

DATABASE AND DATAFILE RESOURCE GUIDE

Illinois Department of Public Health
Office of Epidemiology and Health Systems Development
Illinois Center for Health Statistics
525 West Jefferson Street
Springfield, IL 62761

(217) 785-1064
TTY (hearing impaired use only) (800) 547-0466

February 2002

FOREWORD

To all who took time from their normal work routine to complete the request to fill out the survey forms for the update of the Database and Datafile Resource Guide, the Illinois Center of Health Statistics staff would like to thank you. It is our hope that this updated document will be useful to each of you already engaged in data collecting endeavors, to others that may be contemplating survey or research projects, and those who may be establishing a program where data collection and management are paramount.

The words datafile, dataset, and database are used interchangeably throughout this document and always refer to the host of a specific collection of variables, not the data itself, that are collected, stored and retrievable in a given program or project database. Datafiles include both computerized data and data recorded on paper.

All datasets used in the Department are included in this document with the exception of budget, personnel, legal and Information Technology. There may be some however, that were not reported to us. Please inform us when a new datafile is put into use or deleted. We will contact you approximately every 12 months to update this guide.

The Database and Datafile Resource Guide shows the data elements as reported to us. Abbreviations are those provided by the person(s) submitting the information. Editing has been limited to formatting, spelling, and general consistency.

Contact Person:

Richard L. Fox, Ed.D., Assistant Chief
Illinois Center for Health Statistics
525 West Jefferson Street
Springfield, Illinois 62761
Telephone (217) 785-1064
TTY (hearing impaired use only) (800) 547-0466

FEBRUARY 2002

OVERVIEW

PURPOSE:

The purpose of the Database and Datafile Resource Guide is to provide a single document where a comprehensive listing of data elements (variables) and data sources used within the Illinois Department of Public Health (IDPH) can be found. It is designed to serve as a resource guide to all who need to use or gain knowledge about the collection of data elements from a given database or datafile.

FORMAT:

The Database and Datafile Resource Guide data sheets represent a compendium of currently used dataset descriptions that have been provided to us by the IDPH Division Chiefs as a representation of their data collection. The dataset descriptions are listed alphabetically by centers and divisions within IDPH. In addition to the description of each datafile, there is a brief listing of the: name, purpose, location, contact person, process for accessing data, restrictions to the use of data, reports generated, and a listing of variables collected.

HOW TO USE THE DATABASE AND DATAFILE RESOURCE GUIDE:

Databases are alphabetical within the Center or Division where they are located within the Department.

Potential users may review the databases to:

1. Determine whether a particular data element (variable) is collected somewhere within the Department.
2. Ascertain how the data element (variable) is used.
3. Check the collection format.
4. Identify the contact person for that datafile to acquire additional information.

The contact person's telephone number is listed on the datafile sheet, while a listing of the Centers and Divisions telephone number represented in this document appears on the page following the table of contents.

TABLE OF CONTENTS

FOREWORD	i
OVERVIEW	ii
TELEPHONE NUMBERS OF IDPH CENTERS AND DIVISIONS REPRESENTED IN THIS DOCUMENT	iv
DIRECTOR’S OFFICE	-1-
CENTER FOR MINORITY HEALTH	-1-
OFFICE OF EPIDEMIOLOGY AND HEALTH SYSTEMS DEVELOPMENT	-2-
CENTER FOR HEALTH STATISTICS	-2-
CENTER FOR RURAL HEALTH	-21-
DIVISION OF EPIDEMIOLOGIC STUDIES	-23-
DIVISION OF HEALTH POLICY	-29-
OFFICE OF FINANCE AND ADMINISTRATION	-35-
TRAINING & RESOURCE CENTER	-35-
DIVISION OF VITAL RECORDS	-36-
OFFICE OF HEALTH CARE REGULATION	-41-
DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY	-41-
DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS	-50-
DIVISION OF LONG-TERM CARE QUALITY ASSURANCE	-56-
OFFICE OF HEALTH PROMOTION	-57-
DIVISION OF HEALTH ASSESSMENT AND SCREENING	-57-
DIVISION OF ORAL HEALTH	-70-
OFFICE OF HEALTH PROTECTION	-73-
DIVISION OF ENVIRONMENTAL HEALTH	-73-
DIVISION OF FOOD, DRUGS AND DAIRIES	-108-
DIVISION OF INFECTIOUS DISEASES	-114-
DIVISION OF LABORATORIES	-144-
PLUMBING PROGRAM	-147-
OFFICE OF WOMEN’S HEALTH	-148-
WOMEN’S HEALTH SERVICES	-148-
INDEX OF DATABASES	-152-

TELEPHONE NUMBERS OF IDPH CENTERS AND DIVISIONS REPRESENTED IN THIS DOCUMENT

Center for Health Statistics	(217) 785-1064
Center for Rural Health	(217) 782-1624
Center for Minority Health	(217) 782-4977
Division of Emergency Medical Services and Highway Safety	(217) 785-2080
Division of Environmental Health	(217) 782-5830
Division of Epidemiologic Studies	(217) 785-1873
Division of Facilities Development	(217) 782-3516
Division of Food, Drugs and Dairies	(217) 785-2439
Division of Health Assessment and Screening	(217) 785-5246
Division of Health Care Facilities and Programs	(217) 782-7412
Division of Health Policy	(217) 782-6235
Division of Infectious Diseases	(217) 785-7165
Division of Laboratories	
Carbondale	(618) 457-5131
Chicago	(312)793-4760
Springfield	(217) 782-6562
Division of Long-term Care Quality Assurance	(217) 782-5180
Division of Oral Health	(217) 785-4899
Division of Women's Health Services	(217) 524-6088
Division of Vital Records	(217) 782-6554
Plumbing Program	(217) 524-0791
Training and Resource Center	(217) 524-6817
TTY (hearing impaired use only)	(800) 547-0466

DIRECTOR'S OFFICE

DIVISION OR CENTER NAME: CENTER FOR MINORITY HEALTH

Refugee and Immigrant Health Services

1. **DATABASE/DATAFILE TITLE:** Refugee Registry System
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Promotion
3. **DESCRIPTION:** The Refugee Registry System registers refugees and immigrants settling in Illinois and collects medical, and sponsorship information.

Method of Collection : Data entry forms
Percent Return : 100%
Percent Completeness (Individual Surveys) : 90%
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : X Yes X No
 Personal Computer : X Yes No
 Both : X Yes No
 Paper Format : Yes X No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : **from** 3/01 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To document billing and payment integrity and to gather health statistics by ethnicity and other reports for funding providers.
5. **RESTRICTIONS ON DATA USE:** Confidential data, security clearance is required.
6. **CONTACT PERSON:** Kathleen Dawson **Telephone number:** 217-785-4311
Data Processing Contact Person: Karl Knox **Telephone number:** 217-524-1292
7. **PROCESS FOR ACCESSING DATA:** Written request, appropriate fee charged under the Department's regulations in accordance with the Freedom of Information Act.
8. **STANDARD REPORTS GENERATED:** Monthly/Quarterly

9. DATA ELEMENTS COLLECTED:

Name/alias	Official Arrival	Voluntary Agency
Alien number	ODP/Immigrant	Sponsor (non-agency)
Date of Birth	Originating Country	Class A/B Condition (medical)
MC	Client Type	Screening Site Assigned
Sex	Language	Screening Center
Place of Birth	Race	Arrival Date

**OFFICE OF EPIDEMIOLOGY AND HEALTH SYSTEMS
DEVELOPMENT**

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Ambulatory Surgery Treatment Center Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Systems Section
3. **DESCRIPTION:** Annual Survey of all licensed ambulatory surgery treatment centers.

Method of Collection : Renewal Questionnaire
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 90%

Database/Datafile is -

Computerized	: <u>X</u> Yes	___ No
Mainframe	: ___ Yes	<u>X</u> No
Personal Computer	: <u>X</u> Yes	___ No
Both	: ___ Yes	<u>X</u> No
Paper Format	: <u>X</u> Yes	___ No

Frequency of Updating : As needed
 Date of Last Update : Ongoing
 Years of Data : **from** 1994 **to** Present
 If PC, software used for this database : FoxPro
 If PC, what type of file storage : Network
 If PC, frequency of backup : Weekly
 If PC, is it stand alone, network, client
 server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** Required annual renewal questionnaire. The data will provide an inventory of Ambulatory Surgery Treatment Center Services and subsequent changes over time. A variety of reports is planned to be produced.
5. **RESTRICTIONS ON DATA USE:** None statistically.
6. **CONTACT PERSON:** Bob Green (Questionnaire) **Telephone Number:** 217-785-1064
 Rose Castleman (Application) 217-782-0514
7. **PROCESS FOR ACCESSING DATA:** Request to contact person.
8. **STANDARD REPORTS GENERATED:** Profiles of each ASTC
9. **DATA ELEMENTS COLLECTED:**

ASTC Application	Notary Public
Name	Ownership
Address, City, State, Zip	Registered Agent
Phone	Parent Firm
County	State Inc.
Administrator	President

VP	Orthopaedic
Secretary	Otolaryngology
Treasurer	Pain Management
Stockholders	Plastic
Owners	Podiatry
Contract management	Thoracic
Medical Director	Urology
Supervising Nurse	ASTC Payment Source
ASTC Personnel	Medicaid
Administrator	Medicare
Physicians	Other Public
Director of Nursing	Insurance
Registered Nurse	Private Pay
Certified Aides	ASTC Revenue
Other Health Prof.	Medicaid
Other Non-Health Prof.	Medicare
ASTC Patients	Other Public
ASTC Reporting Year	Insurance
ASTC Facility Set up	Private Pay
Operating Rooms	Other
Recovery Beds	ASTC Deductions
Diagnostic/Therapeutic	Bad Debt
ASTC Daily Operations	Charity Care
Work Week	Medicaid Allowance
ASTC Hospital Contracts	Medicare Allowance
Hospital Name	Prearranged Discounts
Type of complication	Other Allowances
ASTC Surgery Patterns	ASTC Expenditure
Children	Administration
Adult	ASTC Employed Medical Staff
Prep Time	Other Medical Staff
Surgery Time	Non-Medical Staff
Clean-up Time	Building and Maintenance
ASTC Surgery	Medical Supplies
Cardiovascular	Medical Equipment
Dermatology	Malpractice Insurance
General	Mortgage
Gastroenterology	Rent
Neurological	Advertising
OB/Gyn	Other Insurance
Oral/Maxillofacial	Office Expenditures
Laser Surgery	Other
Ophthalmology	

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

- 1. DATABASE/DATAFILE TITLE:** Annual Hospital Questionnaire
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Systems Section

3. DESCRIPTION: Provide data on all services offered by hospitals.

Method of Collection : Annual Questionnaire
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes X No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
Frequency of Updating : Annually
Date of Last Update : 2000
Years of Data : **from** 1980 **to** Present
 If PC, software used for this database : FoxPro
 If PC, what is type of file storage : File Server
 If PC, frequency of backup : Weekly
 If PC, is it stand alone, network, client server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: To provide data for a variety of reports including the Inventory of Health Care Facilities and Services and Need Determinations. This data is used by the Facilities Planning Board staff in reviewing CON applications. Statistical analysis of the data for hospital groups and for the state as a whole is done to ensure access and coverage are available.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Michael Pieper **Telephone number:** 217-785-1064

7. PROCESS FOR ACCESSING DATA: Written requests.

8. STANDARD REPORTS GENERATED: In patient days, length of stay, occupancy rates, patients served and special reports on each topic for which data is collected.

9. DATA ELEMENTS COLLECTED:

Hospital Name
Address
Telephone Number
Legal Owner
Name of Operational Management
Type of Management
Management Contracts
Peak Medical-Surgical Beds Set Up/Staffed by Age Category and Total
Medical-Surgical Admissions Age Specific
Medical-Surgical Inpatient Days Age Specific
 Peak Census by Age Category
Obstetrics Admissions
Maternity and Clean Gynecology
Obstetrics Inpatient Days
Peak Obstetrics Beds Set Up and Staffed
 Peak Census
Number of Deliveries
Number of Live Births

Number of Newborn (Level I) Inpatient Days
 Number of Newborn (Level II) Inpatient Days
 Intensive Care Beds
 Intensive Care Inpatient Days
 Direct Days
 Transfer Days
 ICU Direct Admissions
 Peak Census
 Transfers into ICU
 Peak Census
 Intensive Care Patients Serviced
 Peak Pediatric Beds Set Up and Staffed
 Pediatric Admissions
 Pediatric Inpatient Days
 Peak Census
 Peak Burn Unit Beds Set UP and Staffed
 Burn Unit Inpatient Admissions
 Burn Unit Inpatient Days
 Peak Census
 Peak Long Term Care Beds Set Up and Staffed
 Long Term Care Inpatient Admissions
 Long Term Care Inpatient Days
 Peak Census
 Peak LTC Swing Beds Set Up and Staffed
 LTC Swing Beds Inpatient Admissions
 LTC Swing Beds Inpatient Days
 Peak Census
 Peak Rehabilitation Beds Set Up and Staffed
 Rehabilitation Inpatient Admissions
 Rehabilitation Inpatient Days
 Peak Census
 Peak Acute Mental Illness (AMI) Beds Set Up and Staffed
 AMI Inpatient Admissions
 AMI Inpatient Days
 Peak Census
 Peak Neonatal High Risk Level III Beds Set Up and Staffed
 Neonatal High Risk Level III Inpatient Admissions
 Neonatal High Risk Level III Inpatient Days
 Peak Census
 Grand Total (Admission, Inpatient Days, Total Peak Beds, Total Peak Census)
 Race, Ethnic Group of Patient
 Number of Operating Rooms, Inpatient, Outpatient, and Combined
 Hours of Surgery, Inpatient, Outpatient Hours for Categories Listed Below
 General Surgery
 Cardiovascular
 Dermatology
 Otolaryngology
 Orthopedic
 Plastic
 Ophthalmology
 Podiatry
 Thoracic
 Neurological

Gastroenterology
 Total
 Number of Surgical Inpatients Treated (above categories) and Total
 Number of Surgical Outpatients Treated (above categories) and Total
 Number of Labor Rooms
 Number of Delivery Rooms
 Number of Birthing Rooms
 Number of Labor-Delivery-Recovery (LDR) Rooms
 Number of Labor-Delivery-Recovery-Postpartum Rooms
 Number of Surgical Recovery Rooms
 Number of Surgical Recovery Beds
 Number of Other Recovery Rooms
 Number of Inpatient Laboratory Patients Served
 Number of Inpatient Laboratory Tests Performed
 Number of Outpatient Laboratory Patients Served
 Number of Outpatient Laboratory Tests Performed
 Number of Laboratory Tests Performed by Contracted Agents
 Number of Pieces of Equipment
 Gamma Camera
 CT Scanner
 Magnetic Resonance Imaging (MRI)
 Positron Emission Tomography (PET)
 Ultrasound
 Lithotripter
 Number of Inpatient and Outpatient tests performed for:
 Radiography/Fluoroscopy
 Ultrasound
 Lithotripsy
 Magnetic Resource Imaging
 Mammography
 Positron Emission Tomography
 Angiography
 CT Scanners
 Magnetic Resonance Imaging
 Position Emission Tomography
 Number of Diagnostic Imaging Services by Outpatient Agents through formal
 agreements or contract
 Type of Radiology Equipment Used and Number of Treatment Courses
 Number of Emergency Department Visits
 Number of Outpatient Department Visits
 Number of Inpatients generated from:
 Emergency Department
 Outpatient Department
 Category of Emergency Services
 Number of Lithotripters owned or contracted
 Contractor's Name
 Number of MRI owned or contracted
 Contractor's Name
 Organ Transplantation
 Kidney
 Heart
 Heart/Lung
 Lung

Pancreas
 Liver
 Bone Marrow
 Open Heart Surgery and Cardiac Catheterization
 Open Heart
 Ages 0 - 14
 Ages 15 and greater
 Total Number of CAGB (Coronary Artery Bypass Graft) Done Without Pump Assistance
 Total Heart Surgeries
 Total Cardiac Catheterization Laboratories
 Cardiac Catheterizations
 Ages 0 - 14
 Ages 15 and greater
 Performed PTCA (Percutaneous Transluminal Coronary Angioplasty)
 Number of PTCA performed
 Payment Source By Age Group and Sex

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Behavioral Risk Factor Surveillance System
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics
3. **DESCRIPTION:**

Method of Collection : Telephone Interview
Percent Return : 70%
Percent Completeness (Individual Surveys) : 95-100%
Database/Datafile is -
 Computerized : X **Yes** ___ **No**
 Mainframe : ___ **Yes** ___ **No**
 Personal Computer : X **Yes** ___ **No**
 Both : ___ **Yes** X **No**
 Paper Format : ___ **Yes** X **No**
Frequency of Updating : Annually
Date of Last Update : 1999
Years of Data : **from** 1990 **to** Present
If PC, software used for this database : SPSS
If PC, what is type of file storage : ASCII
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To determine population based prevalence of behaviors and conditions related to the leading causes of death, disability, and preventable disease among Illinois adults.
5. **RESTRICTIONS ON DATA USE:** No restrictions on published data. Restrictions on database include compliance with CDC "at-risk" definitions, citation of data source, and Departmental review and approval of reports using database.
6. **CONTACT PERSON:** Bruce Steiner **Telephone number:** 217-785-1064

- 7. **PROCESS FOR ACCESSING DATA:** Submission of written proposal by researchers to contact person. Details for requesting access to database available on request.
- 8. **STANDARD REPORTS GENERATED:** Prevalence of behavioral risk factor among Illinois adults.
- 9. **DATA ELEMENTS COLLECTED:**

Age	Smoking	Colorectal Screening
Sex	Acute Drinking	Health Insurance
Race	Drinking and Driving	Routine Checkup
Educational Level	Cervical Cancer	Fruit & Vegetable Consumption
Household Income	Mammography	Health Care Utilization
Employment Status	Weight Control Practices	Injury Control
Seatbelt Use	Cholesterol	Sexual Activity
Hypertension	HIV/AIDS	Health Care Access
Obesity	Diabetes	Health Status
Physical Activity		

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

- 1. **DATABASE/DATAFILE TITLE:** Dissolution of Marriage Data
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of IT
- 3. **DESCRIPTION:** Dissolution of Marriage Statistics

Method of Collection	:	Certificate of Dissolution
Percent Return	:	100%
Percent Completeness (Individual Surveys)	:	N/A
Database/Datafile is -		
Computerized	:	<u> X </u> Yes ___ No
Mainframe	:	<u> X </u> Yes ___ No
Personal Computer	:	___ Yes <u> X </u> No
Both	:	___ Yes <u> X </u> No
Paper Format	:	___ Yes <u> X </u> No
Date of Last Update	:	2000
Years of Data	:	from <u>1962</u> to <u>Present</u>
If PC, software used for this database	:	
If PC, what is type of file storage	:	
If PC, frequency of backup	:	
If PC, is it stand alone, network, client server, etc.	:	
- 4. **PURPOSE FOR WHICH COLLECTED:** To maintain the vital records and statistics of the citizens of Illinois.
- 5. **RESTRICTIONS ON DATA USE:** Names, addresses not released.
- 6. **CONTACT PERSON:** Mark Flotow **Telephone number:** 217-785-1064
- 7. **PROCESS FOR ACCESSING DATA:** Written request to Barbara Sullivan, Data Processing.

8. **STANDARD REPORTS GENERATED** Divorces by ages, years married, race, sex, number of children under 18, number of annulments, month, county of occurrence.

9. **DATA ELEMENTS COLLECTED**

- Husband-Name (First, Middle, Last)
- Husband-City, Town, Township
- Husband-County
- Husband-Date of Birth (Month, Day, Year)
- Husband-Age Now
- Wife-Name (First, Middle, Last)
- Wife-City, Town, Township
- Wife-County
- Wife-Date of Birth (Month, Day, Year)
- Wife-Age Now
- Date of This Marriage (Month, Day, Year)
- Place of This City
- State (if not in U.S. Name Country)
- Date Couple Separated (Month, Day, Year)
- Number of Children Born Alive of This Marriage
- Children Under 18 in This Family (Specify)
- Petitioner-Husband, Wife, Both, Other (Specify)
- Type of Decree (Specify)
- Legal Grounds for Decree
- Date of Recording Decree (Month, Day, Year)
- Husband-Race
- Husband-Number of This Marriage (Specify)
- Husband-If Previously Married How Many Ended by Death
- Husband-If Previously Married How Many Ended by Dissolution or Invalidity of Marriage
- Husband-Education (Specify Highest Grade Completed)
- Wife-Race
- Wife-Number of this Marriage (Specify)
- Wife-If Previously Married How Many Ended by Death
- Wife-If Previously Married How Many Ended by Dissolution or Invalidity of Marriage
- Wife-Education (Specify Highest Grade Completed)

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Home Health Agency Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Systems Section
3. **DESCRIPTION:** Provides data of service offered and patients served by location for each home health agency.

Method of Collection : Annual License Application & Questionnaire
Percent Return : 100%
Percent Completeness (Individual Surveys) : 95%
Database/Datafile is -
Computerized : X Yes ___ No

Mainframe : Yes X No
Personal Computer : X Yes No
Both : Yes X No
Paper Format : X Yes No
Frequency of Updating : As Needed
Date of Last Update : Ongoing
Years of Data : **from** 1993 **to** Present
If PC, software used for this database : FoxPro
If PC, what is type of file storage : Network
If PC, frequency of backup : Weekly
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Required annual license application. The data will provide an inventory of home health services and the subsequent changes over time. A variety of statistical reports is planned to be produced.

5. **RESTRICTIONS ON DATA USE:** None statistically - Patient names, addresses and doctor's names and addresses are not released. Personnel files are not public information.

6. **CONTACT PERSON:** Don Williams (Questionnaire) **Telephone:** 217-785-1064
Maggie Emerson (Application) 217-782-0514

7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.

8. **STANDARD REPORTS GENERATED:** Profile of Home Health Agencies

9. **DATA ELEMENTS COLLECTED:**

- Home Health Agency Licensing Application
- Fiscal Reporting Year for Application
- Mailing Label (Name and address of agency)
- IDPH License Number/Medicare Provider Number
- County of Agency Headquarters
- Affidavit of Agreement
- Administrator's name/signature
- Contact person's name and phone number
- Subunit of Parent Agency Information
- Medicare Provider ID Number
- IDPH Licence Number
- Name of Parent Agency
- Phone Number of Parent Agency
- Home Health Agency Information (owner, address, phone number)
- Address and County of all branch offices
- Type of organization
 - Governmental
 - Non-Profit
 - Propriety
 - Stockholder Information
 - Name of Corporation
 - Name of President
 - Name of Secretary
 - Names of stockholders and shares held
- Personnel Information By Category of Classification (month of October only)

No. of full time employees
 No. of part time employees
 Total Hours Worked by All Employees
 Total Visits Per Year
 No. of Contractual Staff
 Total Visits Per Year
 Contract for Service
 Legal Name of Organization
 Address (street, city, state and zip code)
 Type of Organization
 Type of Service
 Financial Data (Revenue and Expenditure)
 Source of Funding by operational revenues and expenditures
 Geographic Service Area Information
 Client Characteristics
 Total number of patients served by Agency
 Number of Patients by Sex and Age Range
 Number of Patients Referred and Discharged by specified categories:
 Patients Referred By Physicians
 Governmental Agencies
 Churches/Synagogues
 Hospitals
 Community agencies
 HMO/PPO
 LTC Facilities
 Clinics
 Family/Friends
 Self
 Other Home Health Agencies
 Other (specify)
 Patients Discharged to
 Home (own, relative or other)
 General Hospitals
 Psychiatric Hospitals
 Centers for Developmentally Disabled
 Community Based Residential Facilities
 Nursing Homes
 Alternative Care Programs (specify)
 Hospice
 Death
 Other (specify)
 Type of service provided by specified categories, total number of patients and visits
 Skilled Nursing
 Physical Therapy
 Speech Therapy
 Occupational Therapy
 Medical Social Work
 Home Health Aide
 Companion Services
 Home Delivered Meals
 Counseling
 Nutrition
 Other (specify)

Name of Home Health Agency
 IDPH Licence Number
 County of Home Health Agency Headquarters
 Patients by Sex in Particular Settings for Fiscal (Reporting)
 Home - Living Alone
 Home - Living with Parent/Guardian
 Home - Living with Children
 Home - Living with Relative
 Home - Living with Spouse
 Home - Living with Friends
 Home - Living with Caretakers
 Community Based Residential Facilities
 Nursing Homes
 Alternative Care Programs (specify)
 Other (specify)
 Racial Orientation by Sex
 Ethnic Orientation by Sex
 Diagnosis of total number patients in specified ICD-9-CM code categories by sex
 Total expenditures by service categories specified
 Skilled Nursing
 Home Health Aide
 Physical Therapy
 Occupational Therapy
 Speech Therapy
 Medical Social Work
 Companion Services
 Home Delivered Meals
 Counseling
 Nutrition Counseling
 Other (specify)
 Total expenditures by type of expense
 Total number of patients by sex by source of payment
 Geographic service area by county

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Hospital Bed (HospBed) Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Systems Section
3. **DESCRIPTION:** Maintains daily update of beds per service area of all Illinois non-federal, short-stay hospitals.

