Select federal surveys and surveillance systems that collect data on leading causes of morbidity, mortality, and their risk factors.

Data Source	Description	Method of Data Collection	Population	Periodicity	Limitations
CDC Surveillance Systems					
Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/brfss/ Sponsor: CDC Public Health Surveillance and Informatics Program Office	The federal government, state governments, universities, private organizations, and researchers use BRFSS data to monitor public health. BRFSS data can help to identify and track health-related risk behaviors and chronic conditions, track health objectives, evaluate disease prevention activities, and rapidly assess emerging health problems, such as novel influenza and influenza vaccination.	BRFSS is a coordinated collection of state health surveys conducted by the 50 United States (U.S.) states, the District of Columbia, and three U.S. territories. Taken together, these surveys make up the largest ongoing multi-mode (mail, landline phone, and cell phone) survey in the world. In 2011, more than 500,000 interviews were conducted, based on the BRFSS questionnaire consisting of three parts: core questions, optional modules, and state-added questions. All states must ask the core component questions, however, the modules are optional. Note: CDC's approach for estimating season-specific influenza vaccination coverage using BRFSS data is explained in MMWR Surveillance Summary Volume 62, Number SS-4, which can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6204a1.htm?s_cid=ss6204a1_e. Estimates are available online at http://www.cdc.gov/flu/fluvaxview/index.htm.	Nationally representative sample of adults 18 years or older.	Annual	BRFSS is a state-level telephone survey that provides self-report data of individual health risk behaviors. In 2011, BRFSS telephone surveys expanded to include cell phone surveys and new weighting methodology—raking, or iterative proportional fitting—replaced the post-stratification weighting method that had been used with previous BRFSS data sets. As such, 2011 data should be considered a baseline year for data analysis and are not directly comparable to previous years of BRFSS data.
Emerging Infections Program/ Active Bacterial Core Surveillance (EIP/ABCs) http://www.cdc.gov/abcs/index.html Sponsor: CDC National Center for Immunization and Respiratory Diseases	Active Bacterial Core surveillance (ABCs) is a core component of CDC's Emerging Infections Programs network (EIP); a collaboration between CDC, state health departments, and universities. ABCs is an active laboratory- and population-based surveillance system for invasive bacterial pathogens of public health importance. At this time, ABCs conducts surveillance for six pathogens: group A and group B *Streptococcus* (GAS, GBS), *Haemophilus influenzae*, *Neisseria meningitidis*, *Streptococcus pneumoniae*, and methicillin-resistant *Staphylococcus aureus* (MRSA). Additional surveillance is conducted for Legionellosis and enhanced pertussis. ABCs also provides an infrastructure for further public health research, including special studies aimed at identifying risk factors for disease, post-licensure evaluation of vaccine efficacy and monitoring effectiveness of prevention policies.	ABCs case finding is both active and laboratory-based. To be considered a case for this surveillance system, specific case definitions must be met and confirmed. ABCs personnel routinely contact all microbiology laboratories serving acute care hospitals in their area to identify cases. Standardized case report forms that include information on demographic characteristics, clinical syndrome, and outcome of illness are completed for each identified case, and bacterial isolates are sent to CDC and other reference laboratories for additional laboratory evaluation.	ABCs currently operate among 10 EIP sites across the U.S. including California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon, and Tennessee, representing a population of approximately 42.8 million persons.	Annual	
Emerging Infections Program/Foodborne Diseases Active Surveillance Network (FoodNet) http://www.cdc.gov/foodnet/ Sponsor: CDC National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	The Foodborne Diseases Active Surveillance Network (FoodNet) -- a core component of CDC's Emerging Infections Programs network (EIP) -- is a collaborative surveillance program among CDC, 10 state health departments, the U.S. Department of Agriculture's Food Safety and Inspection Service, and the Food and Drug Administration. It is designed to track rates and determine trends in laboratory confirmed foodborne illnesses. FoodNet conducts active, population-based surveillance for infections caused for *Campylobacter, Cryptosporidium, Cyclospora, Listeria, Salmonella*, Shiga toxin-producing *Escherichia coli* (STEC) O157 and non-O157, *Shigella, Vibrio*, and *Yersinia* infections which are diagnosed by laboratory testing of samples from patients. FoodNet generates information used to guide and monitor food safety policy and prevention efforts. Additionally, FoodNet estimates the number of foodborne illnesses, monitors trends in incidence of specific illnesses over time, attributes illnesses to specific sources and settings, and disseminates this information.	