcohol use, alcohol use problems, binge drinking, drug use, drug use problems

Availability: Publicly available

Data Access Website: Public use data are available for download from http://www.nlsinfo.org/ordering/display_db.php3#NLSY79. Online analysis is available at https://www.nlsinfo.org/investigator/pages/login.jsp.
Title: National Mental Health Services Survey (N-MHSS)

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)

Website: http://datafiles.samhsa.gov/study-series/national-mental-health-services-survey-n-mhss-nid13521

Contact: Brooklyn Lupari, SAMHSA/Center for Behavioral Health Statistics and Quality 5600 Fishers Lane, Rockville, MD 20852; email: Brooklyn.Lupari@samhsa.hhs.gov

Purpose: The N-MHSS is an annual survey of all known mental health treatment facilities in the United States, both public and private.

Survey Description: The N-MHSS is an annual survey designed to collect statistical information on the numbers and characteristics of all known mental health treatment facilities within the 50 states, the District of Columbia, and the U.S. territories. In every other year, beginning in 2014, the survey also collects statistical information on the numbers and demographic characteristics of persons served in these treatment facilities as of a specified survey reference date.

Sample Characteristics: All known mental health facilities in the United States (client counts); Hispanic or Latino; American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or other Pacific Islander, white, two or more races, unknown.

Variables: Mental health, mental health services, treatment facilities, treatment programs

Availability: Publicly available

Data Access Website: http://datafiles.samhsa.gov/
Title: National Survey of Alcohol, Drug, and Mental Health Problems (Healthcare for Communities, or HCC)

Sponsoring Agency: Robert Wood Johnson Foundation

Website: http://www.icpsr.umich.edu/icpsrweb/AHRQMCC/studies/4165

Contact: Kenneth B. Wells, UCLA Health Services Research Center, 10920 Wilshire Blvd., Suite 300, Los Angeles, CA 90095; telephone: 310–794–3725; fax: 310–794–3724; email: kwells@ucla.edu

Purpose: HCC is a component of the Robert Wood Johnson Foundation's Health Tracking Initiative, designed to monitor changes within the health care system and their effects. The overall objective of HCC is to collect information about: (1) variations in public policies and market forces regarding alcohol, drugs, and mental health (ADM) care; (2) the organization and financing of ADM service delivery at the community level; and (3) individual access, use of services, costs of services, and quality of care for ADM conditions as well as outcomes in terms of health, functioning, and satisfaction.

Survey Description: The design of HCC, HCC1 1997–1998, and HCC2 2000–2001, is closely tied to the household survey component of the Community Tracking Study (CTS) which is a longitudinal study, with the first two waves, CTS1 1996–1998 and CTS2 1998–2000. CTS surveyed households from an unclustered national sample and from a clustered site sample of 60 randomly selected sites (51 metropolitan and 9 nonmetropolitan areas). In each selected household, all adults and one randomly selected child were interviewed. HCC selected a stratified random sample of individuals from the CTS adult household sample. The response rates for HCC1 and HCC2 were 64.0 percent and 60.5 percent, respectively.

Sample Characteristics: HCC1 reinterviewed a sample of 9,585 adult respondents from CTS1. HCC2 reinterviewed 6,659 respondents from HCC1 and a crosssectional sample of 5,499 adult respondents from CTS2. Respondents who were poor, had used specialty mental health services in the preceding year, and had reported high psychological distress were oversampled. In addition, HCC2 oversampled individuals who reported that they had seen a doctor or other health care professional for alcohol related problems in the past 2 years.

Variables: Demographics, health activities, mental health, illicit drug use, and health insurance coverage, alcohol abuse, drug abuse, drug treatment, health care services, insurance coverage, mental disorders, mental health services, self medication, treatment programs

Availability: Data are disseminated by ICPSR to eligible researchers.

Data Access Website: See http://www.icpsr.umich.edu/icpsrweb/content/hmca/ctsform/hcc/intro.html for information on the eligibility and application for use of the data.
Title: National Survey of American Life (NSAL)

Sponsoring Agency: National Institute of Mental Health (NIMH)

Website: http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/00190

Contact: Institute for Social Research, University of Michigan, P.O. Box 1248, 426 Thompson St., Ann Arbor, MI 48106–1248

Purpose: The primary goal of the NSAL was to gather data about the physical, emotional, mental, structural, and economic conditions of black Americans at the beginning of the new century.