Method of Collection : From approved action of the Illinois Health Facilities Planning Board

Percent Return : 100%

Percent Completeness (Individual Surveys) : 100%

Database/Datafile is -

Computerized : X Yes No

Mainframe : Yes X No

Personal Computer : X Yes ___ No
Both : ___ Yes X No
Paper Format : X Yes ___ No
Frequency of Updating : Daily
Date of Last Update : Current
Years of Data : **from** 1985 **to** Present
If PC, software used for this database : NOMAD
If PC, what is type of file storage : File Server
If PC, frequency of backup : Weekly
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Provides an accurate daily update of the number of authorized beds for each clinical service for each hospital.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Michael Pieper **Telephone number:** 217-785-1064
7. **PROCESS FOR ACCESSING DATA:** Written request.
8. **STANDARD REPORTS GENERATED:** Monthly accounting of hospital by ID Number, Name and Bed Count. Other Ad Hoc reports are available.

9. **DATA ELEMENTS COLLECTED:**

Fed. No.	Health Service Area	Bed Changes by CON Permit
Hospital Number	End of Year	Beds changed by 10% rule
IDPH Number	Clinical Service	Date change made
Hospital Name, Address, City	Functional Capacity Beds	Service being changed
Administrator's Name	Surveyed Capacity Beds	Total Beds Authorized
County Number Hospital Planning Area	Hospital Calculated Capacity Beds	

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Long Term Care Facilities Data File
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Systems Section
3. **DESCRIPTION:** Annual survey of all licensed long-term care facilities in Illinois.

Method of Collection : Annual Questionnaire
Percent Return : 98 - 100%
Percent Completeness (Individual Surveys) : 98 - 100%
Database/Datafile is -
Computerize : X Yes ___ No
Mainframe : ___ Yes X No
Personal Computer : X Yes ___ No
Both : ___ Yes X No

Paper Format : X Yes ___ No
Frequency of Updating : Daily
Date of Last Update : Current
Years of Date : **from** 1981 **to** Present
If PC, software used for this database : FoxPro
If PC, what is type of file storage : Network
If PC, frequency of backup : Weekly
If PC, is it stand alone, network, client
server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Originally CON review process for the Health Facilities Planning Board; data are now also used for program planning and monitoring by agencies such as IDPH, IDPA, DMH/DD and DOA.
5. **RESTRICTIONS ON DATA USE:** Aggregated data are public information.
6. **CONTACT PERSON:** Bob Green **Telephone number:** 217-785-1064
7. **PROCESS FOR ACCESSING DATA:** Through contact person; for complex requests, a written request stating purpose of use is required.
8. **STANDARD REPORTS GENERATED:** Profile of Long-Term-Care Facilities, Inventory of Health Facilities and Bed Need Determination, Annual Report of Summary Long-Term Care Findings.
9. **DATA ELEMENTS COLLECTED:**
 - Name of Facility Street, City, State and Zip Code of Facility
 - Telephone Number of Facility
 - Administrator's Name and Signature
 - Date of Completion of Survey
 - Admissions Restrictions
 - Aggressive/Anti-social Behavior
 - Chronic Alcoholism
 - Developmental Disabilities
 - Drug Addiction
 - Medicaid Recipient
 - Mental Illness
 - Non-Ambulatory status
 - Non-Mobile status
 - Pregnancy
 - Public Aid Recipient
 - Under 65 years old
 - Unable to Self-Medicare
 - Other
 - Alzheimer's by
 - Age
 - Race
 - Sex
 - Bed License/Beds in Use
 - Nursing
 - Developmentally Disabled
 - Sheltered Care
 - Skilled Under 22
 - Facility Staffing Patterns by Employment Categories

Full Time Staff
 Part Time Staff
 Basic Daily Private Pay Rates By Level of Care
 Single
 Shared
 Residents by Age Group, Sex and Level of Care Received
 Skilled
 Residents by Age, Group, Sex and Major Payment Source
 ICF/DD
 Sheltered
 Totals
 Residents by Major Payment Source and Level of Care
 Medicare
 Medicaid
 Other Public
 Insurance
 Private Pay
 Totals
 Total Number of Residents by Racial/Ethnic Group and Level of Care
 Residents by Primary Diagnosis
 Patient Days by Care Provided During Year by Level of Care
 Nursing
 Skilled Under 22
 ICF/DD
 Sheltered Care
 Totals
 Residents Admitted and Discharged for One Month
 Residents Admitted
 Residents Discharged

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Long Term Care Inventory Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Systems Section
3. **DESCRIPTION:** LTC Inventory Database.

Method of Collect : Licensure/Certification, Permits
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
Frequency of Updating : Ongoing
Date of Last Update : March 16, 1999
Years of Data : **from** 1981 **to** Present

If PC, software used for this database : FoxPro
 If PC, what type of file storage : Network
 If PC, frequency of backup : Weekly
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Purpose defined by Health Facilities Planning Board; Inventory of Health Care Facilities and Need Determination by Planning Area; Updates to Inventory.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Bob Green **Telephone Number:** 217-785-1064
7. **PROCESS FOR ACCESSING DATA:** In IDPH, call contact person for read-only privileges.
8. **STANDARD REPORTS GENERATED:** Monthly Updates, Ad Hoc for Licensure and Certification.
9. **DATA ELEMENTS COLLECTED:**

Facility ID	License Bed Level	Shelter Care
License ID	of Care	Occupancy by Certification
HSA	Permit Level of Care	ICF/SNF Occupancy
PSA	Certification Status	Certification Count
County	Nursing Care Under	Restrictions to Admission
Certification No.	Skilled 22	Footnotes to Actions
Facility Name	ICF/DD	Medicare/Medicaid Occupancy

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Marriage Data
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of IT.
3. **DESCRIPTION:** Marriage Statistics

Method of Collection : Marriage Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : N/A
Database/Datafile is -
 Computerized : X **Yes** ___ **No**
 Mainframe : X **Yes** ___ **No**
 Personal Computer : ___ **Yes** X **No**
 Both : ___ **Yes** X **No**
 Paper Format : ___ **Yes** X **No**
Frequency of Updating : Annual
Date of Last Update : 2000
Years of Data : **from** 1962 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To maintain the vital records statistics of citizens of the State.
 5. **RESTRICTIONS ON DATA USE:** Names, addresses not released.
 6. **CONTACT PERSON:** Mark Flotow **Telephone number:** 217-785-1064
 7. **PROCESS FOR ACCESSING DATA:** Written request to Barbara Sullivan, Data Processing.
 8. **STANDARD REPORTS GENERATED:** Marriage by age of groom/bride, first marriages, previous marriages, county of occurrence, race.
 9. **DATA ELEMENTS COLLECTED:**
 - Groom-Name (First, Middle, Last)
 - City
 - County
 - Date of Birth (Month, Day, Year)
 - Age
 - Birthplace (State or Foreign Country)
 - Bride-Name (First, Middle, Last)
 - City
 - County
 - Date of Birth (Month, Day, Year)
 - Age
 - Birthplace (State or Foreign Country)
 - Date of Marriage (Month, Day, Year)
 - Place of Marriage (City, Village or Town)
 - Type of Ceremony (Religious or Civil, Specify)
 - Title
 - Groom-Race
 - Groom-Education (Specify Highest Grade Completed)
 - Groom-Number of this Marriage
 - Groom-If Previously Married Specify How Ended
 - Groom-If Previously Married Specify When Ended
 - Bride-Race
 - Bride-Education (Specify Highest Grade Completed)
 - Bride-Number of this Marriage
 - Bride-If Previously Married Specify How Ended
 - Bride-If Previously Married Specify When Ended
-

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Population Estimates for Illinois, Chicago and Downstate by Age, Sex and Race
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Status and Demographic Analysis Section.
3. **DESCRIPTION:** Population Estimates for Illinois, Chicago and Downstate by Age, Sex and Race.

Method of Collection : Various
Percent Return : N/A

Percent Completeness (Individual Surveys) : N/A
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes X No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
 Frequency of Updating : Annual
 Date of Last Update : 1999
 Years of Data : from 1980 to Present
 If PC, software used for this database : Quattro Pro
 If PC, what is type of file storage : Hard Drive
 If PC, frequency of backup : Monthly
 If PC, is it stand alone, network, client
 server, etc. : Stand Alone

4. **PURPOSE FOR WHICH COLLECTED:** For computing vital rates.
5. **RESTRICTIONS ON DATA USE:** None, except for proper citation.
6. **CONTACT PERSON:** Mohammed Shahidullah **Telephone number:** 217-785-1064
7. **PROCESS FOR ACCESSING DATA:** Written request.
8. **STANDARD REPORTS GENERATED:** One report, as described above.
9. **DATA ELEMENTS COLLECTED:**
 Population from Census
 U.S. Bureau of Census Data
 Births
 Infant Deaths
 Project FORTRAN ratio-generating program

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Population Estimates of Cities 10,000+
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Status and Demographic Analysis Section.
3. **DESCRIPTION:** Population Estimates of Cities 10,000+.

Method of Collection : Various
 Percent Return : N/A
 Percent Completeness (Individual Surveys) : N/A
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes X No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No

Paper Format : X Yes ___ No
 Frequency of Updating : Annually
 Date of Last Update : 1999
 Years of Data : from 1980 to 1988
 If PC, software used for this database : Quattro Pro
 If PC, what is type of file storage : File Server
 If PC, frequency of backup : Monthly
 If PC, is it stand alone, network, client
 server, etc. : Stand Alone

4. **PURPOSE FOR WHICH COLLECTED:** For computing vital statistics.
5. **RESTRICTIONS ON DATA USE:** None, except for proper citation.
6. **CONTACT PERSON:** Mohammed Shahidullah **Telephone number:** 217-785-1064
7. **PROCESS FOR ACCESSING DATA:** Written request
8. **STANDARD REPORTS GENERATED:** One report, as described above.
9. **DATA ELEMENTS COLLECTED:**

Population for two decennial censuses	FSCPE County Estimates
Births	Special Censuses
Deaths	

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Population Estimates for Illinois Counties for Total and For Age 65+
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Status and Demographic Analysis Section.
3. **DESCRIPTION:** Population Estimates for Illinois Counties for Total and For Age 65+.

Method of Collection : Various
 Percent Return : N/A
 Percent Completeness (Individual Surveys) : N/A
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes X No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
 Frequency of Updating : Annually
 Date of Last Update : 1999
 Years of Data : from 1980 to Present
 If PC, software used for this database : Quattro Pro
 If PC, what is type of file storage : Hard Drive

If PC, frequency of backup : Monthly
 If PC, is it stand alone, network, client
 server, etc. : Stand Alone

- 4. **PURPOSE FOR WHICH COLLECTED:** For computing vital statistics.
- 5. **RESTRICTIONS ON DATA USE:** None, except for proper citation.
- 6. **CONTACT PERSON:** Mohammed Shahidullah **Telephone number:** 217-785-1064
- 7. **PROCESS FOR ACCESSING DATA:** Written request
- 8. **STANDARD REPORTS GENERATED:** One report, as described above.

9. **DATA ELEMENTS COLLECTED**

Population Data of Census	Deaths	Immigration from
Census	Medicare Enrollees	Abroad
Births	Group Quarter Populations	Internal Migration

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

- 1. **DATABASE/DATAFILE TITLE:** Pregnancy Risk Assessment Monitoring System
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics
- 3. **DESCRIPTION:**

Method of Collection : Mail survey/Telephone interview
 Percent Return : 81%
 Percent Completeness (Individual Surveys) : 95-100%
 Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
 Frequency of Updating : Annually
 Date of Last Update : 1999
 Years of Data : from 1997 to Present
 If PC, software used for this database : PRAMTrac, SAS, Survey, SPSS
 If PC, what is type of file storage : ASCII
 If PC, frequency of backup : Nightly
 If PC, is it stand alone, network, client
 server, etc. :

- 4. **PURPOSE FOR WHICH COLLECTED:** To determine prevalence of pregnancy risk factors of new mothers aged 14 and older.
- 5. **RESTRICTIONS ON DATA USE:** Restrictions on database include compliance with CDC “at-risk” definitions,

citation of data source, and Departmental review and approval of reports using database.

- 6. **CONTACT PERSON:** Theresa Sandidge **Telephone number:** 217-785-1064
- 7. **PROCESS FOR ACCESSING DATA:** Submission of written proposal by researchers to contact person. Details for requesting access to database available on request.
- 8. **STANDARD REPORTS GENERATED:** Prevalence of pregnancy risk factor among new mothers.

9. **DATA ELEMENTS COLLECTED:**

Number of live births	Previous births	Pregnancy known
Intention of pregnancy	Insurance/Medicaid	Birth control Use
Prenatal care	WIC participation	Weight
Height	Folic Acid Knowledge	Tobacco Use
Alcohol	Mom hospitalization	Physical Abuse
Labor/delivery	Baby hospitalization	Mortality
Breastfeeding	Well-baby care	Physical environment
Household size	Household size	Household income
Age	Dental Care	Alcohol Use

DIVISION OR CENTER NAME: CENTER FOR RURAL HEALTH

- 1. **DATABASE/DATAFILE TITLE:** Primary Care Physician Database
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Center for Rural Health
- 3. **DESCRIPTION:** Data in WordPerfect by county, identifying all primary care physicians practicing in the county. Name, location, FTE, and specialty listed.

Method of Collection : Program staff
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes ___ No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
Frequency of Updating : Continual
Date of Last Update : Depends on county
Years of Data : from 1992 to Current
If PC, software used for this database : ACCESS
If PC, what is type of file storage :
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client
 server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** Identify areas needing additional primary care physicians.
- 5. **RESTRICTIONS ON DATA USE:** Aggregated data at county level, no names included.

- 6. **CONTACT PERSON:** Jerry Partlow **Telephone number:** 217-782-1624
- 7. **PROCESS FOR ACCESSING DATA:** AMA directory, local contact and phone book.
- 8. **STANDARD REPORTS GENERATED:** County update upon request.

9. **DATA ELEMENTS COLLECTED:**

Name	Location	FTE	Speciality	Year Licensed
------	----------	-----	------------	---------------

DIVISION OR CENTER NAME: CENTER FOR RURAL HEALTH

- 1. **DATABASE/DATAFILE TITLE:** Areas of Illinois having state physicians shortage areas and/or federal health professional shortage areas identified by Illinois Department of Public Health, Center for Rural Health.
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Center for Rural Health
- 3. **DESCRIPTION:**

Method of Collection	:	Program Staff
Percent Return	:	100%
Percent Completeness (Individual Surveys)	:	100%
Database/Datafile is -		
Computerized	:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mainframe	:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Computer	:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Both	:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Paper Format	:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of Updating	:	as needed
Date of Last Update	:	06/18/00
Years of Data	:	from 1994 to Current
If PC, software used for this database	:	Corel Work Perfect
If PC, what is type of file storage	:	
If PC, frequency of backup	:	
If PC, is it stand alone, network, client server, etc.	:	Network

- 4. **PURPOSE FOR WHICH COLLECTED:** to determine federal and state health professional shortage areas in IL for the purpose of educational loan repayment, rural health clinics, medical student and allied health professional scholarship recipient practice sites.
- 5. **RESTRICTIONS ON DATA USE:** N/A
- 6. **CONTACT PERSON:** Jerry Partlow **Telephone number:** 217/782-1624
- 7. **PROCESS FOR ACCESSING DATA:** By request
- 8. **STANDARD REPORTS GENERATED:** Listing of all State and Federally designated health professional shortage areas.
- 9. **DATA ELEMENTS COLLECTED:** Name of county, portion of county designated under served and last updated data, for federal and state under served designations.

DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. DATABASE/DATAFILE TITLE: Adverse Pregnancy Outcomes Reporting System (APORS)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Epidemiologic Studies

3. DESCRIPTION:

Method of Collection : Hospital completes Infant Discharge Record; Field review of and abstraction of maternal report and Birth Certificate

Percent Return : 90% - 100%

Percent Completeness (Individual Surveys) : 90%

Database/Datafile is -

Computerized	:	<u>X</u>	Yes	___	No
Mainframe	:	<u>X</u>	Yes	___	No
Personal Computer	:	___	Yes	___	No
Both	:	___	Yes	___	No
Paper Format	:	<u>X</u>	Yes	___	No

Frequency of Updating : | Ongoing |

Date of Last Update : | |

Years of Data : | from 08/01/88 to Present |

If PC, software used for this database : | |

If PC, what type of file storage : | |

If PC, frequency of backup : | |

If PC, is it stand alone, network, client server, etc : | |

4. PURPOSE FOR WHICH COLLECTED: Epidemiologic studies to guide public health policy in the reduction of adverse pregnancy outcomes, infant mortality and developmental disabilities; and to refer infants to the Perinatal Tracking System for a series of follow-up visits by a local health nurse.

5. RESTRICTIONS ON DATA USE: Non-confidential data are released without restrictions. Confidential data requests are reviewed by Data Access Committee

6. CONTACT PERSON: Trish Egler **Telephone Number:** 217-785-7133

7. PROCESS FOR ACCESSING DATA: Written request (with justification for confidential data) to contact person.

8. STANDARD REPORTS GENERATED: Division reports and aggregated data. Annual reports included surveillance of Infants Born with a Positive Toxicity for Controlled Substances, quarterly; trends in the Prevalence of Birth Defects in Illinois and Chicago.

9. DATA ELEMENTS COLLECTED:

Infant Discharge Record	Delivery date
Abstract number	Discharge date
Reporting hospital	Infant's sex
Delivery hospital	Infant's race
Perinatal center	Hispanic
Patient ID number	Gestation age
Infant's Med. Rec. Number	Admit to DPU
Infant's Last Name	Infant consult
Infant's First Name	Drug toxicity
Admission date	Drug toxicity type

Birth Weight
 Infant diagnoses
 Mother's last name
 Mother's first name
 Mother's maiden name
 Mother's Med. Rec
 Mother's address
 Infant discharge info
 Fetal death number
 Local health agency
 Current support services
 Maternal Supplement
 Abstractor ID
 Social security number
 Date of birth
 Public funding
 Weight change
 Last menstrual period
 Cigarettes used
 Prenatal ultrasound
 Assistance
 EFM during delivery
 Delivery type
 Mother used drugs
 Mother employed
 Occupation
 Industry
 Father employed
 Occupation

Industry
 Mother's Diagnoses
 Birth Certificate
 Birth cert number
 Infant data
 Apgar score 1
 Apgar score 5
 Plurality
 Mother data
 Age
 Race
 Education
 Married
 Origin
 Birth place
 Mo. prenatal began
 Number of prenatal visits
 Previous living
 Previous dead
 Last live birth
 Other terminations
 Address
 Father data
 Age
 Race
 Education
 Father's last name
 Father's first name

DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. **DATABASE/DATAFILE TITLE:** Illinois State Cancer Registry
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Epidemiologic Studies
3. **DESCRIPTION:**

Method of Collection : Hospital, Ambulatory Surgical Treatment Centers, and Radiation Therapy Facilities submissions, path labs
Percent Return : 100%
Percent Completeness (Individual Surveys) : 97%
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : Biweekly
Date of Last Update :
Years of Data : from 1986 to Present

If PC, software used for this database : Rocky Mountain Cancer Data System
If PC, what type of file storage :
If PC, frequency of backup : Daily modified; weekly full
If PC, is it stand alone, network, client server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** Population based cancer incidence registry for epidemiologic studies, research projects and cancer cluster investigations.
5. **RESTRICTIONS ON DATA USE:** Confidential information must have approval of data access committee. Non-confidential information is released in aggregate reports and is public information.
6. **CONTACT PERSON:** Jan Snodgrass **Telephone Number:** 217-785-7132
7. **PROCESS FOR ACCESSING DATA:** Written request to contact person; fee may be required.
8. **STANDARD REPORTS GENERATED:** Individual hospital annual report with aggregate state-wide incidence, annually. Four internal quality control data element studies, quarterly. Item-specific report, annually. Error rate report, annually. Case finding evaluation, annually. Re-abstracting study, every 2 years. Reliability, every 2 years. Annual cancer statistics and report cards (in epidemiologic report series). Downloadable public use data files.

9. **DATA ELEMENTS COLLECTED:**

Patient Name	Social Security Number
Maiden Name	Birth Date
Residential Address	Race
Sex	Birthplace
Hispanic Origin	Medical Record Number
Usage Codes (Tobacco & Alcohol)	Discharge Date
Occupation and Industry Codes	Class of Case
Facility Id	Method of Diagnosis
Accession Number	Laterality
Discharge Status	Stage of Disease
Initial Diagnosis Date	Abstract Date
Primary Site	Treatment Information
Morphology	Admission date
Abstractor Id	Survival Status

DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. **DATABASE/DATAFILE TITLE:** Census of Fatal Occupational Injuries
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Epidemiologic Studies
3. **DESCRIPTION:**

Method of Collection : Death Certificate Search, Clipping Service, OSHA reports and other.
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
Computerized : X Yes No
Mainframe : Yes X No

Personal Computer : X Yes No
Both : Yes X No
Paper Format : X Yes No
Frequency of Updating : As needed
Date of Last Update : 7/15/01
Years of Data : **from** 1992 **to** Present
If PC, software used for this database : Bureau of Labor Statistics program
If PC, what is type of file storage : Disc and hard drive
If PC, frequency of backup : As needed
If PC, is it stand alone, network, client server, etc. : Stand alone

4. **PURPOSE FOR WHICH COLLECTED:** To submit to BLS occupational fatalities to insure an accurate count so that preventive programs can be developed.

5. **RESTRICTIONS ON DATA USE:** Must have prior approval from Bureau of Labor Statistics.

6. **CONTACT PERSON:** Roy Maxfield **Telephone number:** 557-5663

7. **PROCESS FOR ACCESSING DATA:** Contact Roy Maxfield

8. **STANDARD REPORTS GENERATED:** Annual CFI report published by IDPH.