FoodNet conducts active, population-based surveillance for laboratory-confirmed infections caused by *Campylobacter*, *Cryptosporidium*, *Cyclospora*, *Listeria*, *Salmonella*, Shiga toxin–producing *Escherichia coli* (STEC) O157 and non-O157, *Shigella*, *Vibrio*, and *Yersinia*. State public health officials regularly communicate with the more than 650 clinical laboratories serving the surveillance area to obtain reports of laboratory-confirmed infections among residents and report findings and patient status information to CDC. The surveillance area of FoodNet includes the states of Connecticut, Georgia, Maryland, Minnesota, New Mexico, Oregon, Tennessee, and selected counties in California, Colorado and New York. Note: The incidence rates reported may vary from other publications as both the number of cases reported and the U.S. Census population estimates for each year undergo revision as more recent data become available.	FoodNet currently operates among 10 EIP sites across the U.S. The FoodNet surveillance area in 2012 included 48 million persons or 15% of the U.S. population. The demographic composition of the FoodNet surveillance population is similar to that of the U.S. population except that the Hispanic population is under-represented.	Quarterly / Annual	These data are based on laboratory-confirmed cases of infection. Healthcare-seeking behaviors and other characteristics of the population in the surveillance area might affect the generalizability of the findings. Additionally, many infections transmitted commonly through food are not monitored by FoodNet because these pathogens are not identified routinely in clinical laboratories. FoodNet does not include active surveillance of norovirus because it is not always transmitted through food. Surveillance of norovirus is conducted through the National Outbreak Reporting System (NORS), Calicinet and NoroStat.

Data Source	Description	Method of Data Collection	Population	Periodicity	Limitations
CDC Surveillance Systems					
Internet Panel Survey: Influenza Vaccination Coverage Among Health-Care Personnel (HCP) http://www.cdc.gov/flu/fluvaxview/hcp-ips-nov2013.htm Sponsor: CDC National Center for Immunization and Respiratory Diseases	The Advisory Committee on Immunization Practices recommends that all HCP be vaccinated against influenza during each influenza season. To estimate influenza vaccination coverage among HCP, CDC conducts an opt-in Internet panel survey of self-selected HCP. Survey items included demographic characteristics, occupation type, occupational setting, self-reported influenza vaccination, and employer vaccination policies (vaccination requirements, vaccination available at no cost, and promotion of vaccination [including recognition, rewards, compensation, and free or subsidized vaccination]).	Two source populations were recruited through e-mails and pop-up invitations. Clinical professionals (e.g., physicians, nurses, and other health professionals [dentists, nurse practitioners, and physician's assistants]) were recruited from the current membership roster of Medscape, a web portal managed by WebMD Professional Services. Other HCP such as assistants, aides, administrators, clerical support workers, janitors, food service workers, and housekeepers were recruited for a health survey from SurveySpot, a general population Internet panel operated by Survey Sampling International that provides its members with online survey opportunities in exchange for nominal cash and rewards.	Non-probability sample of clinical healthcare professionals.	Annual	The survey is based on an opt-in self-report survey, and results are not verified by employment or medical records. In addition, the sample was not necessarily representative of all health-care personnel in the U.S.
Internet Panel Survey: Influenza Vaccination Coverage Among Pregnant Women http://www.cdc.gov/flu/fluvaxview/pregnant-women-nov2013.htm Sponsor: CDC National Center for Immunization and Respiratory Diseases	To help protect pregnant women, the ACIP and the American College of Obstetricians and Gynecologists recommend influenza vaccination for all women who are or will be pregnant during the influenza season, regardless of trimester. To estimate influenza vaccination coverage among pregnant women, CDC conducts an Internet panel survey. Survey respondents were asked questions about 1) their vaccination status before and during pregnancy, 2) whether their health-care provider recommended and offered influenza vaccination, 3) their attitudes regarding influenza and influenza vaccination, and 4) their reasons for receiving or not receiving influenza vaccination.	Pregnant women aged 18–49 years were recruited from a SurveySpot panel, a general population opt-in Internet panel operated by Survey Sampling International.	Non-probability sample of pregnant women aged 18–49 years.	Annual	The survey is based on an opt-in self-report, and results were not validated by medical record review. In addition, the sample was not necessarily representative of all pregnant women in the U.S.