Survey Description: A total of 6,082 face-to-face interviews were conducted with persons aged 18 or older, the survey included state-of-the-art assessments of psychological distress and mental disorders and questions about neighborhood characteristics, religion, health, and work.

Sample Characteristics: African-American, Afro-Caribbean, and non-Hispanic white adults aged 18 or older residing in households in the coterminous United States

Variables: Mental disorder, depression, pharmacoepidemiology, substance use, suicide, tobacco use

Availability: Publicly available

Data Access Website: http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/20240
Title: National Survey of Children's Health

Sponsoring Agency: Maternal and Child Health Bureau of Health Resources and Services Administration, Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services

Website: http://www.cdc.gov/nchs/slaits/nsch.htm

Contact: National Center for Health Statistics, Division for Health Interview Statistics, Attention: SLAITS, 3311 Toledo Road, Room 2113, Hyattsville, MD 20782; phone: 301–458–4174; email: slaits@cdc.gov

Purpose: The National Survey of Children's Health examines the physical and emotional health of children aged 0 to 17 years of age living in the United States.

Survey Description: The National Survey of Children’s Health is a telephone survey of households. The most recent wave of data collection occurred between February 2011 and June 2012.

Sample Characteristics: National cross-sectional telephone survey of children aged 0 to 17 years of age (95,677 child-level interviews).

Variables: Health care access & utilization, health insurance coverage, health status, flourishing, adverse family experiences

Availability: Publicly available online

Data Access Website: http://www.cdc.gov/nchs/slaits/nsch.htm
Title: National Survey of Family Growth (NSFG)

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)

Website: http://www.cdc.gov/nchs/nsfg.htm

Contact: Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329–4027, USA; telephone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348. National Survey of Family Growth Staff, Division of Vital Statistics, National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782–2064; telephone: 301–458–4222; email: NSFG@cdc.gov

Purpose: The NSFG gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health.

Survey Description: The NSFG was first conducted in 1973. Subsequent data collection efforts have occurred in 1976, 1982, 1988, 1995, 2002, 2006–2010, and 2011–2013. NSFG data are based on a multistage probability-based, nationally representative sample of the household population aged 15–44. Fieldwork for the 2011–2013 NSFG was conducted from September 2011 through September 2013. After sample respondents were selected based on screening interviews in selected households, in-person interviews were conducted with 5,601 women and 4,815 men 15–44 years of age for a total sample size of 10,416. The interviews were conducted by female interviewers trained specifically for the NSFG survey using laptop, computers—a procedure called computer-assisted personal interviewing (CAPI). The interviews for women averaged 80 minutes in length, and the interviews for men averaged 60 minutes.

Sample Characteristics: Because the NSFG data are based on a multistage probability-based, nationally representative sample of the household population aged 15–44 data, users should understand how to account for the complex sample design when doing their analyses in order to obtain statistically valid results.

Variables: Adoption and nonbiological parenting, marriage and cohabitation, parenthood and childbearing, sexual activity, work and family, birth control, births, breast-feeding, child care arrangements, condom use, contraceptive methods, infertility, intended pregnancy, premarital sex, separation, teen pregnancy

Availability: Publicly available online

Title: National Survey on Drug Use and Health (NSDUH)

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)


Contact: Brooklyn Lupari, SAMHSA/Center for Behavioral Health Statistics and Quality 5600 Fishers Lane, Rockville, MD 20852; email: Brooklyn.Lupari@samhsa.hhs.gov

Purpose: NSDUH is the primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older. The survey also includes several modules of questions that focus on mental health issues. Conducted by the federal government since 1971, the survey collects data through face-to-face interviews with a representative sample of the population at the respondent's place of residence.

Survey Description: NSDUH uses a 50-state design with an independent, multistage area probability sample for each of the 50 states and the District of Columbia. The survey target population includes civilian persons living in households and certain group quarters (e.g., college dormitories, homeless shelters, and military installations). Military personnel on active duty and most transient populations, such as homeless people not residing in shelters, are not included. Oversampling of special groups varies by year. Since 1999, NSDUH has oversampled youths (aged 12 to 17) and young adults (aged 18 to 25) to increase the reliability of estimates for these groups. Further improvements in data collection quality control were institutionalized in 2002, which may have resulted in higher self-reported substance use by respondents. Using the restricted use NSDUH data file, SAMHSA has produced state and substate estimates, in addition to national estimates, since 1999.