9. **DATA ELEMENTS COLLECTED:**

Record Id	Employment Status
Record Status Code	Length of Service in Occupation
Injury/illness Code	Length of Service in Position
Work Relation Code	Length of Service with Employer
Source Document Code	Usual Lifetime in Industry
Death Certificate Number	Usual Lifetime in Occupation
Last Name	State of Employment
First Name	Date of Injury/illness
Middle Name	Date of Death
Social Security Number	State of Injury/illness
Date of Birth	Date of Death
Race	County of Injury/illness
Hispanic Origin	Time of Incident
Gender	Nature of Incident
Impairment	Part of Body Affected
State of Residence	Source of the Incident
Foreign Birthplace	Event or Exposure Causing Incident
Employer Name	Secondary Source
Secondary Company Name	Worker Activity
Establishment Size Class	Cause of Injury
Nationwide Size Class	Medical Complications
Industrial Code	Location
Ownership Code	Time Workday Began
Occupational Code	How Injury Occurred (Narrative)

DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. **DATABASE/DATAFILE TITLE:** Occupational Disease Registry (Adult Blood Lead Registry)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Epidemiologic Studies

3. DESCRIPTION:

Method of Collection : Laboratory’s Blood Lead Analysis Form
Percent Return : 100%
Percent Completeness (Individual Surveys) : 96% for cases with follow-up completed,
 50% for cases with no follow-up

Database/Datafile is -

Computerized : **Yes** **No**
Mainframe : **Yes** **No**
Personal Computer : **Yes** **No**
Both : **Yes** **No**
Paper Format : **Yes** **No**
Frequency of Updating : Weekly
Date of Last Update : Current
Years of Data : **from** April 1990 **to** Present
If PC, software used for this database : FoxPro 2.5
If PC, what type of file storage : F Directory
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc : Network

4. PURPOSE FOR WHICH COLLECTED: To conduct surveillance studies on elevated adult blood lead levels and provide data to assist in assessment for policy and program impact. ABLR also provides data to other IDPH lead programs and outside agencies who then conduct intervention activities.

5. RESTRICTIONS ON DATA USE: Aggregate data and reports are public information.

6. CONTACT PERSON: Roy Maxfield **Telephone Number:** 217-557-5663

7. PROCESS FOR ACCESSING DATA: Written request, subject to confidential protection reviews.

8. STANDARD REPORTS GENERATED: Aggregate numbers.

9. DATA ELEMENTS COLLECTED:

Laboratory Reporting Form Elements	Person completing form
Name	Date Form Submitted
Street Address	Follow-up Form Elements
City, State, Zip Code	Social Security Number
County	Telephone Number
Telephone Number	Sex
Sex	Date of Birth
Date of Birth	Race
Submitting Party Name	Hispanic Origin
Submitting Party Telephone Number	Number of children Under 16 living with the case
Type of Submitting Party	Case or other in household pregnant
Testing Facility Name	Trimester of pregnancy at time of diagnosis
Testing Facility Address	Occupation
Testing Facility Telephone Number	Industry
Test Results	Was the case removed from the workplace
Date Sample Collected	Employer name
Date Sample Analyzed	Employer Address
Specimen Type	Employer telephone number
Methodology	Person completing the form

DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. **DATABASE/DATAFILE TITLE:** Survey of Occupational Injuries and Illnesses
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** U.S. Bureau of Labor Statistics, Washington, DC
3. **DESCRIPTION:**

Method of Collection : Annual survey of selected companies
Percent Return : 93%
Percent Completeness (Individual Surveys) : 97%
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : Nightly
Date of Last Update : 10/9/01
Years of Data : **from 1998 to 2000**
If PC, software used for this database : N/A
If PC, what is type of file storage : N/A
If PC, frequency of backup : N/A
If PC, is it stand alone, network, client
 server, etc. : Client server

4. **PURPOSE FOR WHICH COLLECTED:** To submit to BLS occupational nonfatal injuries and illnesses occurring in Illinois workplaces so that preventive programs can be developed.
5. **RESTRICTIONS ON DATA USE:** Must have approval from Bureau of Labor Statistics.
6. **CONTACT PERSON:** Roy F. Maxfield **Telephone number:** 217-557-5663
7. **PROCESS FOR ACCESSING DATA:** Roy F. Maxfield
8. **STANDARD REPORTS GENERATED:** Annual OSH report published by IDPH
9. **DATA ELEMENTS COLLECTED:**

Company Name	Company Worksite
Company Address	Number of Employees
Company City	Type of Industry Unit (Government or Private)
Company State	Number of Hours Worked
Company Zipcode	Number of Deaths as a Result of Injury
Contact Person	Number of Injuries with Days Away from Work or Restricted Workdays or Both
Contact Person Phone Number	Number of Injuries with Days Away from Work
Contact Person Fax Number	Number of Total Days Away from Work
Contact Person Title	Number of Total Days of Restricted Work
Date Survey Was Completed	Activity
Sic Code	

Number of Injuries Without Lost Workdays
 Number of Skin Diseases or Disorders
 Number of Dust Diseases of the Lungs
 Number of Respiratory Conditions Due to Toxic Agents
 Number of Poisonings
 Number of Disorders Associated with Repeated Trauma
 Number of Other Occupational Illnesses
 Number of Deaths as a Result of Illness
 Number of Illnesses with Days Away from Work or Restricted Workdays or Both
 Number of Total Illnesses with Days Away from Work
 Number of Total Days Away from Work
 Number of Total Days of Restricted Work Activity
 Number of Illnesses Without Lost Workdays
 Date of Injury
 Employee Last Name and First Initial

Number of Days Away from Work for the Case's Injury
 Number of Days of Restricted Activity for the Case's Injury
 Number of Days Away from Work for the Case's Illness
 Employee's Length of Service
 Employee's Race
 Employee's Age
 Employee's Date of Birth
 Employee's Sex
 Employee's Occupation
 Nature of the Incident
 Primary Source of the Incident
 Secondary Source of the Incident
 Event of the Incident
 Part of Body Affected in the Incident

DIVISION OR CENTER NAME: DIVISION OF HEALTH POLICY

1. **DATABASE/DATAFILE TITLE:** Certificate of Need Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Systems Development Section
3. **DESCRIPTION:** The Certificate of Need database contains information pertaining to all Certificate of Need (CON) and Certificate of Exemption (COE) applications. The CON portion of the database contains descriptions of all project files for applications submitted for CON. The COE portion of the database contains information pertaining to all applications received for exemptions under CON. Exemptions can involve the following transactions: change of ownership for a health care facility, acquisition of major medical equipment by or on behalf of a health care facility, combined facility licensure, temporary use of beds, addition of dialysis stations to an existing dialysis facility and the establishment of Positron Emission Tomography (PET) service at health care facilities. Paper backup of these files is available in the System Development Section for the previous three years. An additional seven years of files is available through the State Archives.

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes X No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
Frequency of Updating : As needed
Date of Last Update : As submitted
Years of Data : from 1975 (CON) 1992 (COE) to Present
If PC, software used for this database : FoxPro 6.0
If PC, what is type of file storage : Hard Drive
If PC, frequency of backup : As needed
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Required by statute; data files provide a record of all exemptions submitted.
5. **RESTRICTIONS ON DATA USE:** Access is limited to staff in System Development Section
6. **CONTACT PERSON:** Mike Copelin **Telephone number:** 217-782-3516
7. **PROCESS FOR ACCESSING DATA:** Contact Mike Copelin.
8. **STANDARD REPORTS GENERATED:** From the CON portion of the database, the following reports are available on a routine basis: alphabetical listing of health care facilities, reference numbers by health care facility, applicant ID number by applicant name, CON projects of a health care facility and CON projects sorted by applicant. In addition, the following summary reports are available: projects by project type, approval dates by project, post-permit activity by project, permit alterations by project, State Board action sorted by month, summary of costs by project, dollar costs per square foot, State Board decision/agency recommendations, annual progress report information by health care facility or project and completeness information. Also, the database can generate standardized letters to assist program staff. These include: intent-to-deny, denial, permit issuance, permit renewal and permit alteration letters. From the COE portion of the database, the following reports are available on a routine basis: summary of exemptions granted under the exemptions reverences in Item 3.
9. **DATA ELEMENTS COLLECTED for COE portion:**

Name of Applicant for Exemption	Signed Certifications
Address of Applicant	Assigned Exemption ID Numbers
Description of Transaction or Purchase	Date Exemption Issued or Rejected
Anticipated Costs	
-
9. **DATA ELEMENTS COLLECTED for CON portion:**

Project ID Number	Final Project Cost
Facility ID Number	Annual Progress
Applicant ID Number	Report Due Date
Project Type	Contact Person Name
Date Permit Issued	Contact Person Address
Permit Expiration Date	Initial Proposed Cost of Project
Permit Extension Date	Project Description
Second Permit Extension Date	Date Application Received
Initial Amount Approved	Name of Reviewer
Altered Amount Approved	Date Application Called Incomplete
Permit Revoked Date	Date Application Called Complete
Permit Alteration Date	Coapplicant Names
Nature of Alteration	Date of Public Hearing
Alteration Cost	Review Extension Date
Second Alteration Date	Staff Recommendations
Nature of 2nd Alteration	Application Modified Date
Second Alteration Cost	Nature of Modification
Third Alteration Date	Second Modification Date
Nature of 3rd Alteration	Nature of 2nd Modification
Third Alteration Cost	Date of Second Public Hearing
Authorization to Obligate Date	Project Withdrawn Date
Obligation Date	Date of Intent-To-Deny
Permit Renewal Date	Date of Initial Denial
Revised Expiration Date	Date of Final Denial
Permit Completion Date	Name of Applicant
Amount of Settlement Agreement	Name of Facility
Settlement Date	Facility Address

Facility Planning Area	Off-Site Work Costs
Facility Health System Area	New Construction Contract Amount
Site Owner	Modernization Contract Costs
Site Owner Address	Contingency Amount
Legal Name of Operating Entity	Architects Fees
Operating Entity Address	Consultant Fees
County ID of Facility	Movable Capital Equipment Costs
Region ID of Facility	Total Direct Project Costs
Applicant Name	Borrowed Funds
Applicant Address	Bond Issue Amount
Type of Applicant Ownership	Mortgages Amount
State of Incorporation Applicant	Lease Amount
State of Partnership Applicant	Bond Issue Expenses
Beds at Start of Project	Debt Service Reserve Fund
Beds at Finish of Project	Interest Expense During Construction
New Construction Square Footage	Interest Earnings on Construction Funds
Modernization Square Footage	Other Costs to Be Capitalized
Audit Year	Total Use of Funds
Revenue from Audit Year	Total Source of Funds
Inpatient Revenue from Audit Year	Cash and Securities Available
Outpatient Revenue from Audit Year	Pledge Amount
Projected Patient Days	Fund Raising Expenses
Debt Service after Project Completion	Gifts and Bequests
Project Debt After Project Completion	Appropriations and Grants
Facility Capital Expense after Project Completion	Project Equity
Facility Debt after Project Completion	Projected Uses of Funds
Preplanning Costs	Projected Sources of Funds
Site Acquisition Costs	Total
Building Acquisition Costs	Construction and Equipment Costs
Soil Survey Costs	Bed Changes by Service
Site Preparation Costs	

DIVISION OR CENTER NAME: DIVISION OF HEALTH POLICY

1. **DATABASE/DATAFILE TITLE:** Healthy People 2010 Objectives
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Health Policy
3. **DESCRIPTION:**

Method of Collection	:	OEHSD Staff
Percent Return	:	100%
Percent Completeness (Individual Surveys)	:	100%
Database/Datafile is -		
Computerized	:	<u>X</u> Yes ___ No
Mainframe	:	___ Yes <u>X</u> No
Personal Computer	:	<u>X</u> Yes ___ No
Both	:	___ Yes <u>X</u> No
Paper Format	:	___ Yes <u>X</u> No
Frequency of Updating	:	Annually
Date of Last Update	:	8/14/01
Years of Data	:	from 2001 to Present

If PC, software used for this database : Microsoft Access, V 97
 If PC, what type of file storage : Network
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** Tracking selection of national health objectives for Department's performance management activities
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Meg Richards **Telephone Number:** 217-782-6235
7. **PROCESS FOR ACCESSING DATA:** Data request to Office of Epidemiology and Health Systems Development staff
8. **STANDARD REPORTS GENERATED:** Lists Illinois Department of Public Health offices by the Healthy People 2010 objectives each has selected for monitoring purposes.
9. **DATA ELEMENTS COLLECTED:**
 Healthy People 2010 Objectives, inclusive of all 28 chapters

DIVISION OR CENTER NAME: DIVISION OF HEALTH POLICY

1. **DATABASE/DATAFILE TITLE:** IPLAN Data System (Illinois Project for Local Assessment of Needs)
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Health Policy
3. **DESCRIPTION:**

Method of Collection : IDPH and other state agencies
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
 Frequency of Updating : On going
 Date of Last Update : 7/19/00
 Years of Data : **from 1990 to 1998**
 If PC, software used for this database : Visual FoxPro, Java, Javascript, HTML
 If PC, what type of file storage : Network
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc : Network/Client Server/WorldWide Web

4. **PURPOSE FOR WHICH COLLECTED:** IPLAN
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Yali Dong **Telephone Number:** 217-782-6235

7. **PROCESS FOR ACCESSING DATA:** On the Internet at:<http://www.idph.state.il.us/iplan>
8. **STANDARD REPORTS GENERATED:** None
9. **DATA ELEMENTS COLLECTED:**
 - Maternal and Child Health Indicators
 - DPA Enrollees Receiving EPSDT
 - Kotelcheck Index
 - Chronic Diseases Indicators
 - Demographic & Socioeconomic Characteristics
 - Population by Age and Gender
 - Dependency Indicators(Race, Ethnicity)
 - Race/Ethnicity Distribution (Race, Ethnicity)
 - Median Age (Race, Ethnicity)
 - Non-High School Graduates (Race, Ethnicity)
 - High School Drop-Outs (Race, Ethnicity)
 - Poverty (Race, Ethnicity)
 - Food Stamps
 - Rural Population
 - Unemployed (Race, Ethnicity)
 - Medicaid Enrollees
 - Single Parent Household
 - Per Capita Personal Income
 - General Health and Access to Care Indicators
 - Mortality Rates (Race, Ethnicity)
 - Leading Causes of Mortality Race, Ethnicity)
 - Life Expectancy at Birth
 - Excess Non-white Deaths
 - Population Uninsured
 - Cause Specific YPLL at Age 65
 - Percent Population - No Medical Physical in Past 2 yrs
 - Medical to Enrollees to Medicaid Physician Vendors Ratio
 - Advanced Life Support Emergency Care Vehicles
 - Population residing in Primary Care Health Professional Shortage Area HPSA
 - Population with Optimally Fluoridated Water Supplies
 - Maternal and Child Health Indicators
 - Live Births (Race, Ethnicity)
 - Infant Mortality (Race, Ethnicity)
 - Low Birthweight (Race, Ethnicity)
 - Mothers Smoke
 - Mothers Drink
 - Kessner Index
 - Mothers Begin Prenatal in 1st Trimester (Race, Ethnicity)
 - Infant Positive for Cocaine
 - Leading Causes of Mortality (Children 1-4) (Race, Ethnicity)
 - WIC - Low Weight for Height
 - Teen Birth Rate
 - Percent Births to Teens (Race, Ethnicity)
 - Child Abuse/Neglect
 - Congenital Anomalies
 - Medicaid Deliveries
 - DPA Enrollees Receiving EPSDT
 - Chronic Diseases Indicators
 - Mortality Rates for:
 - Coronary Heart Disease (Race, Ethnicity)
 - Cerebrovascular Disease (Race, Ethnicity)
 - Cirrhosis of Liver (Race, Ethnicity)

- Mortality Rates for:
 - Breast Cancer (Race, Ethnicity)
 - Lung Cancer (Race, Ethnicity)
 - Colorectal Cancer (Race, Ethnicity)
 - Cervical Cancer (Race, Ethnicity)
 - Prostate Cancer (Race, Ethnicity)
- Hospitalization Rates for:
 - Alcohol-Dependence Syndrome
 - Total Psychoses
 - Diabetes
- Percent of Population:
 - Overweight, Smokers, Sedentary Lifestyles
- Age-adjusted Incidence Rate for:
 - Breast Cancer
 - Colorectal Cancer
 - Cervical Cancer
 - Lung Cancer
 - Prostate Cancer
- Percent Diagnosed:
 - In situ Breast Cancer
 - Local Stage Colorectal Cancer
 - Local Stage Prostate Cancer
 - Local Stage Cervical Cancer
- Age-Adjusted Incidence Rate for:
 - Childhood Cancers
- Infectious Disease Indicators
 - Syphilis (Race, Ethnicity)
 - Gonorrhea in Primary Care (Race, Ethnicity)
 - Chlamydia (Race, Ethnicity)
 - AIDS
 - HIV Infection
 - Basic Series Vaccination (Age 5/3)
 - Haemophilus Meningitis (Age 0-2, 0-4)
 - Infections by Key Foodborne Pathogens
 - Vaccine Preventable Diseases - Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Polio
 - Hepatitis B
 - Tuberculosis
- Environmental/ Occupation/Injury Control Indicators
 - Environmental Indicators –
 - Regulated Drinking Water/Private Wells, NPL Hazardous Sites
 - Days Exceeding EPA Ambient Air Pollution Standards
 - Toxic Agents Released into Air, Water, Soil
 - Mortality Due to Motor Vehicle Crashes, (Race, Ethnicity)
 - Mortality Due to Homicide (Race, Ethnicity)
 - Mortality Due to Suicide
 - Mortality Due to Suicide (Race, Ethnicity)
 - Hospitalization for Non-Fatal Head/Spinal Cord injuries and for Hip Fractures
 - Alcohol-Related Motor Vehicle Deaths
 - Occupational Diseases/Injuries
 - Blood Lead Levels in Children
 - Assaults
- Sentinel Events
 - Infants (0-1)
 - Hospital for Dehydration
 - Children (0-17)
 - Hospitalization for Rheumatic Fever
 - Children (0-14)

Hospitalized for Asthma
 Adults (> 18)
 Tuberculosis
 Hospitalization for Uncontrolled Hypertension
 Sentinel Events - Cancer
 In site Breast Cancer
 Late Cervical Cancer
 Local Health Department Health Assessment Results (Health priorities determined using the IPLAN Process):
 Local Health Department (LHD) Name
 LHD Phone Number
 LHD E-Mail Address
 LHD Web Site
 IPLAN Round Number
 Health Priority Name
 Outcome Objectives
 Impact Objectives
 Intervention Strategies

OFFICE OF FINANCE AND ADMINISTRATION

DIVISION OR CENTER NAME: TRAINING & RESOURCE CENTER

1. **DATABASE/DATAFILE TITLE:** Employee Training Records
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** IDPH Training Center
3. **DESCRIPTION:** Maintains training records for all IDPH employees who have taken courses offered by the Training and Resource Center.

Method of Collection :
 Percent Return :
 Percent Completeness (Individual Surveys) :
 Database/Datafile is -

Computerized	:	<u>X</u>	Yes	___	No
Mainframe	:	___	Yes	<u>X</u>	No
Personal Computer	:	<u>X</u>	Yes	___	No
Both	:	___	Yes	<u>X</u>	No
Paper Format	:	___	Yes	<u>X</u>	No

Frequency of Updating : Bi-Weekly
 Date of Last Update : 07/99
 Years of Data : **from** 07/99 **to** Present
 If PC, software used for this database : Access
 If PC, what is type of file storage : Data on server
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** To keep accurate training attendance records for the employees individual use and for grant or budgetary justification.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Ron Marr **Telephone number:**

- 7. **PROCESS FOR ACCESSING DATA:** One week's notice for reports.
- 8. **STANDARD REPORTS GENERATED:** Training attendance by date/class. Training attendance by individual. All reports are generated upon request.
- 9. **DATA ELEMENTS COLLECTED:**

Last Name	Division/Region	Course Name
First Name	Instructor's Name	Date of Class

DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

- 1. **DATABASE/DATAFILE TITLE:** Birth Data
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** IT
- 3. **DESCRIPTION:**

Method of Collection : From Birth Certificates
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes X No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
 Frequency of Updating : New occurrences added daily
 Date of Last Update : Daily
 Years of Data : from 1955 to Present
 If PC, software used for this database :
 If PC, what is type of file storage :
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc. :

- 4. **PURPOSE FOR WHICH COLLECTED:** To maintain the vital statistics of the state and to certify the records of birth for the citizens.
- 5. **RESTRICTIONS ON DATA USE:** Names and addresses are not released; hospitals and doctors are not identified. Small cell sizes stripped of identifiers.
- 6. **CONTACT PERSON:** Vickie Williams **Telephone number:** 217-782-6554
- 7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.
- 8. **STANDARD REPORTS GENERATED:** Annual; births by place of residence, sex, race, age of mother, county, birth weight, out-of-state occurrences, congenital malformations.
- 9. **DATA ELEMENTS COLLECTED:**
 - Child-Name
 - Date of Birth
 - Sex
 - Hospital-Name (if not hospital, Give Street and Number)
 - City, Town, Twp., or Road District No., County
 - Name and Title of Attendant at Birth if Other Than Certifier

Mother-Maiden Name

Age
State of Birth (if not in U.S.A., Name Country)
Residence Street and Number
City, Town, Twp., or Road District No.
Inside City Limits
County
State
Race
Education
Hispanic Origin

Father-Name

Age
State of Birth (if not in U.S.A., Name Country)
Race
Education
Hispanic Origin

Live Births-Now Living (Do Not Include This Child)

Live Births-Now Dead

Date of Last Live Birth

Other Terminations (Spontaneous and Induced)

Date of Last Termination

Month Prenatal Care Began - 1st, 2nd, 3rd

Prenatal Visits - Total Number

Birth Weight

This Birth - Single, Twin, Triplet

Not Single - Born 1st, 2nd, 3rd

Mother Married

Complications of Pregnancy (Describe or None)

Complications, Illnesses or Conditions Affecting the Pregnancy (Describe or None)

Congenital Malformations/Anomalies of Child (Describe or None)

Apgar Score 1 Minute

Apgar Score 5 Minutes

Date of Mother's Blood Test for Syphilis

Laboratory Doing Serology

DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

1. DATABASE/DATAFILE TITLE: Death Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: IT

3. DESCRIPTION

Method of Collection	:	From Death Certificates
Percent Return	:	100%
Percent Completeness (Individual Surveys)	:	100%
Database/Datafile is -		
Computerized	:	<u> X </u> Yes ___ No
Mainframe	:	<u> X </u> Yes ___ No
Personal Computer	:	___ Yes <u> X </u> No
Both	:	___ Yes <u> X </u> No
Paper Format	:	<u> X </u> Yes ___ No
Frequency of Updating	:	Variable
Date of Last Update	:	Variable

Years of Data : **from** 1955 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To maintain the vital statistics of the state and to certify the records of death for the citizens of the State of Illinois
5. **RESTRICTIONS ON DATA USE:** Names, addresses, Social Security Numbers not released. (Certain causes of death)
6. **CONTACT PERSON:** Vickie Williams **Telephone number:** 217-782-6554
7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.
8. **STANDARD REPORTS GENERATED:** Deaths by occurrence, detail cause, birth weight (infant), accident type, external causes, out-of-state occurrence, delayed filing death, sex, race. All reports are annual.