National Ambulatory Medical Care Survey (NAMCS) http://www.cdc.gov/nchs/ahcd.htm Sponsor: CDC National Center for Health Statistics	NAMCS is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the U.S.	Data collection from non-federally employed office-based physicians, rather than from the patients, which provides visit- and provider-level information as a complement to population-based NCHS surveys. Physicians are sampled and then assigned to a 1-week reporting period in which data for a systematic random sample of visits are recorded by the physician or office staff or by a U.S. Census Bureau Field Representative. Data are obtained on patients' symptoms, physicians' diagnoses, and medications ordered or continued. The survey also collects data on patient demographic characteristics and services ordered or provided, such as diagnostic tests, procedures, and non-medication treatments.	Nationally representative sample of patient visits.	Visit data is available annually; data on aspirin use among high risk adults are reported biennially.	
National Health and Nutrition Examination Survey (NHANES) http://www.cdc.gov/nchs/nhanes.htm Sponsor: CDC National Center for Health Statistics	NHANES is a series of cross-sectional surveys designed to provide national statistics on the health and nutritional status of adults and children in the U.S.	Data are collected through household interviews, standardized physical examinations, and the collection of biological samples in special mobile examination centers. The sampling plan of the survey is a stratified, multistage, probability cluster design that selects a sample representative of the U.S. population. Each year the sample consists of about 5,000 persons, covering 15 counties across the country. The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests. Certain race and Hispanic ethnicity groups are oversampled in order to obtain reliable estimates for these population subgroups.	Nationally representative sample of the civilian non-institutionalized population living in the U.S.	Biennial	Due to limited sample size, multiple years of data are combined to obtain reliable estimates. Additionally, data are restricted to the civilian non-institutionalized population.

Data Source	Description	Method of Data Collection	Population	Periodicity	Limitations
CDC Surveillance Systems					
National Health Interview Survey (NHIS) http://www.cdc.gov/nchs/nhis.htm Sponsor: CDC National Center for Health Statistics	NHIS is a cross-sectional national survey of the health of the civilian non-institutionalized U.S. population. The main objective of NHIS is to monitor the health of the U.S. population through the collection and analysis of data on a broad range of health topics.	Data are collected through a personal household interview. The sampling plan follows a multistage area probability design that utilizes primary sampling units that cover the 50 states and the District of Columbia. Sampling and interviewing are continuous throughout each year, with approximately 35,000 households containing about 87,500 persons interviewed in 2011.	Nationally and regionally representative sample of the civilian non-institutionalized population living in the U.S.	Ongoing / Annual	Data are restricted to the civilian non-institutionalized population, and some oversampling may exist to ensure that reliable data are available for persons of certain racial/ethnic groups.
National Healthcare Safety Network (NHSN) http://www.cdc.gov/nhsn/ Sponsor: CDC National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	NHSN is the nation's most widely used healthcare-associated infection tracking system. It provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections. NHSN also allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.	Internet-based system whereby participating facilities collect and report on active, patient-based, patient prospective, priority-directed data that results in risk-adjusted incidence rates.	Includes all ages of persons attending approximately more than 11,000 medical facilities including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and nursing homes, with hospitals and dialysis facilities representing the majority of facilities reporting data.	Annual	
National HIV Surveillance System (NHSS) http://www.cdc.gov/hiv/statistics/systems/index.html Sponsor: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	The CDC collects, analyzes, and disseminates surveillance data on HIV infection; these data are one of the nation's primary sources for monitoring HIV trends in the U.S. and dependent areas. HIV surveillance data are used by CDC's public health partners in other federal agencies, health departments, nonprofit organizations, academic institutions, and the general public to help focus prevention efforts, plan services, allocate resources, develop policy, and monitor trends in HIV infection.	HIV data are based on data from case reports from 56 areas (50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) in which laws or regulations have required confidential reporting by name for adults and adolescents with confirmed diagnoses of HIV infection since April 2008. After the removal of personal identifying information, data from these reports were submitted to CDC.	Nationally representative.	Annual	Data may not be representative of all persons with HIV because not all infected persons have been tested. Also, many states offer anonymous testing; the results of anonymous tests are not reported to the confidential name-based HIV registries of state and local health departments.