Sample Characteristics: NSDUH sample sizes vary by year. The sample size during 1991–1998 ranged from 17,747 (1995) to 32,594 (1991). The total respondents for 1998 were 25,500. Starting in 1999, the NSDUH sample was increased to include approximately 68,000 persons aged 12 or older per year. Sample weights are provided in the public use file to permit national level estimation.

Variables: Alcohol and other drug use disorders, serious mental illness (SMI), serious psychological distress, depression, suicidal thoughts/plans/attempts, risk and protective factors for substance use, substance use treatment, mental health treatment

Availability: Public and restricted

Data Access Website: http://datafiles.samhsa.gov/
Title: National Survey of Substance Abuse Treatment Services (N-SSATS)

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)

Website: http://datafiles.samhsa.gov/study-series/national-survey-substance-abuse-treatment-services-n-ssats-nid13519

Contact: Brooklyn Lupari, SAMHSA/Center for Behavioral Health Statistics and Quality 5600 Fishers Lane, Rockville, MD 20852; email: Brooklyn.Lupari@samhsa.hhs.gov

Purpose: N-SSATS is an annual census of all known substance abuse treatment facilities in the United States, both public and private, that has been collected since the 1970s. Designed to collect data based on the location of the facility, the objectives of N-SSATS are to (1) collect multipurpose data that can be used to assist SAMHSA and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements; (2) update SAMHSA’s Inventory of Behavioral Health Services (I-BHS); (3) analyze general treatment services trends; and (4) generate the Behavioral Health Treatment Services Locator.

Survey Description: N-SSATS is an annual census of all known substance abuse treatment facilities in the United States.

Sample Characteristics: N/A

Variables: Data are collected in three categories: drug, alcohol, and combined treatment services. This is a survey of facilities rather than patients so alcohol and/or drug questions per se are not asked. Data collected include unit orientation, types of alcohol/drug services offered, treatment modality and status, client characteristics, capacity and utilization on the point prevalence date (single-day counts of the number of clients at each facility), and payment source and fees charged.

Availability: Publicly available

Data Access Website: http://datafiles.samhsa.gov/
Title: National Trauma Data Bank® (NTDB)

Sponsoring Agency: American College of Surgeons

Website: https://www.ntdbdatacenter.com/

Contact: American College of Surgeons National Trauma Data Bank®, 633 N. Saint Clair St., 26th Floor, Chicago, IL 60611–3211; telephone: 855–278–7982; fax: 312–202–5015; email: ntdb@facs.org.

Purpose: The NTDB is the largest aggregation of trauma registry data ever assembled. The goal of the NTDB is to inform the medical community, the public, and decision makers about a wide variety of issues that characterize the current state of care for injured persons.

Survey Description: The new NTDB data set is an effort to create a standardized National Trauma Registry database. The database will contain injury information from patients presenting to local hospitals (both trauma designated and nondesignated hospitals) from across the nation allowing hospitals across the nation to share the key elements of their data collection nationally.

Sample Characteristics: N/A

Variables: Trauma, diagnostic codes

Availability: Need to request

Data Access Website: N/A
Title: National Violent Death Reporting System (NVDRS)

Sponsoring Agency: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Website: [http://www.cdc.gov/ViolencePrevention/NVDRS/](http://www.cdc.gov/ViolencePrevention/NVDRS/)

Contact:
Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329–4027, USA; telephone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348

Purpose: NVDRS is a state-based surveillance system that links data on violent deaths from law enforcement, coroners and medical examiners, vital statistics, and crime laboratories. The ultimate goal of NVDRS is to provide communities with a clearer understanding of violent deaths so such deaths can be prevented. NVDRS’s four main objectives are to (1) link records about violent deaths that occurred in the same incident to help identify detailed circumstances that precede multiple homicides or homicides followed by suicides; (2) provide timely preliminary information through faster data retrieval (currently, vital statistics data are not available until 2 years after the death); (3) describe, in detail, circumstances that may have contributed to the violent death; and (4) better characterize perpetrators, including their relationship to the victim(s).