9. **DATA ELEMENTS COLLECTED:**

<p> <u>Medical and Coroner's*/Medical Examiner's* Certificate of Death</u> Deceased - Name Sex Date of Death Race Origin or Descent Age - Years Age - Under 1 year (Months/Days) Age - Under 1 day (Hours/Minutes) Date of Birth County of Death City, Town, Twp., or Road District Hospital or Inst. Indicate DOA, Outpatient, Emergency Room, Inpatient State of Birth (If Not U.S.A., Name Country) Citizen of What Country Married, Never Married, Widowed, Divorced Social Security Number Decedent Ever in U.S. Armed Forces Residence Street and Number City, Town, Twp., or Road District Number Inside City Limits County State Father (Last Name Keyed Only) Death Caused by Interval between Onset and Death Immediate Cause Due to, or as a consequence of Other Significant Conditions Autopsy Findings Considered in Cause of Death Accident, Suicide, Homicide or Undetermined Date of Injury </p>	<p> Injury at Work Place of Injury Location Pregnancy in Past Three Months Date Received by Local Registrar <u>Fetal Death Certificate</u> Date of Delivery Sex/Race Delivery - Single, Twin, Triplet Not Single Delivery, Delivered First, Second, Third County of Delivery City, Town, Twp., or Road District Number Hospital - Name (If Not In Hospital, Give Street and Number) Fetal Death Was Caused By: Specify Fetal or Maternal Immediate Cause Due to, or as a consequence of Other Significant Conditions of Fetus or Mother Fetus Died (Specify Before or After Labor, During Delivery or Unknown) Autopsy Findings Considered in Cause of Death Attendant (M.D., D.O., Other) Father's Education (Specify Highest Grade Completed) Previous Deliveries - Now Living Born Alive - Now Dead Born Dead (Anytime After Conception) Mother's Race Mother's Education (Specify Highest Grade Completed) Date of Last Live Birth Date of Last Fetal Death Date Last Normal Menses Began </p>
---	---

Month Prenatal Care Began - 1st, 2nd, 3rd
 Prenatal Visits - Total Number
 Mother Married
 Weight of Fetus
 Date of Mother's Blood Test for Syphilis
 Complications Related to Pregnancy

Birth Injuries to Fetus
 Concurrent Illness or Conditions Affecting
 Pregnancy
 Complications of Labor

DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

1. DATABASE/DATAFILE TITLE: Divorce Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: IT

3. DESCRIPTION:

Method of Collection : From Certificates of Divorce
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
Computerized : Yes ___ No
Mainframe : Yes ___ No
Personal Computer : ___ Yes No
Both : ___ Yes No
Paper Format : ___ Yes No
Frequency of Updating : variable
Date of Last Update : variable
Years of Data : from 1962 to Present
If PC, software used for this database :
If PC, what type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
server, etc :

4. PURPOSE FOR WHICH COLLECTED: To create an index of all divorces, annulments, and invalidities in the state.

5. RESTRICTIONS ON DATA USE: No copies are made of the divorce certificates. A verification of the parties' names, date of the decree, and the place where decree was granted can be issued.

6. CONTACT PERSON: Vickie Williams **Telephone Number:** 217-782-6554

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Race of both parties. Age of both parties. Number of previous marriages of each party. Number of years of marriage.

9. DATA ELEMENTS COLLECTED:

County where decree granted	Race of both parties
Date of decree	Hispanic Origin of both parties
Date of marriage	Number of this marriage for both parties
Names of both parties	
Residence addresses	
Dates of birth and ages of both parties	
Education of both parties	

How previous marriages ended
 Date previous marriages ended
 Type of decree
 Legal grounds
 Who was the petitioner
 Place of marriage
 Number of children born
 Number of children under 18
 Who custody was granted to
 Date couple last lived in same household

DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

1. **DATABASE/DATAFILE TITLE:** Marriage Data
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** IT
3. **DESCRIPTION:**

Method of Collection : From Marriage Applications
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : Yes ___ No
 Mainframe : Yes ___ No
 Personal Computer : ___ Yes No
 Both : ___ Yes No
 Paper Format : ___ Yes No
 Frequency of Updating : variable
 Date of Last Update : variable
 Years of Data : **from** 1962 **to** Present
 If PC, software used for this database :
 If PC, what type of file storage :
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc :

4. **PURPOSE FOR WHICH COLLECTED:** To create an index of all marriages in the state.
5. **RESTRICTIONS ON DATA USE:** No copies are made of the marriage applications. A verification of the parties' names, date of marriage, and place of marriage can be issued.
6. **CONTACT PERSON:** Vickie Williams **Telephone Number:** 217-782-6554
7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.
8. **STANDARD REPORTS GENERATED:** Marriages by race of bride and groom. Number of previous marriages by bride and groom. Age of bride and groom.
9. **DATA ELEMENTS COLLECTED:**

Names of Bride and Groom	Residence of Bride and Groom
Date of Marriage	Date of Birth and Age of Bride and Groom
County of Marriage	
Officiant's Title	

Place of Birth
 Education of Bride and Groom
 Race of Bride and Groom
 Hispanic Origin of Bride and Groom
 Number of this Marriage
 How last marriage ended
 Date of last marriage ended

OFFICE OF HEALTH CARE REGULATION

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. **DATABASE/DATAFILE TITLE:** Ambulance Licensure

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of EMS & HS

3. **DESCRIPTION:**

Method of Collection : Information is gathered from the licensure inspection procedure

Percent Return :

Percent Completeness (Individual Surveys) :

Database/Datafile is -

Computerized : **Yes** ___ **No**

Mainframe : ___ **Yes** ___ **No**

Personal Computer : **Yes** ___ **No**

Both : ___ **Yes** ___ **No**

Paper Format : ___ **Yes** ___ **No**

Frequency of Updating : Annually

Date of Last Update :

Years of Data : **from 1982 to Present**

If PC, software used for this database : Clarion

If PC, what is type of file storage : LAN

If PC, frequency of backup :

If PC, is it stand alone, network, client server, etc. : LAN

4. **PURPOSE FOR WHICH COLLECTED:** To meet the requirements of the EMS Act.

5. **RESTRICTIONS ON DATA USE:** Subject to Freedom of Information Act

6. **CONTACT PERSON:** Ralph Antonacci **Telephone number:** 217- 785-2080

7. **PROCESS FOR ACCESSING DATA:** Call contact person.

8. **STANDARD REPORTS GENERATED:** Reports as needed. May be generated by region, county and various sort orders.

9. **DATA ELEMENTS COLLECTED:**

Vehicle Transportation Unit Radio Identification

Vehicle Ownership
Service Name
Vehicle Identification Number
Designation of Vehicle
Vehicle Location

City, State, Zip Code
Business Phone
County
Vehicle Name
Model Year

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

- 1. DATABASE/DATAFILE TITLE:** Communication Unit Identifiers and Communication Access Codes
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of EMS & HS
- 3. DESCRIPTION:**

Method of Collection : Division assigned unit ID and access codes

Percent Return :

Percent Completeness (Individual Surveys) :

Database/Datafile is -

Computerized : **Yes** **No**

Mainframe : **Yes** **No**

Personal Computer : **Yes** **No**

Both : **Yes** **No**

Paper Format : **Yes** **No**

Frequency of Updating : As needed

Date of Last Update :

Years of Data : **from** 1972 **to** Present

If PC, software used for this database : Dataease

If PC, what is type of file storage : LAN

If PC, frequency of backup :

If PC, is it stand alone, network, client server, etc. : LAN

- 4. PURPOSE FOR WHICH COLLECTED:** Control and monitoring of medical communications in Illinois (ambulance and helicopters to hospital).
- 5. RESTRICTIONS ON DATA USE:** None
- 6. CONTACT PERSON:** Ralph Antonacci **Telephone number:** 217- 785-2080
- 7. PROCESS FOR ACCESSING DATA:** Call contact person.
- 8. STANDARD REPORTS GENERATED:** As requested for private line access code and unit identifiers for MERCI radios.
- 9. DATA ELEMENTS COLLECTED:**

Name of service	Region
Address	Authorization number
County	Unit ID

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Emergency Medical Technician-Basic, Intermediate and Paramedic Question Banks and Trauma Nurse Specialist Question Banks

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:

Method of Collection : Questions are collected/sorted according to specific curriculum.

Percent Return :

Percent Completeness (Individual Surveys) :

Database/Datafile is -

Computerized : Yes No

Mainframe : Yes No

Personal Computer : Yes No

Both : Yes No

Paper Format : Yes No

Frequency of Updating : Twice per year

Date of Last Update :

Years of Data : **from** 1988 **to** Present

If PC, software used for this database : Dataease

If PC, what is type of file storage : Hard Disk

If PC, frequency of backup : Monthly

If PC, is it stand alone, network, client server, etc. : Stand alone

4. PURPOSE FOR WHICH COLLECTED: To generate tests for state licensure exams.

5. RESTRICTIONS ON DATA USE: Highly restricted due to the nature of the data.

6. CONTACT PERSON: William Koeppel **Telephone number:** 217- 785-2080

7. PROCESS FOR ACCESSING DATA: Call contact person.

8. STANDARD REPORTS GENERATED: Twice per year.

9. DATA ELEMENTS COLLECTED:

Multiple Choice Questions with four discriminators and documentation.

Date Entered	ID Number
Time Entered	Questions
Module Number	Exam Used
Mod Name	Quiz Date

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Emergency Medical Technician-Basic (EMT-B), EMT-Intermediate (EMT-I) and EMT-Paramedic (EMT-P) Licensure Database. Also First Responder and Emergency Medical Dispatchers Recognition Database.

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:

Method of Collection : From all who become licensed
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X **Yes** ___ **No**
 Mainframe : X **Yes** ___ **No**
 Personal Computer : ___ **Yes** ___ **No**
 Both : ___ **Yes** ___ **No**
 Paper Format : ___ **Yes** ___ **No**
Frequency of Updating : Daily
Date of Last Update :
Years of Data : from 1997 to Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. PURPOSE FOR WHICH COLLECTED: To identify licensed EMT-B, EMT-I, EMT-P, Emergency Communications Nurses, Pre-Hospital Registered Nurses, and recognition of First Responders and Emergency Medical Dispatchers.

5. RESTRICTIONS ON DATA USE: Addresses are not released

6. CONTACT PERSON: William Koeppel **Telephone number:** 217- 785-2080

7. PROCESS FOR ACCESSING DATA: Call contact person.

8. STANDARD REPORTS GENERATED: Monthly reports, monthly totals of licensed individuals by classification. Available by county, region and various sort orders.

9. DATA ELEMENTS COLLECTED:

Technician Last Name	City, State, Zip Code	Code
Technician First Name	Status	Category
Technician Middle Initial	Category	Course Code
Lapse Date	County Region	Lapse Date
Residence Address	Date Submitted	Comments

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: EMSC Linked Dataset

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS
Loyola University Medical Center

3. DESCRIPTION:

Method of Collection : Request individual databases from each data source
Percent Return : 100%
Percent Completeness (Individual Surveys) : Dependent upon each database
Database/Datafile is -
 Computerized : X **Yes** ___ **No**
 Mainframe : ___ **Yes** X **No**

Personal Computer : **Yes** **No**
Both : **Yes** **No**
Paper Format : **Yes** **No**
Frequency of Updating : Annually
Date of Last Update : 1998
Years of Data : **from** 1994 **to** 1997
If PC, software used for this database : SAS, Automatch
If PC, what is type of file storage :
If PC, frequency of backup : Biannually
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** To enhance pediatric surveillance and EMS quality improvement activities within the state.
5. **RESTRICTIONS ON DATA USE:** Confidentiality measures have been defined.
6. **CONTACT PERSON:** Evelyn Lyons **Telephone number:** 708-327-2556
7. **PROCESS FOR ACCESSING DATA:** Submission of a written request.
8. **STANDARD REPORTS GENERATED:** Pending
9. **DATA ELEMENTS COLLECTED:** Select data elements from state crash, prehospital, trauma registry, hospital discharge and death certificates databases.

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. **DATABASE/DATAFILE TITLE:** Illinois Head and Spinal Cord Injury and Violence Reporting Registries
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of EMS & HS
3. **DESCRIPTION:**

Method of Collection : 50% of hospitals - Illinois Trauma Registry Computer software; 50% report by paper forms.
Percent Return :
Percent Completeness (Individual Surveys) : Unknown
Database/Datafile is -
Computerized : **Yes** **No**
Mainframe : **Yes** **No**
Personal Computer : **Yes** **No**
Both : **Yes** **No**
Paper Format : **Yes** **No**
Frequency of Updating : Quarterly for computerized data
Date of Last Update :
Years of Data : from 7/91 to Present (Head & Spinal Cord)
from 3/98 **to** Present (Violence)
If PC, software used for this database : Trauma for Head/Spinal Cord/D-base
If PC, what is type of file storage : Network server
If PC, frequency of backup : Nightly

If PC, is it stand alone, network, client

server, etc. : Network/Client Server

- 4. **PURPOSE FOR WHICH COLLECTED:** Needs assessments for services for injured patients and injury/control prevention of head/spinal cord injuries and injuries caused by a violent act.
- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Randy Wise **Telephone number:** 217- 785-2080
- 7. **PROCESS FOR ACCESSING DATA:** Contact Leslee Stein-Spencer.
- 8. **STANDARD REPORTS GENERATED:** Injury Control Summary, Trauma System Summary, Head and Spinal Cord Injury Summary

9. DATA ELEMENTS COLLECTED:

Hospital Name	Drugs
Hospital Number Code	Glasgow Total
Prehospital Number	Systolic Blood Pressure
Crash Number	Respiratory Rate
Medical Record Number	Respiratory Rate Status
Patient Name	Disposition From ED
ED Arrival Date	Nature of Injury Code 1
Birth date	Nature of Injury Code 2
Age in Years	Nature of Injury Code 3
Sex	Nature of Injury Code 4
Race	Nature of Injury Code 5
Injury Date	Discharge Disposition Code
FIPS Scene Number	Facility Out
Scene City	Hospital Days
FIPS Home Number	Expression
Home City	Feeding
Ecode	Locomotion
Ecode 849	Rehabilitation Potential
Work Related Code	Billed Charge
Safety Equipment Code	Primary Payment Source Code
Alcohol	

DIVISION OR CENTER NAME: EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

- 1. **DATABASE/DATAFILE TITLE:** Illinois Prehospital Care Report Form (IPCRF)
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of EMS & HS
- 3. **DESCRIPTION:**

Method of Collection : Scannable "Bubble" Forms
Percent Return : 100%
Percent Completeness (Individual Surveys) : N/A
Database/Datafile is -
Computerized : X **Yes** ___ **No**
Mainframe : ___ **Yes** ___ **No**

Personal Computer : Yes ___ No
 Both : Yes ___ No
 Paper Format : ___ Yes ___ No
 Frequency of Updating : Daily
 Date of Last Update :
 Years of Data : from 1995 to Present
 If PC, software used for this database : EMSCAN
 If PC, what type of file storage : Server
 If PC, frequency of backup : Nightly
 If PC, is it stand alone, network, client
 server, etc : Network - client - server

4. **PURPOSE FOR WHICH COLLECTED:** Pre hospital Q/I - Output reports submitted to participating EMS System hospitals as requested.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Suzanne Gray **Telephone Number:** 217-785-2080
7. **PROCESS FOR ACCESSING DATA:** Call contact person.
8. **STANDARD REPORTS GENERATED:** Quarterly reports; Admission Report, Incident Location/Type, Medical Report, EMT Skills Report, Unit Utilization Report.

9. DATA ELEMENTS COLLECTED:

Agency No.	Medical History	EKG
Date	Illness/Symptom	Body Substance Isolation
Call Received	Injury Site/Type	IV Type/Rate
Dispatch Time	Injury Criteria	Attempts
En Route Time	Patient Protection	Non-Transport
Arrival Time	Patient Location	Medical Control
Patient Contact Time	Contributing Factors	Transport to
Depart Location Time	Sender	Patient Destination
Arrive at Destination Time	Ethnic Origin	EMS Resource Hosp No.
County	Glasgow Coma Scale	Patient Date of Birth
Crash No.	Initial Vital Signs	Crew Member Lic. No.
Called By	Pupils	Incident No.
Incident Location	Pediatric Weight	Patient Zip Code
Incident Type	Treatment	Research Code
Assistance	Medications	

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. **DATABASE/DATAFILE TITLE:** Illinois Trauma Registry
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of EMS & HS
3. **DESCRIPTION:**

Method of Collection : Computerized software-data submitted by trauma centers
Percent Return : 100%
Percent Completeness (Individual Surveys) : 90%
Database/Datafile is -

Computerized : X **Yes** ___ **No**
Mainframe : X **Yes** ___ **No**
Personal Computer : ___ **Yes** ___ **No**
Both : ___ **Yes** ___ **No**
Paper Format : ___ **Yes** ___ **No**
Frequency of Updating : Quarterly
Date of Last Update : One year on original registry - new software 1997
Years of Data : **from 1991 to Present**
If PC, software used for this database : D-Base
If PC, what is type of file storage : LAN
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. : LAN

4. **PURPOSE FOR WHICH COLLECTED:** To assist the Department in the evaluation of Level I and Level II trauma centers to be used for injury control and prevention; and trauma research.
5. **RESTRICTIONS ON DATA USE:** All data which would identify patients, physicians or facility are confidential and are subject to 77 Illinois Administrative Code, Chapter 1 515.2050.
6. **CONTACT PERSON:** Betsy Tannahill **Telephone number:** 217-785-2080
7. **PROCESS FOR ACCESSING DATA:** Contact Leslee Stein-Spencer.
8. **STANDARD REPORTS GENERATED:** Hospital Management, Clinical Management, Quality Improvement and Register Management.

9. **DATA ELEMENTS COLLECTED:**

Add Record Screen

Trauma Register Number
 Social Security Number
 Crash Record Number
 Prehospital Record Number
 Billing Control Number
 Medical Record Number
 User-Refined Number
 Name
 Date

Demography Entry Screen

Birthdate
 Age
 Sex
 Race
 Injury Date
 Injury Time
 System Access
 Scene FIPS Code
 Scene City Name
 Home FIPS Code
 Home City Name
 E-Code Cause
 E-Code Place
 Narrative
 Work-Related
 Safety Equipment

Transfer Screen

Date Arrived at Transferring Hospital
 Time Arrived at Transferring Hospital
 Glasgow Coma Scale Total at Transferring

Hospital

Systolic Pressure at Transferring Hospital
 Respiratory Rate at Transferring Hospital
 Admission/Surgery at Transferring Hospital
 Transferred From Facility No.
 Transferred by Vehicle No.
 Date Discharged from Transferring Hospital
 Time Discharged From Transferring Hospital
 Transfer Memo

Prehospital Screen

Triage Criteria
 Minutes for Response
 Minutes at Scene
 Minutes for Transport
 Vehicle No.
 Glasgow Coma Scale total
 Glasgow Coma Scale Eye
 Glasgow Coma Scale Verbal
 Glasgow Coma Scale Motor
 Systolic Pressure
 Respiratory Rate
 Trauma Score (Regular)
 Trauma Score (Pediatric)
 Cardiopulmonary Arrest
 EMS Report on Chart
 Prehospital Memo

Emergency Entry Screen

Admit Time
 Discharged Last 72 Hours
 Hospital Status
 Trauma Response

Emergency Physician No.
 Trauma Surgeon No.
 Assisting Surgeon No.
 Assisting Surgeon Mins.
 Anesthesiologist No.
 Anesthesiologist Mins.
 Neurosurgeon No.
 Neurosurgeon Mins.
 Consulting Physician No. 1
 Consulting Physician No. 8
 Consulting Physician Mins.
 Emergency Nurse No.
 Blood Alcohol
 Drug Screen
 Glasgow Coma Scale Total
 Glasgow Coma Scale Eye
 Glasgow Coma Scale Verbal
 Glasgow Coma Scale Motor
 Systolic Pressure
 Respiratory Rate
 Respiratory Status
 Regular Trauma Score
 Hourly Vitals
 Periodic Neuro Checks
 Minutes Prior to CT Scan
 Minutes in Radiology
 Minutes in Department
 Disposition from Department
 Room No.
 Admitted to Physician No.
 Inhospital Memo
Treatment Screen
 Date of First Operation
 Time of First Operation
 Procedure 1 Through Procedure 50
 Procedure Location 1 Through Procedure
 Location 50
 Unanticipated Operation
 Return to Operating Room
 Reintubated Within 48 hours
 Total Units of Blood Transfused
 Platelets/Plasma Without Blood
 Total Intensive Care Days
 Upgraded to Intensive Care
 Apache Score
 Inhospital Memo
Free Text
 Injury 1 Through Injury 10
Injuries
 Injury 1 Through Injury 20
 Injury Severity Score
 ISS Calculation
 C-Spine Diagnosis Delay
 Inhospital Memo
Illinois System Data
 Address Home
 City, State Zip Code (Home)
 Address Scene
 City, State, Zip Code (Scene)
 Other Safety Equipment
 Vehicle Position
 Prehospital Patient Contact
 Prehospital Diastolic Pressure
 Prehospital Pulse Rate
 Prehospital Suspected Alcohol
 Prehospital Triage Criteria Hypotension
 Prehospital Triage Criteria Two Regions
 Prehospital Triage Criteria Pregnancy
 Prehospital Triage Criteria Cavity Penetration
 Prehospital Triage Criteria Flail Chest
 Emergency Department Diastolic Pressure
 Emergency Department Pulse Rate
 Emergency Department Temperature
 Emergency Department Scale
 Emergency Department Method of
 Measurement
 Emergency Department Triage Category
 Emergency Department Triage Category 1 Time
 Emergency Department Triage Category II
 Emergency Department Triage Category II Time
 E.D. Physician Notification Time
 Neurosurgeon Notification Time
 Trauma Surgeon Notification Time
 Trauma Surgeon Consultation Notification Time
 Medical History Cardiovascular
 Medical History IMM-Disease
 Medical History Respiratory Conditions
 Medical History Diabetes
 Medical History IMM-Post Splenectomy
 Medical History Other
 Medical History Liver Conditions
 Medical History IMM-Therapy
 Medical History Pregnancy
 Medical History Renal Conditions
 Emergency Department Disposition Arrival
 Date
 Emergency Department Disposition Arrival
 Time
 Emergency Department Reason for Transfer
 Emergency Department Disposition Deaths
 Total Monitored Bed Days
 Total Ventilator Days
Discharge
 Complication #1 Through Complication #8
 Discharge Disposition
 Transferred to
 Total Hospital Days
 Expression
 Feeding
 Locomotion
 Rehabilitation Potential
 Readmissions
 Autopsy No.
 Organ Donor
 Hospital Charges
 Hospital Collections
 Hospital Payment Source
 Physician Charges
 Physician Collections
 Physician Payment Source
 Inhospital Memo
Quality Improvement
 Contributing Courses
 QA Issue Reviewed

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. **DATABASE/DATAFILE TITLE:** Trauma Nurse Specialist

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of EMS & HS

3. **DESCRIPTION:**

Method of Collection : From nurses who complete the TNS course or pass exam.
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
Computerized : X **Yes** ___ **No**
Mainframe : X **Yes** ___ **No**
Personal Computer : ___ **Yes** ___ **No**
Both : ___ **Yes** ___ **No**
Paper Format : ___ **Yes** ___ **No**
Frequency of Updating : As needed
Date of Last Update :
Years of Data : **from** 1986 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To track nurses who complete the Department's course.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Linda Loftus **Telephone number:** 217-785-2080

7. **PROCESS FOR ACCESSING DATA:** Call contact person.

8. **STANDARD REPORTS GENERATED:** As needed, reports are generated for each of the 16 training sites.

9. **DATA ELEMENTS COLLECTED:**

Name	Effective Date
Address	Training Class
Birthdate	Renewal Printed
Dates of Course Completed	Renewal Returned
Location of Course Site	License Printed
Date First Licensed	License Returned
Last Child Support Statement	Residence Region
Level	EMS Region
Status	Last Changed
Legal Action	Changed By
Last Action	ID#
Expiration Date	

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. **DATABASE/DATAFILE TITLE:** CLIA Data Entry
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Care Facilities and Programs - G:/HCF&P/CLIA

3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
 Paper Format : X **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : Ongoing
Years of Data : **from 2001 to Present**
If PC, software used for this database : Access 97
If PC, what is type of file storage :
If PC, frequency of backup : Nightly by IT
 If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** To track lab renewal information and assist in survey scheduling
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Malinda Garrels **Telephone number:** 217-782-6747
7. **PROCESS FOR ACCESSING DATA:** Contact Division Chief with written request stating description of report desired and purpose of intended use
8. **STANDARD REPORTS GENERATED:** Various by query.