National Hospital Discharge Survey (NHDS) http://www.cdc.gov/nchs/nhds.htm Sponsor: CDC National Center for Health Statistics	NHDS is a national probability survey designed to meet the need for information on characteristics of inpatients discharged from non-Federal short-stay hospitals in the U.S. Data from the NHDS 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 data on hospital discharges were obtained from the hospitals' administrative data. Only hospitals with an average length of stay of fewer than 30 days for all patients, general hospitals, or children's general hospitals are included in the survey. From 2008 to 2010, the hospital sample size was 239, a reduction from the 500 hospitals included in the sample in previous years.	National probability sample survey of discharges from nonfederal, non-institutional, short-stay hospitals, or general hospitals in the U.S.	Annual	The survey was discontinued in 2010. The National Hospital Care Survey (NHCS) is a new survey that integrates inpatient data formerly collected by NHDS with emergency department (ED) and outpatient department (OPD) data collected by the National Hospital Ambulatory Medical Care Survey (NHAMCS) and substance-involved ED visit data formerly collected by the Drug Abuse Warning Network (DAWN).

Data Source	Description	Method of Data Collection	Population	Periodicity	Limitations
CDC Surveillance Systems					
National Immunization Survey (NIS) http://www.cdc.gov/nchs/nis.htm Sponsor: CDC National Center for Health Statistics	NIS tracks and monitors vaccination levels for 2-year-old children. Data from the NIS are used to produce timely estimates of vaccination coverage rates for all childhood vaccinations recommended by the Advisory Committee on Immunization Practices. Vaccinations included in the survey are: diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP); poliovirus vaccine (polio); measles-containing vaccine (MCV); *Haemophilus influenzae* type b vaccine (Hib); hepatitis B vaccine (Hep B); varicella vaccine, pneumococcal conjugate vaccine (PCV), hepatitis A vaccine (Hep A), influenza vaccine (FLU) and rotavirus vaccine. NIS also tracks breastfeeding rates up to 12 months. Data from the NIS are used to produce breastfeeding rates for infants who were ever breastfed, breastfeeding at 6 months, breastfeeding at 12 months, exclusively breastfeeding at 3 months, and exclusively breastfeeding at 6 months.	NIS is a list-assisted random-digit-dialing telephone survey interviewing households in all 50 states, the District of Columbia, and selected large urban areas. The household telephone survey is followed by a mailed survey to children's immunization providers (pediatricians, family physicians, and other health care providers). In the past year, the NIS Provider Study Immunization History Questionnaire was sent to approximately 30,000 medical providers. Types of immunizations, dates of administration, and additional data about facility characteristics are requested from immunization providers. Note: CDC's approach for estimating season-specific influenza vaccination coverage among children using NIS data is explained in MMWR Surveillance Summary Volume 62, Number SS-4, which can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6204a1.htm?s_cid=ss6204a1_e. Estimates are available online at http://www.cdc.gov/flu/fluvaxview/index.htm. Note: The impact on breastfeeding rates due to the inclusion of cell phones in the sample can be found at http://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm.	Children between the ages of 19 and 35 months living in the U.S. at the time of the interview.	Annual	Starting in 2011, the NIS expanded to include a cell telephone sample. Estimates from 2011 and later years may not be comparable to those from previous years when surveys were conducted only via landline telephone samples.
National Immunization Survey-Teen (NIS-Teen) http://www.cdc.gov/nchs/nis.htm Sponsor: CDC National Center for Health Statistics	NIS-Teen tracks and monitors vaccination levels for adolescents. Data from the NIS-Teen are used to produce timely estimates of vaccination coverage rates for all childhood vaccinations recommended by the Advisory Committee on Immunization Practices.	NIS-Teen is a list-assisted random-digit-dialing telephone survey interviewing households in all 50 states, the District of Columbia, and selected areas. The NIS-Teen uses the sampling frame established for the NIS. The household telephone survey is followed by a mailed survey to adolescents' vaccination providers (pediatricians, family physicians, and other health care providers). Types of immunizations, dates of administration, and additional data about facility characteristics are requested from immunization providers.	Adolescents 13-17 years of age living in the U.S. at the time of the interview.		