Survey Description: NVDRS is a population-based, active surveillance system that provides a census of violent deaths that occur among both residents and nonresidents of funded U.S. states. CDC receives information about violent deaths from the health departments of participating states. Cases consist of violent deaths from child maltreatment fatalities, suicide, homicide, undetermined intent, legal intervention, and unintentional firearm injury. Deaths are included if their underlying causes (recorded in International Classification of Diseases codes) are in these categories. Related fatal injuries involving multiple victims that occur within 24 hours of each other are linked in one incident.

Sample Characteristics: The data include all violent deaths occurring in the funded states, therefore are not nationally representative. Data years and the number of states participating are listed as follows: 2003 (7 states), 2004 (13 states), 2005–2009 (17 states), and 2010 (19 states). The goal is eventually to include 50 states, the territories, and the District of Columbia in the system.

Variables: Suicide, blood alcohol concentration, alcohol problems, drug use, mental health status

Availability: Public access and restricted access

**Title:** Nationwide Emergency Department Sample (NEDS)

**Sponsoring Agency:** Healthcare Cost and Utilization Project (HCUP)

**Website:** [http://www.hcup-us.ahrq.gov/nedsoverview.jsp](http://www.hcup-us.ahrq.gov/nedsoverview.jsp)

**Contact:**
Phone: 866–556–4287 (toll free); fax: 866–792–5313 (toll free); email: HCUPDistributor@AHRQ.gov

**Purpose:** NEDS can be used to create national and regional estimates of emergency department care.

**Survey Description:** NEDS is sampled from the State Inpatient Databases (SID) and State Emergency Department Databases (SEDD). Data are used to create national and regional estimates of emergency department care.

**Sample Characteristics:** Approximates a 20 percent stratified sample of U.S. hospital-based emergency departments.

**Variables:** Discharge data, demographic information, children's hospital data; contains more than 100 clinical and nonclinical variables for each hospital stay

**Availability:** Data for years 2006–2011 are available for purchase through the HCUP Central Distributor ([http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp](http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp)).

**Data Access Website:** [http://www.hcup-us.ahrq.gov/databases.jsp](http://www.hcup-us.ahrq.gov/databases.jsp)
Title: Nationwide Inpatient Sample (NIS)

Sponsoring Agency: Healthcare Cost and Utilization Project (HCUP) through the Agency for Healthcare Research and Quality (AHRQ).

Website: [http://www.hcup-us.ahrq.gov/nisoverview.jsp](http://www.hcup-us.ahrq.gov/nisoverview.jsp)

Contact:
Phone: 866–556–4287 (toll free); fax: 866–792–5313 (toll free); email: HCUPDistributor@AHRQ.gov

Purpose: NIS is used to identify, track, and analyze national trends in health care utilization, access, charges, quality, and outcomes. It is the largest publicly available all-payer inpatient health care database in the United States, providing national estimates of hospital inpatient stays.

Survey Description: NIS estimates roughly 40 million hospitalizations; discharge data from more than 1,000 short-term and nonfederal hospitals each year.

Sample Characteristics: Hospitalizations sampled from State Inpatient Databases (SID)

Variables: Medicare/Medicaid coverage, private insurance, charge information

Availability: Data for years 1988–2011 are available for purchase through the HCUP Central Distributor ([http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp](http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp))

Data Access Website: [http://www.hcup-us.ahrq.gov/databases.jsp](http://www.hcup-us.ahrq.gov/databases.jsp)
Title: Pregnancy Risk Assessment Monitoring System (PRAMS)

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)

Website: http://www.cdc.gov/PRAMS/

Contact: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333; phone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348

Purpose: PRAMS provides data about pregnancy and first few months after birth.

Survey Description: PRAMS is a surveillance system of CDC and state health departments. It collects state-specific, population-based data on maternal attitudes, behaviors, and experiences that occur several months before conception, during pregnancy, and immediately following delivery. The annual data sets include data from three sources: questionnaire data containing responses from mothers to the survey questionnaire; birth certificate data containing information on selected maternal characteristics (e.g., race, ethnicity, age) and pregnancy outcomes (e.g., birth weight, gestational age); and operations data generated by the PRAMS operational software, which include details about how the questionnaire was administered and are used primarily for operational evaluations and analyses of survey methods.