9. **DATA ELEMENTS COLLECTED:**

Lab Name	Certification History
Correspondence Received	Phone Number
Tax ID Number	Lab Type
Lab Administrator	Inspection Dates
Lab Address	Medicare Number
Certification Type	Fax Number

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. **DATABASE/DATAFILE TITLE:** Division of Health Care Facilities & Programs - 3270 Mainframe
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Mainframe
3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -

Computerized : X Yes No
 Mainframe : X Yes No
 Personal Computer : Yes X No
 Both : Yes X No
 Paper Format : X Yes No
 Frequency of Updating : Daily
 Date of Last Update : On-going
 Years of Data : from 1991 to present
 If PC, software used for this database :
 If PC, what is type of file storage :
 If PC, frequency of backup : Nightly by IT
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** The Division maintains a complete record on each licensed entity (hospitals, home health agencies, hospice, ambulatory surgical treatment centers, and end stage renal disease facilities) for the purpose of issuing licenses or recognition

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Bonita Jones **Telephone number:** 217-782-0383

7. **PROCESS FOR ACCESSING DATA:** Contact Division Chief with written request stating description of report desired and purpose of intended use.

8. **STANDARD REPORTS GENERATED:** Directories for hospitals, home health agencies, hospices, ambulatory surgical treatment centers, and end stage renal disease facilities.

9. **DATA ELEMENTS COLLECTED:**

Name	Administrator
Address	County
City, State, Zip	Ownership
Telephone	Medicare No.
Accreditation	Expiration Date
Services	Original Date of Participation

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. **DATABASE/DATAFILE TITLE:** Design Standards

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Care Facilities and Programs

3. **DESCRIPTION:**

Method of Collection : Application
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
 Frequency of Updating : Daily
 Date of Last Update : Ongoing
 Years of Data : from 1996 to Present
 If PC, software used for this database : Access 97
 If PC, what is type of file storage :
 If PC, frequency of backup : Nightly by IT

If PC, is it stand alone, network, client server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** To track HB202 construction projects for hospitals and ambulatory surgery centers, track staff performance for evaluation purposes
- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Jody Gudgel **Telephone number:** 217-785-4264
- 7. **PROCESS FOR ACCESSING DATA:** Contact Division Chief with written request stating description of report desired and purpose of intended use
- 8. **STANDARD REPORTS GENERATED:** Various by query.
- 9. **DATA ELEMENTS COLLECTED:**

Facility Name	Medicare Number
Project Description	License Number
Payment Information	Architect Name
Inspection Information	Architect Project Number
Facility Address	Correspondence Information
Project Cost	Plan Review Information

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

- 1. **DATABASE/DATAFILE TITLE:** Facility Licensing
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Care Facilities and Programs - G:/COOS/Licensing DB/Facility Licensing
- 3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
Frequency of Updating : Daily
Date of Last Update : Ongoing
Years of Data : from 1999 to Present
If PC, software used for this database : Access 97
If PC, what is type of file storage :
If PC, frequency of backup : Nightly by IT
If PC, is it stand alone, network, client server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** To track licensing issuance of hospitals, home health agencies, hospice, ambulatory surgical treatment centers, end stage renal disease facilities and track correspondence and status of these facilities
- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Bonita Jones **Telephone number:** 217-782-0382

- 7. **PROCESS FOR ACCESSING DATA:** Contact Division chief with written request stating description of report desired and purpose of intended use.
- 8. **STANDARD REPORTS GENERATED:** Various by query
- 9. **DATA ELEMENTS COLLECTED:**

Name	Contact person
Address	County
City, State, Zip	Geographic service area
Telephone	Services offered
Fax	Expiration date
E-Mail	

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

- 1. **DATABASE/DATAFILE TITLE:** Nursing
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Care Facilities and Programs - G:/HCF&P/Nursing
- 3. **DESCRIPTION:**

Method of Collection : Application
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -

Computerized	: <u>X</u>	Yes		<u> </u>	No
Mainframe	: <u> </u>	Yes		<u>X</u>	No
Personal Computer	: <u>X</u>	Yes		<u> </u>	No
Both	: <u> </u>	Yes		<u>X</u>	No
Paper Format	: <u>X</u>	Yes		<u> </u>	No

Frequency of Updating : Daily
 Date of Last Update : Ongoing
 Years of Data : from 2001 to Present
 If PC, software used for this database : Access 97
 If PC, what is type of file storage :
 If PC, frequency of backup : Nightly by IT
 If PC, is it stand alone, network, client server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** To track inspections conducted by the nurses and assist in scheduling surveys
- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Carol Phillips **Telephone number:** 312-793-7329
- 7. **PROCESS FOR ACCESSING DATA:** Contact Division Chief with written request stating description of report desired and purpose of intended use
- 8. **STANDARD REPORTS GENERATED:** Various by query.
- 9. **DATA ELEMENTS COLLECTED:**

Facility Name	Correspondence Information
Survey Dates	Facility Address
Medicare Number	

Survey Type
Survey Team
License Number
Facility Type
COP Codes

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. **DATABASE/DATAFILE TITLE:** Rural Health Clinics, Outpatient Physical Therapy, Speech Pathology, Occupational Services, Portable X-Ray and Comprehensive Outpatient Rehabilitation Facilities.

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Care Facilities and Programs-Disk

3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating :
Date of Last Update :
Years of Data : from 2000 to Present
If PC, software used for this database : Access 97
If PC, what is type of file storage :
If PC, frequency of backup : Disk
If PC, is it stand alone, network, client
 server, etc. : Stand alone

4. **PURPOSE FOR WHICH COLLECTED:** To track survey history of the various facility types: rural health, outpatient physical therapy, speech pathology, occupational services, portable x-ray, and comprehensive outpatient rehabilitation facilities.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Maggie Emerson **Telephone number:** 217-782-7412

7. **PROCESS FOR ACCESSING DATA:** Contact Division Chief with written request stating description of report desired and purpose of intended use.

8. **STANDARD REPORTS GENERATED:** Various by query

9. **DATA ELEMENTS COLLECTED:**

Name	Contact Person
Address	County
City, State, Zip	Telephone
Fax	E-mail

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. **DATABASE/DATAFILE TITLE:** 670 Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Care Facilities and Programs - G:/HCF&P/670
3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys): : 100%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
 Paper Format : X **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : Ongoing
Years of Data : **from** 1999 **to** Present
If PC, software used for this database : Access 97
If PC, what is type of file storage :
If PC, frequency of backup : Nightly by IT
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** To process monthly, quarterly and yearly budget reports.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Jody Gudgel **Telephone number:** 217-785-4264
7. **PROCESS FOR ACCESSING DATA:** Contact Division Chief with written request stating description of report desired and purpose of intended use.
8. **STANDARD REPORTS GENERATED:** Various by query
9. **DATA ELEMENTS COLLECTED:**

Facility Name	Address	Facility Type
Survey Type	Survey Date	Pre-Survey Hours
On Site Survey Hours	Report Pre Hours	Surveyor(s)
Supervisor Review Hours	Clerical Processing Hours	Travel Hours
Medicare No.Facility		

DIVISION OR CENTER NAME: DIVISION OF LONG-TERM CARE QUALITY ASSURANCE

1. **DATABASE/DATAFILE TITLE:** Long Term Care System, License and Certification Subsystem
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Long-Term Care Quality Assurance
3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : X **Yes** **No**

Personal Computer : **Yes** **No**
Both : **Yes** **No**
Paper Format : **Yes** **No**
Frequency of Updating : Annually or Semi-annually
Date of Last Update : On-going
Years of Data : from 1985 to Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. PURPOSE FOR WHICH COLLECTED: The Department maintains a complete record on each facility (ownership data, bed capacity, etc.) for the purpose of issuing licenses and to establish a data base system for logging and tracking all surveys and any legal actions.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Maribeth Farnham **Telephone number:** 217-782-5180

7. PROCESS FOR ACCESSING DATA: A written request stating description of the report and purpose of use intended.

8. STANDARD REPORTS GENERATED: Nursing Home Directory

9. DATA ELEMENTS COLLECTED:

Administrator Name	Legal Contact)
Approvals/affiliations of Facility	Licensure Status
Bed Count	Ownership Detail for Individuals with 5% or
Federal Certification Status	More Interest in Either the Licensee or Site and
Licensee's Financial Interest in Other Facilities	Building Owner
License Information	
Licensee Information (Address and Name of	

OFFICE OF HEALTH PROMOTION

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Childhood Lead Poisoning Blood Lead Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Information Management Section

3. DESCRIPTION:

Method of Collection : Written, electronic transfer
Percent Return : 90%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
Computerized : **Yes** **No**
Mainframe : **Yes** **No**
Personal Computer : **Yes** **No**
Both : **Yes** **No**
Paper Format : **Yes** **No**
Frequency of Updating :
Date of Last Update : Daily
Years of Data : from FY87 to Present

If PC, software used for this database :
 If PC, what is type of file storage :
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc. :

- 4. **PURPOSE FOR WHICH COLLECTED:** To monitor blood lead levels of children tested.
- 5. **RESTRICTIONS ON DATA USE:** Limited to staff. Confidential medical records.
- 6. **CONTACT PERSON:** Phil Garner **Telephone number:** 217-785-4903
- 7. **PROCESS FOR ACCESSING DATA:** Written request
- 8. **STANDARD REPORTS GENERATED:** Segmented by lead level, geographic location and by provider.

9. DATA ELEMENTS COLLECTED:

Name	Address	Birthdate
Parent Name	Test Date	Test Result
Type of Test	Testing Lab	Provider
Child Sex	Ethnicity	

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

- 1. **DATABASE/DATAFILE TITLE:** Clearing House Database
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Community Intervention Section
- 3. **DESCRIPTION:**

Method of Collection : Articles etc. collected by the program staff

Percent Return : 100%

Percent Completeness (Individual Surveys) : 100%

Database/Datafile is -

Computerized	: <u> X </u> Yes <u> </u> No
Mainframe	: <u> </u> Yes <u> X </u> No
Personal Computer	: <u> X </u> Yes <u> </u> No
Both	: <u> </u> Yes <u> X </u> No
Paper Format	: <u> X </u> Yes <u> </u> No

Frequency of Updating : Daily

Date of Last Update : July 1999

Years of Data : **from 1990 to Present**

If PC, software used for this database : Access

If PC, what is type of file storage : LAN

If PC, frequency of backup : Through the LAN

If PC, is it stand alone, network, client server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** To provide readily accessible cataloging of articles, including single word and topic searches.
- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Cheryl Wycoff **Telephone number:** 217-785-5378
- 7. **PROCESS FOR ACCESSING DATA:** Through contact person or section coordinator.
- 8. **STANDARD REPORTS GENERATED:** Listing of articles by variety of categories

9. DATA ELEMENTS COLLECTED:

Author Description Article Location

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

- 1. **DATABASE/DATAFILE TITLE:** Contact Database
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Information Management
- 3. **DESCRIPTION:** Local Health Department contacts used by division.

Method of Collection : Program Staff
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : As needed
Date of Last Update : July 1999
Years of Data : from ___ to ___
If PC, software used for this database : ACCESS
If PC, what is type of file storage : LAN
If PC, frequency of backup : Through LAN
If PC, is it stand alone, network, client
 server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** To facilitate mailings
- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Phil Garner **Telephone number:** 217-785-4903
- 7. **PROCESS FOR ACCESSING DATA:** Contact person or section administrator
- 8. **STANDARD REPORTS GENERATED:** Sets of labels, directory
- 9. **DATA ELEMENTS COLLECTED:** Name, Address, Phone and Fax

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT & SCREENING
Genetics Section

- 1. **DATABASE/DATAFILE TITLE:** Genetic Counseling Services
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Genetics Section
- 3. **DESCRIPTION:**

Method of Collection : Written Report
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No

Personal Computer : X Yes ___ No
Both : X Yes ___ No
Paper Format : ___ Yes X No
Frequency of Updating : Quarterly
Date of Last Update : Jan.-March, 1995
Years of Data : **from** FY1985 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To monitor and summarize genetic counseling activities provided through the genetic services grants.
5. **RESTRICTIONS ON DATA USE:** Limited to Program staff. All client information is confidential.
6. **CONTACT PERSON:** Claudia Nash **Telephone number:** 217-524-4900
7. **PROCESS FOR ACCESSING DATA:** Written request stating purpose and specific information needed.
8. **STANDARD REPORTS GENERATED:** In the process of being developed. Will include reports of patient demographics, patient visit information, indications for referral and diagnosis, laboratory test, pregnancy testing/outcome.

9. **DATA ELEMENTS COLLECTED:**

<u>Patient Demographics</u>	Family history of mental retardation
Month	Family history of epilepsy
Year	Family history of metabolic disorder
Grantee	Family history of neural tube defect
Age	Family history of other inherited disorder or defect
Sex	Risk of hemoglobinopathy
Race	Elevated amniotic fluid AFP
Hispanic	Low amniotic fluid AFP
Ethnicity	Elevated MSAFP
Education Completed	Low MSAFP
Annual Income	Abnormal MSAFP/HCG/Estriol
Method of Payment	Paternal teratogen exposure
<u>Patient Visit Information</u>	Parental anxiety/concern
Month	Other
Year	Not reported
Grantee	<u>Previous pregnancy loss/stillbirth</u>
Name	Abnormal ultrasound
Type of Visit	Maternal seizure disorder
Source of Referral	Maternal diabetes
Identification with Other State/Program	<u>Maternal Teratogen exposure</u>
Site/Type of Encounter	Radiation
Services Provided	Alcohol
Disposition	Illicit drug
<u>Prenatal Clients</u>	Medication
Abnormal DNA test in fetus	Infectious agent
Chromosomal abnormality in fetus	Toxic chemical
Consanguinity	Other environmental/ occupational agent
35 or older at EDC	<u>Non-Prenatal Clients</u>
Advanced Maternal Age: less than 35 at EDC	Normal
Known chromosomal abnormality in pregnant patient/biological father	Functional Disorders
Family history of chromosomal abnormality	Metabolic/Endocrine Disorder
Family history of autosomal recessive disorder	Neuromuscular Disorder
Family history of autosomal dominant disorder	Skeletal/Connective Tissue Disorder
Family history of X-linked disorder	Hematological Disorder

Single Malformation
 Multiple Congenital Anomalies
 Reproductive Risk
 Other
Laboratory/Diagnostic Tests
 Month
 Year
 Grantee
 Name
Lab
 Blood Stumes
 Amniotic Fluid
 Chorionic Tissue
 Fibroblasts/Bone Marrow
 Urine
DX
 Ultrasonography
 Diagnostic Imaging
 Diagnostic X-Rays
 Amniocentesis
 CVS
 Fetal Blood Sampling
 Biopsy
Document: PT Contact According to Residency
 Month

Year
 Grantee
 Name
 State Residents
 Out-of-State Resident
 Residency Unspecified
 Pt. Contact by County of Residence
 County of Residence by Urban/Rural
Clinical Services/Counseling Provided
 Genetist
 Non-Genetist
 Info to Referral Source
 Other
Outcome Prenatal Testing/Reason Not Performed
 Outcome
 No Fetal Abnormality
 Fetal Abnormality - unconfirmed postnatally
 Fetal abnormality found - confirmed postnatally
 Findings of uncertain significance
 Unable to Interpret Results/Unsatisfactory Evaluation
 Other
 Not Reported

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT & SCREENING
Genetics Section

1. **DATABASE/DATAFILE TITLE:** GenSys Confirmed
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Genetics Newborn Screening Section
3. **DESCRIPTION:**

Method of Collection : Written Report (Physician Report)
Percent Return : 90%
Percent Completeness (Individual Surveys) : 90%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes ___ No
 Both : ___ Yes ___ No
 Paper Format : ___ Yes ___ No
Frequency of Updating : Initial Report and Annual Report
Date of Last Update : Implemented annually
Years of Data : from 1985 to Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Retention of follow-up information on confirmed cases from birth through adulthood, maintenance of a registry of clients with confirmed diagnoses, an inventory control and shipping order system for the provision of medical treatment products to PKU clients, assessment for development progress of clients.
5. **RESTRICTIONS ON DATA USE:** Restricted to Section staff. None statistically.

- 6. **CONTACT PERSON:** Claudia Nash **Telephone number:** 217-524-4900
- 7. **PROCESS FOR ACCESSING DATA:** See restrictions.
- 8. **STANDARD REPORTS GENERATED:** GEN and GEC databases interface State Lab. activities with NBS follow-up activities to avoid duplication of data collection and to reduce the possibility of error or missed cases.
- 9. **DATA ELEMENTS COLLECTED:**

Product Master	'HGB' =
Clients Master	'BIO' =
Diseases Abbreviation	'CAH' =
'GAL' =	Patient Demographics
'HYP' =	Follow-up Activities
'PKU' =	Progress of patients

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING
Genetics Section

- 1. **DATABASE/DATAFILE TITLE:** GenSys Newborn Screening Suspects
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Genetics Newborn Screening Program Section
- 3. **DESCRIPTION:** Identify At-Risk Newborns.

Method of Collection : Written Report (Lab Slips)
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes X No
 Both : ___ Yes X No
 Paper Format : ___ Yes X No
Frequency of Updating : Daily
Date of Last Update : Implemented annually
Years of Data : from 1985 to Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

- 4. **PURPOSE FOR WHICH COLLECTED:** Identify at-risk newborns using lab. test results, retain specified follow-up information on suspect cases, automate generation of appropriate reports, maintain a registry of clients, promulgate determining quantitative data on sources and types of errors in testing to facilitate more efficient screening.
- 5. **RESTRICTIONS ON DATA USE:** Individual client results are confidential. Access to data is allowable only to designated staff.
- 6. **CONTACT PERSON:** Claudia Nash **Telephone number:** 217-782-6557
- 7. **PROCESS FOR ACCESSING DATA:** See Restrictions.
- 8. **STANDARD REPORTS GENERATED:** Example: Suspects by disorder, sex, age at time of specimen, and prematurity/full term.
- 9. **DATA ELEMENTS COLLECTED:**

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. **DATABASE/DATAFILE TITLE:** Hearing Aid Consumer Protection Program, Information System
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Vision and Hearing Section
3. **DESCRIPTION:**

Method of Collection : Application for certification submitted to the program individually
Percent Return : 90%
Percent Completeness (Individual Surveys) : 100% Before Approval
Database/Datafile is -
Computerized : **Yes** **No**
Mainframe : **Yes** **No**
Personal Computer : **Yes** **No**
Both : **Yes** **No**
Paper Format : **Yes** **No**
Frequency of Updating : Daily
Date of Last Update :
Years of Data : from 1984 to Present
If PC, software used for this database : Dataease
If PC, what is type of file storage : LAN and disk
If PC, frequency of backup : Daily via LAN and Weekly with disk
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Each person must make application to the program to become a licensed hearing aid dispenser. After successful completion of the written or practical examination administered by the Department - he/she is eligible for a (6 month) temporary license. After successful completion of the remaining exam, that person is eligible to become certified (2 year permanent license). A license is issued for a temporary application and again when certified.
5. **RESTRICTIONS ON DATA USE:** Data is available upon written request and after review by the Section Coordinator. Lists and labels may also be purchased from the program.
6. **CONTACT PERSON:** Fern Schneider **Telephone number:** 217-782-1234
7. **PROCESS FOR ACCESSING DATA:** Through contact person or the Section Coordinator.
8. **STANDARD REPORTS GENERATED:** License for temporary and Certified dispensers, current active list and mailing labels of dispensers by region or statewide.
9. **DATA ELEMENTS COLLECTED:**

Name	Selected Health Issues	Home Phone
Home Address	Name of Supervisor	Business Phone
Business Address	Liability Insurance Information	
Educational Background	Committed a Felon	

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. **DATABASE/DATAFILE TITLE:** Hearing Instrument Program Database (Validation)
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Community Intervention Section
3. **DESCRIPTION:** Document fees received for examinations and license renewals

Method of Collection : Fees received
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : As needed
Date of Last Update : July 1999
Years of Data : **from** 1994 **to** Current
If PC, software used for this database : Access
If PC, what is type of file storage : LAN
If PC, frequency of backup : Through LAN
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Track fees received.
5. **RESTRICTIONS ON DATA USE:** Program staff only - confidential
6. **CONTACT PERSON:** Fern Schneider **Telephone number:** 217-782-1234
7. **PROCESS FOR ACCESSING DATA:** Contact person or section administrator
8. **STANDARD REPORTS GENERATED:** Summaries
9. **DATA ELEMENTS COLLECTED:**

Dollar amount	Purpose	Payor

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. **DATABASE/DATAFILE TITLE:** Hemoglobinopathies Quarterly Reports
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Community Intervention Section
3. **DESCRIPTION:** Reports of children receiving genetic services

Method of Collection : Quarterly reports from grantees
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Quarterly
Date of Last Update : July 1999
Years of Data : **from** 1998 **to** 1999
If PC, software used for this database : Access
If PC, what is type of file storage : LAN
If PC, frequency of backup : Through LAN
If PC, is it stand alone, network, client server, etc. : Server

4. **PURPOSE FOR WHICH COLLECTED:** Monitor grantee activities
5. **RESTRICTIONS ON DATA USE:** Program staff only - confidential medical information.
6. **CONTACT PERSON:** Claudia Nash **Telephone number:** 217-524-4900
7. **PROCESS FOR ACCESSING DATA:** Through contact person or section coordinator
8. **STANDARD REPORTS GENERATED:** Quarterly and annual summaries
9. **DATA ELEMENTS COLLECTED:**

Grantee	Screening diagnosis	Whether referred to Local
Grantor	Final diagnosis	Health Department
Name	Mother's diagnosis	Referral Source
Date of Birth	Father's diagnosis	Payment Source
Race	Siblings diagnosis	Date/age PCN started
Ethnicity	Whether family	# of clinic visits
Sex	was counseled	# ER visits
Zip		# days in hospital

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. **DATABASE/DATAFILE TITLE:** NEWTECHS
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Assessment and Screening/Vision & Hearing Section
3. **DESCRIPTION:**

Method of Collection : By Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : X Yes ___ No
 Both : X Yes ___ No
 Paper Format : ___ Yes ___ No
Frequency of Updating :
Date of Last Update : Summer 1999
Years of Data : from 1969 to 1999
If PC, software used for this database : Microsoft Access
If PC, what is type of file storage :
If PC, frequency of backup : Automatic Backup
If PC, is it stand alone, network, client
server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To monitor certified vision and hearing screeners, locations and activities.
5. **RESTRICTIONS ON DATA USE:** Limited to program staff and support staff.
6. **CONTACT PERSON:** Gail Tanner **Telephone number:** 217-782-4733
7. **PROCESS FOR ACCESSING DATA:** Written request stating purpose and specific info needed.
8. **STANDARD REPORTS GENERATED:** Techs by County, by Region, Active Screeners, Recertification Lists and Expiration Lists.