Data Source	Description	Method of Data Collection	Population	Periodicity	Limitations
CDC Surveillance Systems					
National Notifiable Disease Surveillance System (NNDSS) http://www.cdc.gov/hepatitis/Statistics/2011Surveillance/index.htm Sponsor: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	As part of CDC's National Notifiable Disease Surveillance System (NNDSS), viral hepatitis case-reports are received electronically from state health departments via CDC's National Electronic Telecommunications System for Surveillance (NETSS), a computerized public health surveillance system that provides CDC with data regarding cases of nationally notifiable diseases on a weekly basis.	Cases of acute viral hepatitis are reported voluntarily to CDC by state and territorial health departments via CDC's National Notifiable Disease Surveillance System (NNDSS). Reports are received electronically via CDC's National Electronic Telecommunications System for Surveillance (NETSS). CDC funded seven sites (Florida, Massachusetts, Michigan, New York state, Philadelphia, San Francisco, and Washington State) to conduct enhanced viral hepatitis surveillance, representing a combined population of approximately 40 million persons. In each of these jurisdictions, clinical laboratories are mandated to submit reports from persons with positive HBV and HCV test results. Participating health departments routinely review each report to assess whether the current case definition was met as established by Council of State and Territorial Epidemiologists (CSTE) and CDC. To determine whether a case is new, each site matches new case reports to existing cases in the surveillance registry using personal identifying information. New cases are added to an electronic registry, whereas duplicate cases are used to update previous reports. Most health departments collect basic demographic data (e.g., age and sex) from the laboratory reports. Efforts vary by site regarding the level of investigation undertaken to collect and store supplemental information (e.g., risk factor data) from patients or their providers.	Nationally Representative.	Annual	Data for 2011 were unavailable from Alaska, Arizona, Delaware, the District of Columbia, Hawaii, Mississippi, New Hampshire, Rhode Island and South Dakota. In 2011 and 2012 a major effort was undertaken to improve methodologies for estimating total number of new cases of hepatitis A, B and C from the number of cases reported for each disease. Estimates in this report of incidence of new infections were obtained using the newly improved methodology. These estimates cannot be compared to previous years' estimates that were obtained using different (unpublished) procedures; however, trends seen in reported data still pertain, such as the increase in acute HCV in young persons evident in 2011.
Nationally Notifiable STD Surveillance http://www.cdc.gov/std/stats/ Sponsor: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	Sexually Transmitted Disease (STD) Surveillance presents surveillance information derived from the official statistics for the reported occurrence of nationally notifiable STDs in the U.S., test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance, and national health care services surveys.	Surveillance data regarding nationally notifiable STDs are collected and compiled from reports sent by the STD control programs and health departments in all 50 states, the District of Columbia, selected cities, and U.S. outlying areas. STD morbidity data are compiled from a combination of data reported on standardized hard copy reporting forms and electronic data received through the National Electronic Telecommunications System for Surveillance.	Nationally representative.	Annual	Trends in chlamydia case reporting from many state and local jurisdictions are likely reflective of changes in diagnostic, screening, and reporting practices. In particular, morbidity trends are likely to be influenced by changes in test technology as laboratories expand their use of more sensitive tests (e.g., nucleic acid amplification tests). Trends were influenced by changes in screening coverage, screening criteria, and test technologies, as well as demographic changes in patients attending clinics reporting data to CDC.
National Vital Statistics System (NVSS) http://www.cdc.gov/nchs/nvss.htm Sponsor: CDC National Center for Health Statistics	NVSS is the oldest and most successful example of inter-governmental data sharing in public health and the shared relationships, standards, and procedures form the mechanism by which NCHS collects and disseminates the Nation's official vital statistics. These data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events: births, deaths, marriages, divorces, and fetal deaths. Mortality data from the NVSS are a fundamental source of demographic, geographic, and cause-of-death information. Additionally, NVSS compiles data from birth certificates to provide access to statistical information on birth records and patterns.	Legal authority for the registration of these events resides individually with the 50 states, the District of Columbia, New York City, and five U.S. territories. Data in the report are for the 50 states, DC, and New York City. These jurisdictions are responsible for maintaining registries of vital events and for issuing copies of birth, marriage, divorce, and death certificates. Standard forms for the collection of the data and model procedures for the uniform registration of the events are developed and recommended for nationwide use through cooperative activities of the jurisdictions and NCHS.	National data for all deaths and births registered in the US.	Annual	

Data Source	Description	Method of Data Collection	Population	Periodicity	Limitations
CDC Surveillance Systems					
Youth Risk Behavior Surveillance System (YRBSS) http://www.cdc.gov/yrbs Sponsor: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	The YRBSS monitors six categories of priority health-risk behaviors among youth and young adults that contribute to the leading causes of death and disability and the prevalence of obesity and asthma. YRBSS collects data on tobacco use, dietary behaviors, physical activity, alcohol and other drug use, sexual behaviors, and behaviors that contribute to unintentional injuries and violence among youth and young adults.	The YRBSS includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th through 12th grade students. The national survey, conducted by CDC, provides data representative of 9th through 12th grade students in public and private schools in the U.S. The state, territorial, tribal government, and local surveys conducted by departments of health and education, provide data representative of mostly public high school students in each jurisdiction. The 2011 YRBSS included a national school-based survey conducted by CDC, 47 state surveys, six territory surveys, two tribal government surveys, and 22 local surveys.	9th – 12th grade students in public and private schools.	Biennially	YRBSS data are self-reported behaviors of high school students in grades 9 to 12, and the extent of underreporting or over reporting of behaviors cannot be determined, although the survey questions demonstrate good test-retest reliability.