Sample Characteristics: Each month, mothers who are state residents and have recently delivered a live-born infant during the preceding 2–4 months are randomly selected from a file of birth certificate records using stratified systematic sampling. Mothers who gave birth outside their state of residence and mothers who had a multiple birth greater than three gestations are excluded from the sampling frame. Selected mothers are mailed a questionnaire, with telephone interview follow-up for nonrespondents. The questionnaire is also available in Spanish.

Variables: Alcohol use, tobacco use before and during pregnancy

Availability: Restricted access

Data Access Website: Information on obtaining data can be found at http://www.cdc.gov/prams/Researchers.htm
Title: Patient Reported Outcomes Measurement Information System (PROMIS)

Sponsoring Agency: National Institutes of Health (NIH)

Website: http://www.nihpromis.org/measures/instrumentoverview

Contact: PROMIS Network Center, c/o American Institutes for Research (PNC), 100 Europa Drive, Suite 315, Chapel Hill, NC 27517; telephone: 888–261–0922; email: help@assessmentcenter.net

Purpose: PROMIS records patient reported health status for physical, mental, and social well-being (adults and children aged 8 to 17).

Survey Description: PROMIS uses a system of assessment tools that measure patient-reported outcomes. The assessment tools use answers that patients provide to questions to produce numeric values which indicate patients' state of well-being or suffering as well as their ability or lack of ability to function.

Sample Characteristics: Adults and children 8 to 17 years old.

Variables: Pain, fatigue, physical function, depression, anxiety, sleep disturbance, and ability to participate in social roles and activities, alcohol use, smoking

Availability: This is an NIH initiative for collecting clinical research information and not a database.

Data Access Website: N/A
Title: Panel Study on Income Dynamics (PSID)

Sponsoring Agency: National Science Foundation (NSF) & The University of Michigan

Website: http://psidonline.isr.umich.edu/default.aspx

Contact:
Contact via email: http://psidonline.isr.umich.edu/Guide/Contact_Us.aspx

Purpose: Comprehensive survey designed to collect data about the economic, health, and social factors both of families and individuals within those families over time. Data have been collected on the same families since 1968. Several supplemental surveys exist as well including a new immigrant cohort added in 1997. More information is available at: http://psidonline.isr.umich.edu/data/Documentation/UserGuide2013.pdf

Survey Description: Since 1993, the survey has been administered using a computer-assisted telephone interview (CATI).

Sample Characteristics: Nationally representative initial cohort of 18,000 individuals in 5000 families. Both families and individuals are followed through generations, as well as new members, based on their relationships to the original sample. The most recent samples include more than 70,000 individuals.

Variables: Health status, health behaviors, health services usage

Availability: Publicly available online

Data Access Website: http://simba.isr.umich.edu/data/data.aspx
Title: School Health Policies and Practices Study (SHPPS)

Sponsoring Agency: Center for Disease Control (CDC)

Website: http://www.cdc.gov/healthyyouth/data/shpps/index.htm

Contact:  
Contact online at: http://www.cdc.gov/healthyyouth/data/shpps/contact.htm

Purpose: SHPPS was designed to answer the following questions: What are the characteristics of each component of school health at the state, district, school, and classroom levels? Are there persons responsible for coordinating each school health program component, and what are their qualifications and educational backgrounds? What collaboration occurs among staff from each school health program component and with staff from outside agencies and organizations? How have key policies and practices changed over time?

Survey Description: Computer-assisted interviews on a series of topics.

Sample Characteristics: Periodical national survey, Data available on both the school and classroom levels.

Variables: School-based mental health and social services

Availability: Publicly available online

Data Access Website: http://www.cdc.gov/healthyyouth/data/shpps/data.htm
Title: Treatment Episode Data Set—(TEDS-A and TEDS-D)

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)

Website:


Contact:
Brooklyn Lupari, SAMHSA/Center for Behavioral Health Statistics and Quality, 5600 Fishers Lane, Rockville, MD 20852; email: Brooklyn.Lupari@samhsa.hhs.gov

Purpose: TEDS is one of the three components of SAMHSA’s Behavioral Health Services Information Services (BHSIS), begun in 1992. TEDS is an administrative data system that contains information about individuals admitted to treatment, primarily by providers receiving public funding. TEDS provides descriptive information about the national flow of admissions to specialty providers of substance abuse treatment annually. Optional reporting of other variables in a Supplemental Data Set also is included.