9. DATA ELEMENTS COLLECTED:

ID #	Work Information
Name	County
Social Security Number	Course Information
Title	Score
Degree	Status
Home Information	Expiration Date

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

- DATABASE/DATAFILE TITLE:** NIA Database (clinic)
- LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Assurance
- DESCRIPTION:** Expenses associated with vision and hearing clinics, direct service screening

Method of Collection : Submitted expenses
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
 Paper Format : **Yes** X **No**
Frequency of Updating : Monthly
Date of Last Update : July 1999
Years of Data : **from** 1/99 **to** Current
If PC, software used for this database : Access
If PC, what is type of file storage : LAN
If PC, frequency of backup : Through LAN
If PC, is it stand alone, network, client server, etc. : Network

- PURPOSE FOR WHICH COLLECTED:** Provide data to accounting services to pay expenses.
- RESTRICTIONS ON DATA USE:** Program staff only - confidential data
- CONTACT PERSON:** Gail Tanner **Telephone number:** 217-782-1231
- PROCESS FOR ACCESSING DATA:** Contact person or section administrator
- STANDARD REPORTS GENERATED:** Summaries and detail reports

9. DATA ELEMENTS COLLECTED:

Name	Expenses due	Total pay due
Clinic date	Fee/clinic	Total mileage due
Location	Money due for clinics	Total Due
Hours worked	# Clinics salary due	Date Paid
Total mileage	Fee/hours cost per night	

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

- DATABASE/DATAFILE TITLE:** SIDS & SIDS/IM
- LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Community Intervention Section

3. DESCRIPTION:

Method of Collection : Coroner/Medical Examiner Reports, birth & death certificates, Nurse Report forms

Percent Return : NA

Percent Completeness (Individual Surveys) : NA

Database/Datafile is -

Computerized : X **Yes** ___ **No**

Mainframe : X **Yes** ___ **No**

Personal Computer : X **Yes** ___ **No**

Both : X **Yes** ___ **No**

Paper Format : ___ **Yes** ___ **No**

Frequency of Updating : Daily

Date of Last Update : Current Date

Years of Data : **from 1989 to Current**

If PC, software used for this database :

If PC, what is type of file storage :

If PC, frequency of backup :

If PC, is it stand alone, network, client server, etc. :

4. PURPOSE FOR WHICH COLLECTED: To determine reporting expediency and collect relevant information pertaining to SIDS Infants & their families. Provide counseling and referral services, and compile statistical data on SIDS in Illinois.

5. RESTRICTIONS ON DATA USE: Client information is not released

6. CONTACT PERSON: Barb Breidenbaugh **Telephone number:** 217-557-2931

7. PROCESS FOR ACCESSING DATA: Written request with stated purpose and intent.

8. STANDARD REPORTS GENERATED: Mailing List, Statewide Totals of Reported Cases, Coroner's Reporting Expediency, Status of Cases, Overdue Nurse Report Forms, Contacts Reports, Referrals Reports.

9. DATA ELEMENTS COLLECTED:

Sex	Type of Delivery
Date of Birth	Use of Alcohol, Tobacco or Drug
Weight	Father's Name
Race	Address, City, State, Zip
Hispanic	Phone
Twin	Death Reported by
Sib Order	Date Reported
Autopsy Performed	County of Occurrence
SIDS or cause of death on DC	County of Residence
Caretaker	HVR Received
Other SIDS in Family	Birth Certificate
Mother's Name	Death Certificate
Age	Agency Code
Address, City, State, Zip	Agency Name
Phone	Date Referral Sent
Sleep Position	Date PRG Condolence Sent
Co-sleeping - (where/with whom)	Mailing List wished
Date of death - age (days)	Parent Contact wished
Marital Status	Group Contact wished
Prenatal Care	Referrals
Month Began	Reactions to Professionals
Number of Visits	

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

- 1. DATABASE/DATAFILE TITLE:** Vision and Hearing Database (Summary)
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Assurance
- 3. DESCRIPTION:** Summary statistics from schools, local health departments and others describing the number of children screened and referred for vision and hearing problems.

Method of Collection : Survey
Percent Return :
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : Yes X No
Frequency of Updating : Annually
Date of Last Update : August 1998
Years of Data : **from** 1994 **to** 1998
If PC, software used for this database : Access
If PC, what is type of file storage : Lan
If PC, frequency of backup : Through LAN
If PC, is it stand alone, network, client server, etc. : Network

- 4. PURPOSE FOR WHICH COLLECTED:** To summarize activity.
- 5. RESTRICTIONS ON DATA USE:** Program staff only - published in paper form
- 6. CONTACT PERSON:** Gail Tanner **Telephone number:** 217-782-1231
- 7. PROCESS FOR ACCESSING DATA:** Contact person or section administrator
- 8. STANDARD REPORTS GENERATED:** Summary data
- 9. DATA ELEMENTS COLLECTED:**

Numbers of children screened	Referred and followed-up by grade
Rescreened	School/health department for vision and hearing problems

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

- 1. DATABASE/DATAFILE TITLE:** Vision and Hearing (Information Request)
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Community Intervention Section
- 3. DESCRIPTION:** Document requests for brochures filled by program

Method of Collection : Request
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No

Both : Yes No
 Paper Format : Yes No
 Frequency of Updating : As needed
 Date of Last Update : July 1999
 Years of Data : from 1995 to Current
 If PC, software used for this database : Access
 If PC, what is type of file storage : LAN
 If PC, frequency of backup : Through LAN
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** To track brochures provided
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Gail Tanner **Telephone number:** 217-782-1231
7. **PROCESS FOR ACCESSING DATA:** Contact person or section administrator
8. **STANDARD REPORTS GENERATED:** Summary data
9. **DATA ELEMENTS COLLECTED:**

Name	Address	Sender
Phone Quantity	Brochure Name	

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. **DATABASE/DATAFILE TITLE:** Vision and Hearing Technicians
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Community Intervention Section
3. **DESCRIPTION:** List of vision and hearing technicians; active and inactive

Method of Collection : License applications
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
 Frequency of Updating : As needed
 Date of Last Update : July 1999
 Years of Data : from 1993 to Current
 If PC, software used for this database : Access
 If PC, what is type of file storage : LAN
 If PC, frequency of backup : LAN Backup
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Maintain list of technicians
5. **RESTRICTIONS ON DATA USE:** Program staff only - confidential data
6. **CONTACT PERSON:** Gail Tanner **Telephone number:** 217-782-1231
7. **PROCESS FOR ACCESSING DATA:** Contact person or section administrator

8. **STANDARD REPORTS GENERATED:** Lists of technicians

9. **DATA ELEMENTS COLLECTED:**

Name	Address	Certification Date
Test scores	Degree	Phone Number
Agency	Work Address	

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT & SCREENING

1. **DATABASE/DATAFILE TITLE:** Vision and Hearing Version 1.2 (Hearing Instrument Program)

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Assessment & Screening/Vision & Hearing Section

3. **DESCRIPTION:**

Method of Collection : By application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is

Computerized	: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mainframe	: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Computer	: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Both	: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Paper Format	: <input type="checkbox"/> Yes	<input type="checkbox"/> No

Frequency of Updating :
Date of Last Update : Spring 1999
Years of Data : **from 1985 to 1999**
If PC, software used for this database : Microsoft Access
If PC, what is type of file storage :
If PC, frequency of backup : Automatic Backup
If PC, is it stand alone, network, client
server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Monitoring and licensing hearing instrument dispensers.

5. **RESTRICTIONS ON DATA USE:** Program and support staff.

6. **CONTACT PERSON:** Fern Schneider **Telephone number:** 217-782-1234

7. **PROCESS FOR ACCESSING DATA:** Written request stating purpose and specific information needed.

8. **STANDARD REPORTS GENERATED:** Renewal reports, expiration, active lists, labels, business lists and examiner lists.

9. **DATA ELEMENTS COLLECTED:**

Identifying Information	Date of Birth
ID#	Sex
Business Information	Test Scores
Expiration Date	Education
Active Status	Continuing Education Credit Hours

DIVISION OR CENTER NAME: DIVISION OF ORAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Craniofacial Anomaly

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Craniofacial Anomaly Program

3. **DESCRIPTION:**

Method of Collection : Written and electronically from IMS birth file and APORS

Percent Return : 100%

Percent Completeness (Individual Surveys) : 100%

Database/Datafile is -

 Computerized : X Yes ___ No

 Mainframe : X Yes ___ No

 Personal Computer : X Yes ___ No

 Both : X Yes ___ No

 Paper Format : X Yes ___ No

Frequency of Updating : Monthly

Date of Last Update : None

Years of Data : from 1986 to Present

If PC, software used for this database : WordPerfect 8.0

If PC, what type of file storage : Floppy and LAN

If PC, frequency of backup : Annually

If PC, is it stand alone, network, client server, etc : LAN

4. **PURPOSE FOR WHICH COLLECTED:** The primary purpose for which the data is collected is the notification of new mothers whose children are born with a cleft lip/palate congenital abnormality of how to feed the infants and to make them aware the craniofacial teams which are available to help correct the problem. Secondly, the statistics may be helpful in any number of reports.

5. **RESTRICTIONS ON DATA USE:** None statistically.

6. **CONTACT PERSON:** Ann Roppel **Telephone Number:** 217-278-5934

7. **PROCESS FOR ACCESSING DATA:** Written request stating purpose and specific information needed.

8. **STANDARD REPORTS GENERATED:** Craniofacial Anomaly by Race. Craniofacial Anomaly by Anomaly.

9. **DATA ELEMENTS COLLECTED:**

Children Born with Cleft Lip/palate	Type of Congenital Abnormality
Date of Birth	Mother's Name
Mother's Marital Status	Child's Name
Child's Race	Apgar Score from Birth Certificate
Child's Sex	Race Information from Birth Certificate

DIVISION OR CENTER NAME: DIVISION OF ORAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Dental Sealant Grant

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Dental Sealant Grant Program

3. **DESCRIPTION:**

Method of Collection : Billing and Individual Reporting Forms

Percent Return : 100%

Percent Completeness (Individual Surveys) : 80-100%

Database/Datafile is -

 Computerized : X Yes ___ No

 Mainframe : ___ Yes X No

 Personal Computer : X Yes ___ No

Both : Yes X No
 Paper Format : X Yes No
 Frequency of Updating : Monthly
 Date of Last Update : June 2001
 Years of Data : from 1986 to Present
 If PC, software used for this database : Word Perfect 8.0
 If PC, what type of file storage : LAN and floppy
 If PC, frequency of backup : Annually
 If PC, is it stand alone, network, client
 server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** This system enables the Division of Oral Health to approve fee-for-service billing, monitor grant performance and collect number of clients served and services provided.
5. **RESTRICTIONS ON DATA USE:** None statistically.
6. **CONTACT PERSON:** Stacey Ballweg **Telephone Number:** 217-785-4899
7. **PROCESS FOR ACCESSING DATA:** Written request.
8. **STANDARD REPORTS GENERATED:** Grantee Progress Report, monthly. Individual Grantee Progress Report, monthly. Expenditure Report, annually. Annual data summary, annually.
9. **DATA ELEMENTS COLLECTED:**

No. Of Children Served	No. Of Medicaid Children Served
No. Of Dental Sealants Applied	No. Of Sealants Applied on Medicaid Children
Grant Funds Expended	No. Of Schip/kidcare Children Served
Other Sealants Done	No. Of Sealants Applied on Schip/kidcare Children

DIVISION OR CENTER NAME: DIVISION OF ORAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Fluoridation
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Fluoridation Program
3. **DESCRIPTION:** Maintenance of fluoridation monitoring data.

Method of Collection : From lab analysis forms
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 90% - 100%
 Database/Datafile is -
 Computerized : X Yes No
 Mainframe : X Yes No
 Personal Computer : X Yes No
 Both : X Yes No
 Paper Format : X Yes No
 Frequency of Updating : Monthly
 Date of Last Update : 8/01
 Years of Data : from 1981 to Present
 If PC, software used for this database : Microsoft Access
 If PC, what is type of file storage : Lan and Floppy
 If PC, frequency of backup : Quarterly
 If PC, is it stand alone, network, client
 server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** This system enables the Division of Oral Health to monitor compliance of public water supplies with the Illinois Statute mandating adjustment of fluoride to a level of between

0.9 to 1.2 milligrams per liter inclusively.

- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Julie Ann Janssen **Telephone number:** 217-785-4899
- 7. **PROCESS FOR ACCESSING DATA:** Written request
- 8. **STANDARD REPORTS GENERATED:** Monthly Fluoride Report, not scheduled. Monthly Fluoride Statistics Report, not scheduled. Quarterly Non-Compliance Report, not scheduled. Annual Fluoride Compliance Report, annually. Quarterly Non-Compliance Letter & Mailing Labels, not scheduled. Annual Report - Honorable Mention, annually. Annual Report - Certificate of Award, annually. Quarterly/Annual Natural List, annually. Current Validity Check, not scheduled. Previous & Future Validity Check, not scheduled. Monthly Fluoridation Tests Report, quarterly. Missing Samples Report, not scheduled.
- 9. **DATA ELEMENTS COLLECTED:**

Public Water Supplies:	Facility Number
Name	# Population Served
Address	Fluoridation Test Results

OFFICE OF HEALTH PROTECTION

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

- 1. **DATABASE/DATAFILE TITLE:** Asbestos Commercial and Public Building Project Notifications
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
- 3. **DESCRIPTION:** Maintain records of commercial and public building asbestos abatement projects that are required in accordance with Section 855.220a) 1) of the Asbestos Code.

Method of Collection : Notification form
Percent Return : 90%
Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : from 1999 to Present
If PC, software used for this database : Database
If PC, what is type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** Under Section 855.220a) 1) of the Asbestos Code, notification for commercial and public building projects shall be submitted to the Department for project activities ranging in size from 3 square feet/3linear feet to 160 square feet/260 linear feet.
- 5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or requests through the Freedom of Information Act.
- 6. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217/782-3517

- 7. **PROCESS FOR ACCESSING DATA:** Written request through the Freedom of Information Act.
- 8. **STANDARD REPORTS GENERATED:** Current West Chicago Projects and Current Downstate Projects.
- 9. **DATA ELEMENTS COLLECTED:**

Project ID Number	Start Date and Time
Building ID Number	Completion Date and Time
County Name	Inspector ID Number, Name and Expiration Date
Region	Project Designer ID Number, Name and Expiration Date
Building Name, Address, City, State, Zip Code	Start Date and Time
Contractor Name	Completion Date and Time
Contractor Expiration Date	Cancellation Date
Inspector ID Number, Name and Expiration Date	Scope of Project
Project Designer ID Number, Name and Expiration Date	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

- 1. **DATABASE/DATAFILE TITLE:** Asbestos Contractor Licensing Program
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
- 3. **DESCRIPTION:** Illinois Licensed Asbestos Abatement Contractors

Method of Collection : Application
 Percent Return : 90%
 Percent Completeness (Individual Surveys) : 75%
 Database/Datafile is -

Computerized	: <u>X</u> Yes		___ No
Mainframe	: ___ Yes		<u>X</u> No
Personal Computer	: <u>X</u> Yes		___ No
Both	: ___ Yes		<u>X</u> No
Paper Format	: <u>X</u> Yes		___ No

Frequency of Updating : Daily
 Date of Last Update : Daily
 Years of Data : from 1986 to Present
 If PC, software used for this database : Dataease
 If PC, what is type of file storage : Network
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** The Asbestos Abatement Act and Code and the Commercial and Public Building Asbestos Abatement Act mandates that contractors shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in all buildings except single family homes and apartment buildings ten units or less.
- 5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or request through the Freedom of Information Act.
- 6. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217-782-3517
- 7. **PROCESS FOR ACCESSING DATA:** Large request through the Freedom of Information Act. Small request may be by phone.
- 8. **STANDARD REPORTS GENERATED:** Licensed contractors - by request.
- 9. **DATA ELEMENTS COLLECTED:**

Identification Number	Address, City, State, Zip
Name of Company	Phone Number

Contact Person
 Designated Supervisor
 Expiration Date - Designated Supervisor
 Application Date
 Disapproval Date
 Approval Date
 License Print Date
 License Expiration Date
 Review Fee Amount
 Approval Fee Amount
 Renewal Fee Amount
 Review Fee Validation Number

Approved Fee Validation Number
 Renewed Fee Validation Number
 Duplicate Fee Amount
 Reinstatement Fee
 Insurance Carrier
 Insurance Expiration Date
 Comments
 Fine/violation, choice; Inspection
 Letter, Formal Warning
 Fine/violation, Stop Work Order
 Comments for Fine/Violation

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Asbestos On-Site Inspections, Fines, Warnings, Violations
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Maintains records of on-site inspections for asbestos abatement projects in Illinois and any violations, warnings or fines.

Method of Collection : Report by inspector
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
 Frequency of Updating : Dai.ly
 Date of Last Update : Daily
 Years of Data : from 1992 to Present
 If PC, software used for this database : Dataease
 If PC, what is type of file storage : Network
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Document on-site asbestos abatement project inspections, any violations that occurred and any warnings or fines that are issued.
5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or requests through the Freedom of Information Act.
6. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217/782-3517
7. **PROCESS FOR ACCESSING DATA:** Written request through FOIA
8. **STANDARD REPORTS GENERATED:** Reports created based on request.

9. **DATA ELEMENTS COLLECTED:**

Abatement Project Number	Name of commercial or public building
Inspection dates	Address of commercial or public building
Type of Action	City, State and Zip of commercial and public building
Name of Inspectors	Contractor receiving action
Name of School facility	Professionals receiving action
Address of School facility	Legal action and dates
City, State and Zip of School Facility	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Asbestos Professional Licensing Program
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Maintain records for licensed asbestos professionals; inspectors, management planners, project supervisors, project managers, air sampling professionals, and project designers.

Method of Collection : Application
Percent Return : 90%
Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
Paper Format : X **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : **from 1990 to Present**
If PC, software used for this database : Dataease
If PC, what is type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** The Asbestos Abatement Act and Code mandates that supervisors, inspectors, management planners, project designers, project managers and air sampling professionals shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in public and non-public school facilities. The Commercial and Public Building Asbestos Abatement Act mandates that supervisors, inspectors, and project designers shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in all buildings except single family homes and apartment buildings ten units or less.
5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or request through the Freedom of Information Act.
2. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217-782-3517
7. **PROCESS FOR ACCESSING DATA:** Large request through the Freedom of Information Act. Small request may be by phone.
8. **STANDARD REPORTS GENERATED:** By request; Licenses Inspectors, Licensed Project Managers, Licensed Project Supervisors, Licensed Air Sampling Professionals, Licensed Project Designers, Licensed Management Planners.

9. **DATA ELEMENTS COLLECTED:**

Identification Number	Expiration Date per License
Name	Disapproval Date per License
Address, City, State, Zip	License Print Date per Type of License
Phone Number	Initial Training Course(s)
Social Security Number	Exam Date
Worker Identification Number	Expiration Date
Company Id Number	Initial Certificate Number
Company Name	Refresher Training Course(s)
Company Address	Exam Date
City, State, Zip (For Company)	Expiration Date
Phone Number (For Company)	Refresher Certificate Number

Expiration Date of License
 Initial Fee Amount per License
 Initial Validation Number per license
 Renewal Fee Amount per license
 Renewal Validation Number
 Comments

Fine/violation choice
 Inspection Letter
 Formal Warning
 Fine/violation
 Stop Work Order
 Comments for Fine/violation

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Asbestos Worker Licensing Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintain records for licensed asbestos workers.

Method of Collection : Application
 Percent Return : 90%
 Percent Completeness (Individual Surveys) : 75%
 Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
 Frequency of Updating : Daily
 Date of Last Update : Daily
 Years of Data : **from 1986 to Present**
 If PC, software used for this database : Dataease
 If PC, what is type of file storage : Network
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: The Asbestos Abatement Act and Code and the Commercial and Public Building Asbestos Abatement Act mandates that asbestos workers shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in all buildings except single family homes and apartment buildings ten units or less.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak **Telephone number:** 217-787-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone.

8. STANDARD REPORTS GENERATED: Asbestos Workers - by request only.

9. DATA ELEMENTS COLLECTED:

Identification Number	Refresher Training Course(s)	Approval Date
Name	Exam Date	Initial Fee Amount
Address, City, State, Zip	Expiration Date	Initial Validation Number
Phone number	Certification number	Renewal Fee Amount
Social Security Number	Expiration Date of License	Renewal Validation Number
Initial training course(s) Exam	Last Update	Duplicate Fee
Date	License Print Date	Reinstatement Fee
Expiration Date	Disapproval Date	Comments
Certification number		

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Federal Well Survey
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:**

Method of Collection : Evaluation Reports
Percent Return : 100%
Percent Completeness (Individual Surveys) : 97%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes ___ No
 Personal Computer : X Yes ___ No
 Both : ___ Yes ___ No
 Paper Format : ___ Yes ___ No
Frequency of Updating : None
Date of Last Update :
Years of Data : from ___ to 1994
If PC, software used for this database :
If PC, what type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
 server, etc :

4. **PURPOSE FOR WHICH COLLECTED:** Comply with requirements of CDC Grant
5. **RESTRICTIONS ON DATA USE:**
6. **CONTACT PERSON:** David Antonacci **Telephone Number:** 217-782-5830
7. **PROCESS FOR ACCESSING DATA:** Written request.
8. **STANDARD REPORTS GENERATED:** None
9. **DATA ELEMENTS COLLECTED:**

State	Bored to Surface	Depth of Well in Feet
County	Buried Slab	Age of Well in Years
Well Number	Other	Lab Results
Survey Date	Adults Ill	Total Coliform
Well Type	Children Ill	E. Coli
Driven	Properly Constructed	Atrazine
Drilled	Sewage System Operating	Alachlor
Dug	Properly	Message

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Illinois Asbestos Training Course Providers
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Maintains records of Illinois approved training course providers.

Method of Collection : Application
Percent Return : 90%

Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : from 1989 to Present
If PC, software used for this database : Dataease
If PC, what is type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** The Asbestos Abatement Act and Rules and Regulations provides for the accreditation of all training course providers that want to teach asbestos related course.
5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or request through the Freedom of Information Act.
6. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217-782-3517
7. **PROCESS FOR ACCESSING DATA:** Large request through the Freedom of Information Act. Small request may be by phone.
8. **STANDARD REPORTS GENERATED:** Illinois Accredited Asbestos Training Course Providers - by request.
9. **DATA ELEMENTS COLLECTED:**

Identification Number	Disapproval Date per Type of Training Course
Name of Provider	Approval Date per Type of Training Course
Address, City State, Zip	Renewal Dates and Fees per Type of Training Course
Telephone Number	Course
Contact Person	Course Audit Type
Fax Number	Course Dates
Application Date per Type of Training Course	Course Audit Date
Fee Received per Type of Training Course	Course Auditor

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Illinois Lead Training Course Providers
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Maintain records of Illinois approved training course providers.

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : from 1996 to Present
If PC, software used for this database : Dataease

If PC, what is type of file storage : Network
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** The Lead Poisoning Prevention Code provides for the approval of training course providers that teach lead courses. Licensed applicants shall complete an Illinois approved lead training course..
5. **RESTRICTIONS ON DATA USE:** Used by the Lead Program
6. **CONTACT PERSON:** Cinda Noak **Telephone number:** (217)782-3517
7. **PROCESS FOR ACCESSING DATA:** List of Illinois Approved Lead Training Providers is available upon request by phone, mail and is on the Department Web site.
8. **STANDARD REPORTS GENERATED:** List of Illinois Approved Lead Training Providers.
9. **DATA ELEMENTS COLLECTED:**
 Id#
 Fee Exempt
 Name of Company
 Address of Company
 City, State, Zip, Phone and Fax of Company
 Contact Person
 Training Manager
 Designated Instructors
 Application Received Date per Type of Course
 Amount of Money Received per Type of Course
 Disapproval Date per Type of Course
 Approval Date per Type of Course
 Expiration Date per Type of Course
 Alternative Course Schedules Approved

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Illinois School Abatement Projects
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Maintain records for all asbestos abatement projects in Illinois school facilities

Method of Collection : Reports
 Percent Return : 90%
 Percent Completeness (Individual Surveys) : 75%
 Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
 Frequency of Updating : When received
 Date of Last Update : Daily
 Years of Data : **from** 1986 to Present
 If PC, software used for this database : Dataease
 If PC, what is type of file storage : Network

If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** AHERA and the Asbestos Abatement Act and Rules and Regulations mandates that all public and non-public school facilities submit abatement notifications and project manager reports to the Asbestos Program for asbestos projects conducted.