Non-CDC Sources					
Alcohol Tobacco Tax and Trade Bureau (TTB), Monthly Statistical Reports http://www.ttb.gov/tobacco/tobacco-stats.shtml Sponsor: Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau (TTB); US Census Bureau; CDC National Center for Chronic Disease Prevention and Health Promotion	The Alcohol and Tobacco Tax and Trade Bureau (TTB) is a bureau under the Department of the Treasury, with a mission of collecting federal excise taxes on alcohol, tobacco, firearms, and ammunition and to assure compliance with federal tobacco permitting and alcohol permitting, labeling, and marketing requirements to protect consumers.	Data for the Tobacco Monthly Statistical Release are derived directly from the Report – Manufacturer of Tobacco Products or Cigarette Papers and Tubes Form 5210.5, which must be filed with TTB 20 days after the close of the period. The Tobacco Statistical Release report is generated approximately 45 days after the due date. CDC developed a method to estimate consumption exclusively by using publicly available federal excise tax data available from TTB on products taxed domestically and imported into the U.S. CDC uses TTB data to calculate cigarette consumption based on the number of taxed cigarettes divided by total adult (>18) population. CDC calculates the data from year-end tax collection data reported by TTB, and annual census estimates from the Census Bureau.	National estimate based on Census estimates of total adult population over age 18.	Annual	
Fatality Analysis Reporting System (FARS) http://www-fars.nhtsa.dot.gov/Main/index.aspx Sponsor: National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation (DOT)	The Fatality Analysis Reporting System (FARS) is a nationwide census providing NHTSA, Congress and the American public yearly data regarding fatal injuries suffered in motor vehicle traffic crashes. FARS contains data on all vehicle crashes in the U.S. (the 50 States, the District of Columbia, and Puerto Rico) that occur on a public roadway and involve a fatality. Trend data provided by FARS related to motor vehicle crashes and fatalities over a range of years, allows for comparison and development of generalized conclusions regarding crashes and fatalities data.	To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open to the public, and must result in the death of an occupant of a vehicle or a non-occupant within 30 days (720 hours) of the crash. NHTSA has a cooperative agreement with an agency in each State's government to provide information on all qualifying fatal crashes in the State. FARS data are obtained from various State documents, such as police accident reports, death certificates, state vehicle registration or driver licensing files, coroner/medical examiner reports, hospital or emergency medical service reports, vital statistics files, or state highway department data.	National.	Annual	NHTSA defines a fatal crash as alcohol-related or alcohol-involved if either a driver or a nonmotorist (usually a pedestrian) had a measurable or estimated blood alcohol concentration (BAC) of 0.01 grams per deciliter (g/dL) or above. Alcohol-impaired driving fatalities are all crash fatalities involving a driver or motorcycle operator with a BAC of 0.08g/dL or above. Data provided in this report are based on the number of persons killed in a motor vehicle crash where a driver has a blood alcohol concentration (BAC) of 0.08 or above.
National Survey on Drug Use and Health (NSDUH) https://nsduhweb.rti.org/respweb/homepage.cfm Sponsor: Substance Abuse and Mental Health Services Administration (SAMHSA)	The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the U.S.	Random samples of households across the U.S. are selected for in-person household interviews. Based on responses to general questions, one or two residents of the household may be asked to participate in the survey by completing an interview. It is possible no one will be selected for the interview. Annually, approximately 70,000 randomly selected individuals are interviewed (each person interviewed represents more 4,500 US residents).	Nationally representative sample of civilian, non-institutionalized population of the U.S. aged 12 years or older.	Annual	