Survey Description: TEDS collects data on the number and characteristics of all persons admitted to state administered public and private nonprofit substance abuse treatment programs in all 50 states, the District of Columbia, and Puerto Rico. The unit of analysis is treatment admissions to treatment units receiving public funding. TEDS includes a required Minimum Data Set, an optional Supplemental Data Set, and a Discharge Data Set.

Sample Characteristics: The TEDS universe is all substance abuse treatment facilities that receive funding from state substance abuse agencies. Patient-level data are collected on approximately 1.5 million admissions per year, from 1992 to the present.

Variables: Patient alcohol and other drug use history, substance use treatment history, substance use disorder diagnostic codes, focus of treatment

Availability: Publicly available

Data Access Website: http://datafiles.samhsa.gov/
Title: Treatment for Adolescents with Depression Study (TADS)

Sponsoring Agency: National Institute of Mental Health (NIMH)

Website: [https://trialweb.dcriduke.edu/tads/index.html](https://trialweb.dcriduke.edu/tads/index.html)

Contact: At Duke, the principal investigator is John March, MD; the project leader is Deborah Hilgenberg, MPH; the principal statistician is Susan Silva, PhD; phone: 866–458–7425 (866–45TRIAL)

Purpose: TADS is a multisite clinical research study examining the short- and long-term effectiveness of an antidepressant medication and psychotherapy alone and in combination for treating depression in adolescents aged 12 to 17.

Survey Description: There are 2 to 3 screening visits to determine whether teens are eligible for TADS. Parents and teens also are asked to complete several questionnaires and interviews.

Sample Characteristics: 439 participants aged 12 to 17 from various geographic regions in the United States who were diagnosed with major depression. Recruitment for the trial began in spring 2000 and ended in summer 2003.

Variables: Different treatments for depression (Prozac, placebo with clinical management, cognitive behavioral therapy alone, Prozac and CBT)

Availability: No indication that data are available for public or restricted access.

Data Access Website: N/A
Title: Youth Risk Behavior Surveillance System (YRBSS)

Sponsoring Agency: Centers for Disease Control and Prevention (CDC)

Website: [http://www.cdc.gov/healthyyouth/yrbs/index.html](http://www.cdc.gov/healthyyouth/yrbs/index.html)

Contact: Adolescent and School Health, Centers for Disease Control and Prevention, 4770 Buford Hwy, NE, MS K–29, Atlanta, GA 30341; phone: 800–CDC–INFO (800–232–4636); TTY: 888–232–6348; web: [http://wwwn.cdc.gov/dcs/RequestForm.aspx](http://wwwn.cdc.gov/dcs/RequestForm.aspx)

Purpose: YRBSS was established by CDC to monitor health-risk behaviors among youth and to assess trends in such behaviors over time. The Youth Risk Behavior Survey (YRBS) is one component of the YRBSS. YRBS measures youth risk behaviors in six risk areas: (1) behaviors that contribute to unintentional injuries and violence; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection; (5) unhealthy dietary behaviors; and (6) physical inactivity. The first YRBS was fielded in 1990. Since 1991, data have been collected biennially, and the latest available survey data are for 2009.

Survey Description: YRBS uses a three-stage cluster sample design to produce a nationally representative sample of high school students in the United States. In high schools, a 70- to 95-item questionnaire is administered in classrooms.

Sample Characteristics: YRBS uses national, school-based samples of 11,000 to 16,000 students in the 9th through 12th grades. The 2009 YRBS included a national sample of 16,410 adolescents. Black and Hispanic high school students were oversampled. YRBS is not designed to represent individual states, so performing state-level analyses is not recommended.

Variables: Alcohol and other drug use, suicide

Availability: Publicly available

Data Access Website: [http://www.cdc.gov/healthyyouth/data/yrbs/data.htm](http://www.cdc.gov/healthyyouth/data/yrbs/data.htm)