5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or request through the Freedom of Information Act.

6. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217-782-3517

7. **PROCESS FOR ACCESSING DATA:** Large request through the Freedom of Information Act. Small request may be by phone.

8. **STANDARD REPORTS GENERATED:** Current Abatement Projects - monthly

9. DATA ELEMENTS COLLECTED:

Project Identification Number	O & M Procedure
School Identification Number	Abatement Cost
Name	Disposal Site
Address, City, State, Zip	Project Designer Name
Phone number	Project Manager Name
School District Name	Air Sampling Professional Name
and Identification Number	Date PM Report Received
Contracting Company	Description of Project
Expiration Date	Variance Granted
Insurance Expiration Date	Types of Approval of Variance
Abatement Notice Received Date	NVLAP Certificate Compliance
Project Start Date	
Project End Date	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Illinois School Facilities

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:** Maintain records for all school facilities and related asbestos activities.

Method of Collection : ISBE & Reports
Percent Return : 90%
Percent Completeness (Individual Surveys) : 90%
Database/Datafile is -
Computerized : X Yes No
Mainframe : Yes X No
Personal Computer : X Yes No
Both : Yes X No
Paper Format : X Yes No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : **from 1986 to Present**
If PC, software used for this database : Dataease
If PC, what is type of file storage : Network
If PC, frequency of backup : Daily
**If PC, is it stand alone, network, client
 server, etc.** : Network

4. **PURPOSE FOR WHICH COLLECTED:** AHERA and the Asbestos Abatement Act and Rules and Regulations mandates that all public and non-public school facilities be inspected for ACBM and submit inspection reports, management plans, and 3 year reinspection reports and project manager reports to the Asbestos Program.
5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or request through the Freedom of Information Act.
6. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217- 782-3517
7. **PROCESS FOR ACCESSING DATA:** Large request through the Freedom of Information Act. Small request may be by phone.
8. **STANDARD REPORTS GENERATED:** List of all school facilities in Illinois.

9. DATA ELEMENTS COLLECTED:

School Identification Number	Management Plan Received Date
Name	Name of Inspector and Management Planner
Address, City, State, Zip	Management Plan Company
Phone number	Management Plan Complete or Incomplete
School District Name and Identification Number	AHERA Compliance Inspections
Administrator's Name	3-year Reinspection
Enrollment	Comments
Deferral Request Information	Exclusion Received Date
Initial Inspection Date	Exclusion Approved Date

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Investigations Conducted by Toxicology Section
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:**

Method of Collection : Reports of investigations which were conducted by Toxicology staff.

Percent Return : Continual

Percent Completeness (Individual Surveys) :

Database/Datafile is -

Computerized	:	<u> X </u>	Yes	<u> </u>	No
Mainframe	:	<u> </u>	Yes	<u> X </u>	No
Personal Computer	:	<u> X </u>	Yes	<u> </u>	No
Both	:	<u> </u>	Yes	<u> </u>	No
Paper Format	:	<u> </u>	Yes	<u> X </u>	No

Frequency of Updating

Date of Last Update

Years of Data

If PC, software used for this database

If PC, what type of file storage

If PC, frequency of backup

If PC, is it stand alone, network, client server, etc

4. **PURPOSE FOR WHICH COLLECTED:** Filing and retrieval purposes.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Louise Boyd **Telephone Number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written request or telephone to contact person.

8. **STANDARD REPORTS GENERATED:** None at present.

9. **DATA ELEMENTS COLLECTED:**

ID Number	County	CERCLIS #
County	Toxicologist	Address
FIPS Code	Contact Person	City
Region	Contact Phone #1	Zip Code
Record Number	Contact Phone #2	County
ID Number	Contact Fax	Region
Entry Date	Facility Type	Health Assessment
Investigation Date	File Updated	HA Publication Date
Facility Name	Who Has File	Health Consultation
Address	File Returned	HC Publication Date
City	Site Name	Health Study
State	Record #	Health Education
Zip	ILD#	Toxicologist
FIPS		

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lead Abatement Project Notifications

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:** Maintain records of lead abatement projects

Method of Collection : Notification
Percent Return : 90%
Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : from 1999 to Present
If PC, software used for this database : Dataease
If PC, what is type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client
server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** In accordance with Section 845.31 e) of the Lead Poisoning Prevention Code the lead contractor shall notify the Department of any lead abatement or mitigation projects.

5. **RESTRICTIONS ON DATA USE:** Lead Program use

6. **CONTACT PERSON:** Cinda Noak **Telephone number:** 217/782-3517

7. **PROCESS FOR ACCESSING DATA:** Request through the Freedom of Information

8. **STANDARD REPORTS GENERATED:** Reports created based on request.

9. DATA ELEMENTS COLLECTED:

Project Number
Date Received
Contractor Id Number, Name, Address,
City, State, Zip and Phone
Location of Abatement Project, Building
Name, Address, City, State and Zip
Start Date and Times

Completion Date and Times
on Site Supervisors
Description of Project,
Comments
Building Owner Name, Address,
City, State, Zip and Phone

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Lead Children

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintains records of children with elevated blood lead levels and the dwelling of possible exposure

Method of Collection	:	Report from Childhood Lead
Percent Return	:	100%
Percent Completeness (Individual Surveys)	:	80%
Database/Datafile is -		
Computerized	:	<u> X </u> Yes <u> </u> No
Mainframe	:	<u> </u> Yes <u> X </u> No
Personal Computer	:	<u> X </u> Yes <u> </u> No
Both	:	<u> </u> Yes <u> X </u> No
Paper Format	:	<u> X </u> Yes <u> </u> No
Frequency of Updating	:	Daily
Date of Last Update	:	Daily
Years of Data	:	<u> from 1993 </u> to <u> Present </u>
If PC, software used for this database	:	Dataease
If PC, what is type of file storage	:	Network
If PC, frequency of backup	:	Daily
If PC, is it stand alone, network, client server, etc.	:	Network

4. PURPOSE FOR WHICH COLLECTED: Report children with elevated blood lead levels to refer for an environmental investigation

5. RESTRICTIONS ON DATA USE: Lead Program use or requests through the Freedom of Information Act

6. CONTACT PERSON: Cinda Noak **Telephone number:** 217/782-3517

7. PROCESS FOR ACCESSING DATA: Written request through Freedom of Information

8. STANDARD REPORTS GENERATED: Reports created based on request.

9. DATA ELEMENTS COLLECTED:

Child Identifier	Child Last Name
Date Entered	DOB
Last Update	EBL
Medicaid #	Referral Date
Medicaid Eligible	Comments
SS #	Address ID #
Child First Name	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lead Contractors
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Record of all contractors applying to the Department for licensure as a lead abatement contractor.

Method of Collection : Application
Percent Return : 90%
Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
Computerized : X Yes No
Mainframe : Yes X No
Personal Computer : X Yes No
Both : Yes X No
Paper Format : X Yes No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : from 1994 to Present
If PC, software used for this database : Dataease
If PC, what type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** The Lead Poisoning Prevention Code requires lead abatement contractors to be licensed by the Department.
5. **RESTRICTIONS ON DATA USE:** Lead Program use or request through the Freedom of Information Act.
6. **CONTACT PERSON:** Cinda Noak **Telephone Number:** 217-782-3517
7. **PROCESS FOR ACCESSING DATA:** Large request through the Freedom of Information Act. Small request may be by phone. List of licensed contractors on Department website.
8. **STANDARD REPORTS GENERATED:** List of licensed lead abatement contractors.

9. **DATA ELEMENTS COLLECTED:**

Identification Number	Approval Date
Company Number	Fee Received
Company Address, City, State, and Zip	Renewal Dates and Fees Received
Contact Person	Designated Supervisor
Telephone Number, Fax Number	Designated Supervisor Expire Date
County Region	Insurance Carrier
Date of Application	Expiration of Insurance
Disapproval Date	Violations
License Print Date	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lead Environmental Inspections
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Maintain records of dwellings that are inspected by IDPH lead inspectors for children with elevated blood lead levels.

Method of Collection : Regional lead inspector

Percent Return : 100%
Percent Completeness (Individual Surveys) : 80%
Database/Datafile is -
Computerized : X Yes No
Mainframe : Yes X No
Personal Computer : X Yes No
Both : Yes X No
Paper Format : X Yes No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : **from** 1993 **to** Present
If PC, software used for this database : Dataease
If PC, what type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** Inspection information for dwellings of children with elevated blood lead levels
5. **RESTRICTIONS ON DATA USE:** Lead Program use or requests through the Freedom of Information Act.
6. **CONTACT PERSON:** Cinda Noak **Telephone Number:** 217-782-3517
7. **PROCESS FOR ACCESSING DATA:** Written Request through Freedom of Information Act.
8. **STANDARD REPORTS GENERATED:** Reports created based on request
9. **DATA ELEMENTS COLLECTED:**

Date Entered	Last Update	Compliance Conference Date
Inspection ID#	Inspectors	Case Closed Date and Reason
Address ID#	Referral Date	Last Active Date and Reason
Child Identifier	Inspection Dates	Stipulation Date
Fips	Mitigation Dates	Enforcement Case Prepared
County	Substantial Compliance	Comments
Region	Extension Dates and Reason	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lead Environmental Investigations
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:** Record of environmental investigations of dwellings for which confirmed elevated blood levels in children have been reported.

Method of Collection : Reports
Percent Return : 95%
Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
Computerized : X Yes No
Mainframe : Yes X No
Personal Computer : X Yes No
Both : Yes X No
Paper Format : X Yes No
Frequency of Updating : Daily
Date of Last Update : Daily

Years of Data : **from 1993 to Present**
If PC, software used for this database : Dataease
If PC, what type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** Maintain records of all environmental lead investigations in compliance with the Lead Poisoning Prevention Code.
5. **RESTRICTIONS ON DATA USE:** Use of the lead program or by request through the Freedom of Information Act.
6. **CONTACT PERSON:** Cinda Noak **Telephone Number:** 217-782-3517
7. **PROCESS FOR ACCESSING DATA:** Through the Freedom of Information Act.
8. **STANDARD REPORTS GENERATED:** Special reports created upon request.
9. **DATA ELEMENTS COLLECTED:**
 Record Identification Number
 Address, City, State and Zip of Dwelling
 County of Dwelling
 Region of Dwelling
 Inspectors
 Referral Date
 Names and Identification Numbers of Children Residing at Dwelling

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lead Inspectors, Workers, Contractor/Supervisors, and Risk Assessors
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : 90%
Percent Completeness (Individual Surveys) : 75%
Database/Datafile is -
Computerized : X **Yes** **No**
Mainframe : **Yes** X **No**
Personal Computer : X **Yes** **No**
Both : **Yes** X **No**
Paper Format : X **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : **from 1993 to Present**
If PC, software used for this database : Dataease
If PC, what type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc : Network

4. **PURPOSE FOR WHICH COLLECTED:** The Lead Poisoning Prevention Code requires lead inspectors, risk assessors, workers and contractor/supervisors be licensed by the Department.

5. **RESTRICTIONS ON DATA USE:** Lead Program use or request through the Freedom of Information Act.
6. **CONTACT PERSON:** Cinda Noak **Telephone Number:** 217-782-3517
7. **PROCESS FOR ACCESSING DATA:** Large requests through the Freedom of Information Act. Small requests may be by phone.
8. **STANDARD REPORTS GENERATED:** By request; *list of licensed lead inspectors, list of licensed lead workers, *list of licensed lead supervisor, *list of licensed lead risk assessors. *These lists are on the Department website.
9. **DATA ELEMENTS COLLECTED:**

Identification Number	Fee Received per Type of License
Name of Applicant	Renewal Dates and Fees Received per Type of License
Address, City, State, and Zip of Applicant	Expiration Date per Type of License
Phone Number of Applicant	License Print Date
Social Security Number	Training Certification Information per Type of License
Company Name	Third Party Exam Date
Company Address, City, State, and Zip	Third Party Exam Score
Telephone Number of Company	Third Party Certificate Number
Fips Code for Company	Third Party Pass/fail
Date of Application per Type of License	
Disapproval Date per Type of License	
Approval Date per Type of License	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lockformer Groundwater
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:**

Method of Collection	:	Information from IEPA
Percent Return	:	
Percent Completeness (Individual Surveys)	:	
Database/Datafile is -		
Computerized	:	<u> X </u> Yes <u> </u> No
Mainframe	:	<u> </u> Yes <u> X </u> No
Personal Computer	:	<u> X </u> Yes <u> </u> No
Both	:	<u> </u> Yes <u> X </u> No
Paper Format	:	<u> </u> Yes <u> X </u> No
Frequency of Updating	:	As Necessary
Date of Last Update	:	October 2001
Years of Data	:	from <u>2001</u> to <u>Present</u>
If PC, software used for this database	:	Access
If PC, what is type of file storage	:	Disk
If PC, frequency of backup	:	Daily
If PC, is it stand alone, network, client server, etc.	:	Network
4. **PURPOSE FOR WHICH COLLECTED:** To monitor extent of site-related contamination and provide information to area residents
5. **RESTRICTIONS ON DATA USE:**
6. **CONTACT PERSON:** Ken McCann **Telephone number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written request or telephone contact person.

8 **STANDARD REPORTS GENERATED:** None

9. **DATA ELEMENTS COLLECTED**

ID	Downers Grove Site	1,1,1-TCA
Last Name	Lockformer Site	1,1,1-TCA#Bromomethane
First Name	RecID	1,2-DCE
Address	ID	1,1-DCA
City	Sample Date	MTBE
Zip	Who Sampled?	Acetone
Home Phone	Date Received	Methylene Chloride
Work Phone	PCE	Chloroform
Cell Phone	PCE#	No Detect
Letter Sent	TCE	Below MCL
Letter Sent Date	TCE#	Above MCL
Number Times Sampled	PCE + TCE	Resample

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** MPREP2

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:**

Method of Collection : Information from USEPA
Percent Return :
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : As Necessary
Date of Last Update : June 2002
Years of Data : from 1997 to 1999
If PC, software used for this database : Access
If PC, what is type of file storage : Disk
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client
server, etc. : Environmental Health Network

4. **PURPOSE FOR WHICH COLLECTED:** Methyl Parathion Public Health. Response

5. **RESTRICTIONS ON DATA USE:** Confidential Biological Data

6. **CONTACT PERSON:** Ken McCann **Telephone number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written request or telephone contact person.

8 **STANDARD REPORTS GENERATED:** None

9. **DATA ELEMENTS COLLECTED:**

Last Name	Last Name2	Date Contacted
First Name	First Name2	Scheduled

Street Address	Landlord Let	Env Samples Res Req
Apt #	Nurse Assigned	Env Sam Res Let
City	Nurse Assigned Date	No Further Action
State	Date Collected	No Further Let
Zip	Date Taken to Lab	Landlord Let2
Home Phone	Urine Resample	Landlord Let Notes
Work Phone	Resample Ref Date	Landlord Env Res Let
Other Phone	Resample Person	Refused
Other Contact	Urine 1/4 Mon	Env Refused
Best Time	Urine 1/4 Let	Methyl Parathion Pesticide
Env Cleared	Relocate Referral	Samples
Env Clr Let	Relocate Letter Sent	Urine Samples
Urine Let Sent	Relocate Priority	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Manufactured Home Communities
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Facility Licensure System, Division of Environmental Health
3. **DESCRIPTION:** Identification, license and inspection information for regulated mobile home parks.

Method of Collection : Application and inspection
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Bi-Weekly
Date of Last Update : Bi-Weekly
Years of Data : **from 1953 to Present**
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Maintain, inventory and license manufactured home communities. Automated generation of renewal notices, licenses, management reports and mailing labels.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Colleen Leonard **Telephone number:** 217-782-5830
7. **PROCESS FOR ACCESSING DATA:** Written request and staff retrieval on FLS On-Line Screen.
8. **STANDARD REPORTS GENERATED:** Facility Listings, Renewal Status Reports, Facility Profiles, Financial Reports, Enforcement Reports.
9. **DATA ELEMENTS COLLECTED:**
 Identification Number
 Type of Inspection (Licensure, Operational, Re-inspection)

Date of Inspection
 Recommended License (None, License, Provisional/Conditional)
 Date Operated From
 Date Operated To
 Name of Facility
 Street Address of Facility
 County Code of Facility (FIPS)
 City of Facility
 Zip Code of Facility
 Telephone Number of Facility
 Name of Licensee
 Street Address of Licensee
 Zip Code of Licensee
 City and State of Licensee
 Telephone Number of Licensee
 Name of Manager
 Street Address of Manager
 Zip Code of Manager
 City and State of Manager
 Telephone Number of Manager
 Water Supply (Community Public, Non-Community Public, Semi-Private)
 Sewage Disposal (EPA Regulated, Private Sewage Disposal)
 Food Service (Yes or No)
 Bathing Beach (Yes No)
 Water Slide (Yes or No)
 Pool Location (Indoor, Outdoor, Both)
 Calculated Bather Load
 Total Licensed Spaces
 Enforcement Closure (Yes or Blank)
 Date Application Received
 License Status (Applicant, Licensed (Fee Required), Licensed (Fee Not Required), Exempt,
 Provisional/Conditional, Unlicensed, Revoked, Not Renewed, Renewal Inactive)
 Annual Report Fee (Received or Not)
 Provisional/Conditional Reset
 Enforcement Closure Reset

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Mercury in Schools
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:**

Method of Collection : Surveys mailed to school
Percent Return : 20%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : Yes X No
Frequency of Updating : As necessary
Date of Last Update : 10/2001
Years of Data : **from** **to**
If PC, software used for this database : Access
If PC, what type of file storage : Disk

If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc : EH network

4. **PURPOSE FOR WHICH COLLECTED:** Determine number of schools with mercury in classrooms
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Jennifer Davis **Telephone Number:** 217-782-5830
7. **PROCESS FOR ACCESSING DATA:** Written request or telephone contact person.
8. **STANDARD REPORTS GENERATED:** None.
9. **DATA ELEMENTS COLLECTED:**

School ID	Needs Assessment Returned
School Name	Mercury Web Page Returned
Contact Person	Date Completed NA Received
School Address	One of First 500 Returned
City	Thermometer Sent
Zip Code	Date Thermometer Sent
Phone Number	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** NICOR
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
3. **DESCRIPTION:**

Method of Collection	Information from NICOR	
Percent Return		
Percent Completeness (Individual Surveys)		
Database/Datafile is -		
Computerized	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mainframe	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Personal Computer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Both	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Paper Format	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequency of Updating	As necessary	
Date of Last Update	11/2001	
Years of Data	from <u>7/00</u> to <u>Present</u>	
If PC, software used for this database	Access	
If PC, what type of file storage	Disk	
If PC, frequency of backup	Daily	
If PC, is it stand alone, network, client server, etc	EH network	

4. **PURPOSE FOR WHICH COLLECTED:** NICOR Mercury Response
5. **RESTRICTIONS ON DATA USE:** Confidential Biological Data
6. **CONTACT PERSON:** Ken McCann **Telephone Number:** 217-782-5830
7. **PROCESS FOR ACCESSING DATA:** Written request or telephone contact person.

8. **STANDARD REPORTS GENERATED:** None.

9. **DATA ELEMENTS COLLECTED:**

ID#	Youngest Occupant Home Sampled
NICOR ID #	Home Cleared
People's ID #	Urine Samples
North Shore's ID#	Clearance Letter Sent
Last Name	NICOR
First Name	People's Gas
Address	North Shore Gas
City	Comments
Zip	Confirmatory Samples
Home Phone	Urine Sample
Work Phone	Select for Resample
Cell Phone	Hot Homes
# Occupants	City
Pregnant Woman	County
Months Pregnant	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Non-Community Public Water Operator Certification

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:** Data concerning non-transient, non-community public water supplies operators certification

Method of Collection : Application
Percent Return : 99%
Percent Completeness (Individual Surveys) : 99%
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes X No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No
 Paper Format : ___ Yes X No
Frequency of Updating : As needed
Date of Last Update : Current
Years of Data : from 1/01 to Present
If PC, software used for this database : MS Access 97
If PC, what type of file storage : Network Drive
If PC, frequency of backup : Quarterly on Network
If PC, is it stand alone, network, client server, etc : Stand Alone

4. **PURPOSE FOR WHICH COLLECTED:** Maintain an inventory of all operators of non-transient, non-community public water supplies. Safe Drinking Water Act requires these operators to be certified

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Joe Mitchell **Telephone Number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written request

8. **STANDARD REPORTS GENERATED:** None.

9. **DATA ELEMENTS COLLECTED:**

First Name of Operator	IDPH Operator ID Certification Expiration Date
Last Name of Operator	Business Name (Organization)
IDPH Operator ID Certification ID Number	Operator's Title

Operator's Home Mailing Address
 Operator's Business Mailing Address
 City, State, Zip Code
 Home Telephone Number
 Business Phone Number
 Business Fax Number
 Emergency Phone Number
 Social Security Number
 IEPA Water Operator Certification Number

Exp Date (IEPA Water Operator Cert Number)
 Length of Time Operating a Water System
 System Complexity (Description of System)
 PWS Name
 PWS ID Number
 PWS Mailing Address
 PWS City, State, Zip Code
 PWS Telephone Number
 PWS Fax Number

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Recreational Areas and Youth Camps
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Facility Licensure System, Division of Environmental Health
3. **DESCRIPTION:** Identification, license and inspection information for regulated recreational areas and youth camps.

Method of Collection : Application and inspection
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes X No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
 Frequency of Updating : Bi-Weekly
 Date of Last Update : Bi-Weekly
 Years of Data : from 1972 to Present
 If PC, software used for this database :
 If PC, what is type of file storage :
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Maintain, inventory and license campgrounds and youth camps. Automated generation of renewal notices, licenses, management reports, and mailing labels.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Lynn Koskey **Telephone number:** 217-782-5830
7. **PROCESS FOR ACCESSING DATA:** Written request.
8. **STANDARD REPORTS GENERATED:** Facility Listings, Renewal Status Reports, Facility Profiles, Financial Reports, Enforcement Reports.
9. **DATA ELEMENTS COLLECTED:**
 Identification Number
 Type of Inspection (Licensure, Operational, Re-inspection)
 Date of Inspection
 Recommended License (None, License, Provisional/Conditional)

Date Operated From
 Date Operated To
 Name of Facility
 Street Address of Facility
 County Code of Facility (FIPS)
 City of Facility
 Zip Code of Facility
 Telephone Number of Facility
 Name of Licensee
 Street Address of Licensee
 Zip Code of Licensee
 City and State of Licensee
 Telephone Number of Licensee
 Name of Manager
 Street Address of Manager
 Zip Code of Manager
 City and State of Manager
 Telephone Number of Manager
 Water Supply (Community Public, Non-Community Public, Semi-Private)
 Sewage Disposal (EPA Regulated, Private Sewage Disposal)
 Food Service (Yes or No)
 Bathing Beach (Yes or No)
 Water Slide (Yes or No)
 Pool Location (Indoor, Outdoor, Both)
 Calculated Bather Load Users - Daily Number (Youth Camp Only) Allowable, Licensed
 Date Application Received
 License Status (Applicant, Licensed (Fee Required), Licensed (Fee Not Required), Exempt,
 Provisional/Conditional,
 Unlicensed, Revoked, Not Renewed, Renewal, Inactive)
 Date of License Expiration
 Year of Original License
 Fee Receipt Number
 Date of Fee Receipt
 Mail Preference (To Facility, Licensee, or Manager)
 Inspection (Not Inspected, In Compliance, Non-Compliance)
 License (Issue No License, Issue License-Still Pending, Issue Amended License)
 Annual Report Fee (Received or Not)
 Provisional/Con

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Safe Drinking Water Program
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Environmental Health
3. **DESCRIPTION:** Data concerning description of non-transient, non-community public water supplies and related water sampling and inspection and violation data.

Method of Collection	:	Sampling
Percent Return	:	100%
Percent Completeness (Individual Surveys)	:	100%
Database/Datafile is -		
Computerized	:	<u> X </u> Yes <u> </u> No
Mainframe	:	<u> X </u> Yes <u> </u> No
Personal Computer	:	<u> X </u> Yes <u> </u> No
Both	:	<u> X </u> Yes <u> </u> No

Paper Format : **Yes** **No**
Frequency of Updating : As Needed
Date of Last Update : Current
Years of Data : **from 1993 to Present**
If PC, software used for this database : Nomad
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Track sampling requirements consistent with the USEPA Safe Drinking Water Act. Primary Drinking Water Regulations, pertaining to all non-transient non-community public water systems.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Dick Petrella **Telephone number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written Request

8. **STANDARD REPORTS GENERATED:**

Progress report of testing on non-transient, non-community water systems

Non-transient systems with MCL violations for VOC, SOC, IOC only

Number of non-transient systems with monitoring violations for VOC, SOC, IOC only

9. **DATA ELEMENTS COLLECTED:**

PWS Site Information	Detects
Unique Site Identification Number	High
Site Name	Synthetic Organic Chemicals
County	Most Recent
Region	Next Due
Address, City State, Zip	Status
Mail, City, State, Zip	Detects
Contact Person	High
Status: A Date	Inorganic Chemicals
Surface or Ground Water	Most Recent
Size of Population Served	Next Due
Volatile Organic Chemicals (VOC) Waiver Date	Status
Copper Plan Filed	Detects
Accepted	High
Original Vulnerability	Copper
VOCs	Most Recent
Pesticides	Next Due
Metals	Status
Stop Testing	Detects
VOCs	High
Pesticides	Lead
Metal	Most Recent
Copper	Next Due
Lead	Status
Effective Stop Date for:	Detects
VOCs	High
Most Recent	
Next Due	
Status	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Safe Drinking Water Program-Federal Requirements

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

Method of Collection : Inspection Data
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : Yes ___ No
 Mainframe : Yes ___ No
 Personal Computer : ___ Yes ___ No
 Both : ___ Yes ___ No
 Paper Format : ___ Yes ___ No
Frequency of Updating : As needed
Date of Last Update : Current
Years of Data : **from** 1978 **to** Present
If PC, software used for this database : **IMS**
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
 server, etc. :

4. PURPOSE FOR WHICH COLLECTED: Maintain an inventory of all non-community public water supplies and store all inspections, water sample, and rule violations for requested reporting to USEPA.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Jamie Tosetti **Telephone number:** 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: Inventory Summary Analysis, Date of Licensing, Delinquent Sampling Report, Mailing Lists and Labels, other under revision.

9. DATA ELEMENTS COLLECTED:

Tran Code	Seasonal Facility
PWS ID Number	Dates of Operation
PWS Name	Inactive Status
Address, City, Zip Code	Date Inactive
County Code	Number of Samples
Non-Comm, N.T.-N.C. Code	Type of Bottle
Active/Inactive Code	Sample Period
Predominant Characteristics/Service Area	Next Sample Due Date
Owner Type	Name of Preparer
Currently Regulated	Date
Population Served	Employee (Reg. Office, LHD, etc.)
Number of Service Connections	Tran Code
Consecutive Water Sample	PWS ID Number
Type of Storage	Source of Water
Pump Capacity	Source Number
PWS ID No. of Seller	Type Code

Availability Code	Sample Type
Description	Routine
Name of Preparer	Check
Date	Other
Employee (Reg. Office, LHD, etc.)	Results
Tran Code	Total Coli (MF)
PWS Id Number	Total Coli (MPN)
Violation Awareness Date	Nitrate (Quan) as N
Sequence No.	Turbidity
Date Violation Began	Date Received at Laboratory
Violation Type Code	Membrane Filter
Contaminant Code	Coliform
Analysis Method	Fecal Coliform
MCL Test Results-MG/L	Date Reported From Laboratory Analyst
Coliform-100 ML	Name of Source
Turbidity - TU>	Facility Name
Enforcement Action Date	Address of Source
Employee (Reg. Office, LHD, etc.)	City/Town/State
Source of Facility Name	Zip Code
Address of Source	Date Collected
Zip Code	Time Collected
County Code	Supply Chlorinated
Date Collected	Sample Point
Time Collected	IDPH Collector's Name
Is Supply Chlorinated?	Sample Location
Collector Name	Raw at Pump
Well	Filtered
Dug	At Tap
Drilled	Other
Driven	Well
Bored	Dug Drilled Driven Bored
Well Depth	Well Depth
City Water	City Water
Cistern	Cistern
Spring	Spring
Lake	Lake
Other	Other
Sample Location	Sample Type
Raw at Pump	Routine
Filtered	Check
At Tap	Other
Other	Results

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Safe Drinking Water Program-Local Health Departments Evaluation

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

Method of Collection : Inspection data
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes ___ No

Mainframe : X Yes ___ No
Personal Computer : ___ Yes ___ No
Both : ___ Yes ___ No
Paper Format : ___ Yes ___ No
Frequency of Updating : As needed
Date of Last Update : Current
Years of Data : from 1978 to Present
If PC, software used for this database : **IMS**
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Maintain an inventory of all non-community public water supplies and store all inspections, water sample, and rule violations for requested reporting to USEPA.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Jamie Tosetti/Joe Mitchell **Telephone number:** 217-782-5830
7. **PROCESS FOR ACCESSING DATA:** Written request.
8. **STANDARD REPORTS GENERATED:** Inventory Summary Analysis, Date of Licensing, Delinquent Sampling Report, Mailing Lists and Labels, other under revision.

9. **DATA ELEMENTS COLLECTED:**

Tran Code	Violation Type Code
PWS ID Number	Contaminant Code
PWS Name	Analysis Method
Address, City, Zip Code	MCL Test Results-MG/L
County Code	Coliform-100 ML
Non-Comm, N.T.-N.C.	Turbidity - TU>
Predominant	Enforcement Action
Characteristics/Service Area	Date
Owner Type	Employee (Reg. Office, LHD, etc.)
Currently Regulated	Source of Facility Name
Population Served	Address of Source
Number of Service Connections	Zip Code
Consecutive	County Code
Water Sample	Date Collected
Type of Storage	Time Collected
Pump Capacity	Is Supply Chlorinated?
PWS ID No. of Seller	Collector Name
Seasonal Facility	Well
Dates of Operation	Dug
Inactive Status	Drilled
Date Inactive	Driven
Number of Samples	Bored
Type of Bottle	Well Depth
Sample Period	City Water
Next Sample Due Date	Cistern
Name of Preparer	Spring
Date	Lake
Employee (Reg. Office, LHD, etc.)	Other Sample Location
Tran Code	Raw at Pump
PWS ID Number	Filtered
Source of Water	At Tap
Source Number	Other
Type Code	Sample Type
Availability Code	Routine
Description	Check
Violation Awareness Date	Other
Sequence No.	Results
Date Violation Began	

Total Coli (MF)	Raw at Pump
Total Coli (MPN)	Filtered
Nitrate (Quan) as N	At Tap
Turbidity	Other Well
Date Received at Laboratory	Dug
Membrane Filter	Drilled
Coliform	Driven
Fecal Coliform	Bored
Date Reported From Laboratory Analyst	Well Depth
Name of Source	City Water
Facility Name	Cistern
Address of Source	Spring
City/Town/State	Lake Other
Zip Code	Sample Type
Date Collected	Routine
Time Collected	Check
Supply Chlorinated	Other
Sample Point	Results
IDPH Collector's Name	Date Received at Laboratory
Sample Location	Interpretation of Results

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

- DATABASE/DATAFILE TITLE:** School Districts
- LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
- DESCRIPTION:** Maintains records of Illinois School Districts and related asbestos activities

Method of Collection : ISBE
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : **from** 1992 **to** Present
If PC, software used for this database : Dataease
If PC, what is type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

- PURPOSE FOR WHICH COLLECTED:** AHERA and the Asbestos Abatement Act and Code requires that all school buildings be inspected for ACBM and submit a management plan and be reinspected every three years.
- RESTRICTIONS ON DATA USE:** Asbestos Program use or requests through the Freedom of Information Act
- CONTACT PERSON:** Cinda Noak **Telephone number:** 217-782-3517

- 7. **PROCESS FOR ACCESSING DATA:** Written request through Freedom of Information At
- 8. **STANDARD REPORTS GENERATED:** Reports created based on request
- 9. **DATA ELEMENTS COLLECTED:**
 - School District ID
 - School District Name
 - District Address
 - Administrator
 - School District Phone Number

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

- 1. **DATABASE/DATAFILE TITLE:** Structural Pest Control Program and Inspection Log System
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health
- 3. **DESCRIPTION:**

Method of Collection : Inspection reports & labels
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : Yes X No
 Frequency of Updating : As received
 Date of Last Update : 2000
 Years of Data : **from** 1995 **to** 9/01
 If PC, software used for this database : Dataease 5.15i
 If PC, what is type of file storage : File Server
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** Record of inspections conducted to report to EPA for grant requirements and internal management of program.
- 5. **RESTRICTIONS ON DATA USE:** Access is password protected by DEH program staff and DEH Data Manager. Sub-files may have confidential information pertaining to technicians and complainants.
- 6. **CONTACT PERSON:** Fred Riecks **Telephone number:** 217-782-4674
- 7. **PROCESS FOR ACCESSING DATA:** For internal purposes only.
- 8. **STANDARD REPORTS GENERATED:** EPA Cases - (By Type)--(Quarterly), Detailed Evaluation, etc. -- Once or twice/year at budget time. Case For Company (As Needed). Legal Cases (As Needed). Statewide MARS Summary (Monthly). Statewide Federal MARS Summary (Monthly).
- 9. **DATA ELEMENTS COLLECTED:**
 - Case Number
 - Date Report Sent

Inspectors Initials
Type of Report
Case Status
Business ID Number
Business Name
Business Address
Business City, State, County Code,
County Name
Business Telephone Number
Region Number
Applicator/Supervisor Address
City, State, County Code, County Name
Applicator/Supervisor Telephone Number
INSPECTION LOG
Case Number
Business ID Number and Name
Case Status
Inspection Date
Inspection Type
Inspection or Continuation Flag
Certified Applicator Record Check
Pesticide Use Record Check
VIOLATION
Use Dilution Samples Collected
Residue Samples Collected
Documentary Samples Collected
Concentrate Samples Collected
Other Types of Samples Collected
Case Number
Applicator/Supervisor ID Number
Applicator/Supervisor Name
Business Name
Inspection Type
Date of Violation
Section Number from Ill. Rev. Stat.
Section Number from 77 Ill. Adm. Code 830
Violation Description
HAZARD EVALUATION
Letters Sent/Given
Warning Letters Issued
Stop Sale/Use Order Issued Referral
Administrative Hearing
Region Number
Employer of Record
Case Comments
Date/Time Record Entered
Applicator/Supervisor
Case Number
Inspection Type
Inspection Date
Civil Action
Criminal Action

Reinspection Performed Pesticide EPA
Registration Number
Pesticide Brand Name
Application Method
Application Site
Target Pest
Nature and Duration
Cause
What Harmed
Weight
Applicator Certified In Sub-category
Supervisor Certified In Sub-category
MANUFACTURER (Of Pesticide)
Manufacturer Number
Name
Division
Address
City, State, Zip Code
Telephone Number
Contact Date
Contact Name
Job Description
Date Labels Received
Company Active Flag
File Flag
PESTICIDE
EPA SLN #
Pesticide Brand Name
Restricted Pesticide Flag
Date Label Received
Illinois Registered
ACTIVE INGREDIENTS
Pesticide EPA
Registration Number
Active Ingredient Code Number
Active Ingredient Code Number (Most Common Name)
Common Pesticide Codes
(Restricted, suspended, Canceled, etc.)
Percent Active Ingredients
SYNONYM LIST
Active Ingredient Code Number
Active Ingredient Synonym Code Number
Active Ingredient Name
(IUPAC, Generic and/or Common Name)
STOCK SURVEY
Business ID Number
Case Number
Date
EPA Registration Number
Brand Name of Pesticide
Lot Number of Pesticide
Amount of Pesticide On Hand

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Structural Pest Control Program, Vocational Licensure System (VLS)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

Method of Collection : Applications
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes X No
 Both : ___ Yes X No
 Paper Format : ___ Yes X No
Frequency of Updating : Daily - on line
Date of Last Update : 2001
Years of Data : from 1975 to Present
If PC, software used for this database : No
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
 server, etc. :

4. PURPOSE FOR WHICH COLLECTED: To administer the license, registration and certification provisions of the Structural Pest Control Act. VLS Mainframe downloaded from time-to-time to update Inspection Log System.

5. RESTRICTIONS ON DATA USE: IMSA/VLS password protected. Only central office program staff can amend a file. Regional staff have "Read Only" capability which is also password protected.

6. CONTACT PERSON: Lois Phillips **Telephone number:** 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written requests and appropriate copying fee as determined by IDPH.

8. STANDARD REPORTS GENERATED: Alpha listing of all licenses, alpha listing of all registrants and alpha listing of all certified technicians (monthly - CO; quarterly - regions; others upon request). Mailing labels for above and match list -- certified technicians with all licensees/registrants (upon request). Technician detailed printout (quarterly). Listing of technicians without seminar credit (annual).

9. DATA ELEMENTS COLLECTED:
EMPLOYER GENERAL INFORMATION SCREEN

Business ID Number
License Status
Business Name
Business Address, City, State, Zip Code
Business Telephone Number
County Code Name and Number
Region Number
Business Contact Person
Mailing Address Information
Violation Code
Insurance Expiration Date

Inspection Date
Date First Licensed
License Expiration Date
Print Date of License
Date File Last Updated
Renewal Fee Information (Date Received, Validation Number, Amount)
Miscellaneous Fee Information (Date Received, Validation Number, Amount)
Issue License
Issue Amended License
Employee ID Number
Employee Name
Employee License (Certification)
Number Employee Name
Employee Status
License (Certification) Number
Status
Technician Name
Technician Address, City, State, Zip Code
Bad Address Flag, Telephone Number
Region Number
County Number and Name
Mailing Address (if different)

EMPLOYER/EMPLOYEE MATCH SCREEN

Inspection Date
Violation code
Date First Certified
Certification Expiration Date
Print Date of Certification
Date File Last Updated
Renewal Fee Information (Date Received, Validation Number, Amount)
Miscellaneous Fee Information (Date Received, Validation Number, Amount)
Employer ID Number
Employer Information (Name, Address, City, State, Zip Code, Telephone, County Code, Region)
Issue License Flag
Issue Amended License Flag
View Education Screen

EMPLOYEE EDUCATION INFORMATION SCREEN

Certification ID Number
Status
Technician Name
Education Seminar Information (Dates; Hours)
Date of Exam
Exam Location
Areas of Certification Depicted By Test Scores (General Standards, Termites, Birds,
Fumigation, Food Products, Institutional Pest Control, Public Health, Insect/Rodent, Wood Products)
Computer Generated Letter Schedule (Exam Letter, Test Result Letter, No Employer
Letter, Exam No Show Letter)

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

- 1. DATABASE/DATAFILE TITLE:** Swimming Pool and Bathing Beach
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Facility Licensure System, Division of Environmental Health

3. DESCRIPTION: Inventory of all public swimming pools and bathing beaches, license status, and dates of inspection.

Method of Collection : Application and Inspection
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : X Yes No
 Personal Computer : Yes X No
 Both : Yes X No
 Paper Format : X Yes No
Frequency of Updating : Bi-Weekly
Date of Last Update : Bi-Weekly
Years of Data : **from** 1974 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. PURPOSE FOR WHICH COLLECTED: Maintain, inventory and license public swimming pools and bathing beaches. Automated generation of renewal notices, licenses, management reports and mailing labels.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Colleen Leonard **Telephone number:** 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request and staff retrieval on FLS On-Line screen.

8. STANDARD REPORTS GENERATED: Facility Listings, Renewal Status Reports, Facility Profiles, Financial Reports, Enforcement Reports.

9. DATA ELEMENTS COLLECTED:

- Identification Number
- Type of Inspection (Licensure, Operational, Re-inspection)
- Date of Inspection
- Recommended License (None, License, Provisional/Conditional)
- Date Operated From
- Date Operated To
- Name of Facility
- Facility Street Address, City, Zip Code
- County Code of Facility (FIPS)
- Telephone Number of Facility
- Name of Licensee
- Street Address, City, State and Zip Code of Licensee
- Telephone Number of Licensee
- Name of Manager
- Street Address, City, State and Zip Code of Manager
- Telephone Number of Manager
- Water Supply (Community Public, Non-Community Public, Semi-Private)
- Sewage Disposal (EPA Regulated, Private Sewage Disposal)
- Food Service (Yes or No)
- Bathing Beach (Yes or No)
- Water Slide (Yes or No)
- Pool Location (Indoor, Outdoor, Both)

Calculated Bather Load
 Enforcement Closure (Yes or Blank)
 Date Application Received
 License Status (Applicant, Licensed (Fee Required), Licensed (Fee Not Required)
 Exempt, Provisional/Conditional, Unlicensed, Revoked, Not Renewed, Renewal, Inactive)
 Date of Licensure Expiration
 Year of Original License
 Fee Receipt Number
 Date of Fee Receipt
 Mail Preference (To Facility, Licensee, or Manager)
 Inspection (Not Inspected, In Compliance, Non-Compliance)
 License (Issue No License, Issue License-Still Pending, Issue Amended License)
 Annual Report Fee (Received or Not)
 Provisional/Conditional Reset
 Enforcement Closure Reset

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Vocational Licensure System (VLS), The Private Water Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X **Yes** ___ **No**
 Mainframe : X **Yes** ___ **No**
 Personal Computer : _____ **Yes** ___ **No**
 Both : _____ **Yes** ___ **No**
 Paper Format : _____ **Yes** ___ **No**
Frequency of Updating : As needed
Date of Last Update : Current
Years of Data : **from** 1978 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
 server, etc. :

4. PURPOSE FOR WHICH COLLECTED: Maintain an inventory, license all water well and/or pump installation contractors and send annual license renewals.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Elaine Beard **Telephone number:** 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: Inventory of licensed contractors and delinquent licenses report.

9. DATA ELEMENTS COLLECTED:

ID Number of Contractor	Violation Code	Renewal Fee Date
License Status	Date First Licensed	Information/Date Received
Contractor Name	Expiration Date of License	Validation Number/Amount
Contractor Address, City, Zip Code	ID Number if Licensed	Misc. Fee Info./Date Recd
Telephone Number	Plumber/Apprentice	Misc. Validation Info/Date
County Code (FIPS)	Plumber	Amount of Renewal
Region	Hours of Continuing	Amend and Other Licensing
Business Contact	Education	Pending Flags
Street Address, City, State/Zip Code	Date of Continuing	Renewal Validation
	Education	Number/Amount
	Contractor Education	

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Vocational Licensure System
The Private Sewage Program

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:**

3. **DESCRIPTION:**

Method of Collection : Application
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes ___ No
 Both : ___ Yes ___ No
 Paper Format : ___ Yes ___ No
 Frequency of Updating : As Needed
 Date of Last Update : Current
 Years of Data : **from 1978 to Present**
 If PC, software used for this database : IMS
 If PC, what is type of file storage :
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Maintain an inventory, license all sewage contractors and send annual license renewals.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Elaine Beard **Telephone number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written Request

8. **STANDARD REPORTS GENERATED:** Inventory of licensed contractors and delinquent licenses reports.

9. DATA ELEMENTS COLLECTED:

ID Number of Contractor
ID Number of Contractor if Licensed Plumber

License Status
 Violation Code (Incomplete Application, No Violation, Failed Exam,
 Re-Examined, Violation of License Law)
 County Code (FIPS)
 Region
 Amended and Other License Pending Flags
 Date of License Expiration
 Name of Contractor
 Address of Contractor, City, State, and Zip Code
 Date of Renewal Fee (Received)
 Renewal Fee Code (Renewal, Applicant, Restoration, Reinstatement, Sponsor Change,
 No License Edp. Late Payment)
 Amount of Renewal
 Renewal Validation Number
 Date Miscellaneous Fee Received
 Miscellaneous Fee Code (Renewal, Applicant, Restoration, Reinstatement
 Sponsor Change, No License Edp. Late Payment
 Amount of Miscellaneous Fee Code
 Miscellaneous Validations
 Validation Number/Amount

DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. DATABASE/DATAFILE TITLE: FDDD1

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Data Processing

3. DESCRIPTION: Food & Drug Establishment Database

Method of Collection : Paper copy
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X **Yes** ___ **No**
 Mainframe : X **Yes** ___ **No**
 Personal Computer : ___ **Yes** ___ **No**
 Both : ___ **Yes** ___ **No**
 Paper Format : ___ **Yes** ___ **No**
Frequency of Updating : Daily
Date of Last Update : 01/20/93
Years of Data : **from** 1990 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
**If PC, is it stand alone, network, client
 server, etc.** :

4. PURPOSE FOR WHICH COLLECTED: Maintain records of establishment location and inspection information for food processing firms located in the State of Illinois. Retail food establishment directory for participating local health departments.

5. RESTRICTIONS ON DATA USE: None

- 6. **CONTACT PERSON:** Debra Perry **Telephone number:** 217-785-2439
- 7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.
- 8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.

9. DATA ELEMENTS COLLECTED:

Establishment ID #	Status	Inspection Date & Time
County	Local Health Dept.	Cycle
Name	Water Supply	Item Violations
Street, City, State, Zip Code	Water Supply Test Date	Salvage Establishment
Phone Number	Region	Inspection Fee
Establishment Owner	Regulatory Authority	Fee Validation #
Name	Establishment Federal ID #	Salvage Establishment Inspection
Street, City, State, Zip Code	Establishment Square Footage	Fee Validation Date
Phone Number	(applicable only for Salvage	Establishment Commodity Codes
Classification	Firms)	

DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

- 1. **DATABASE/DATAFILE TITLE:** INC
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Data Processing
- 3. **DESCRIPTION:** Reported incidents of foodborne/waterborne illness outbreaks database.

Method of Collection : Paper copy
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X **Yes** ___ **No**
 Mainframe : X **Yes** ___ **No**
 Personal Computer : ___ **Yes** X **No**
 Both : ___ **Yes** X **No**
 Paper Format : ___ **Yes** X **No**
Frequency of Updating : Daily
Date of Last Update : 01/28/93
Years of Data : **from** 1990 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

- 4. **PURPOSE FOR WHICH COLLECTED:** Maintain records of incidents (consumer complaints).
- 5. **RESTRICTIONS ON DATA USE:** None
- 6. **CONTACT PERSON:** Debra Perry **Telephone number:** 217-785-2439
- 7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.
- 8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.

9. DATA ELEMENTS COLLECTED:

Incident # (Region)	Product Name	Incident Store Zip Code
Incident # (Central Office)	Product Brand	Product Serial Number
Informant Name	Product Code	Product Expiration Date
Informant Address	Product Description	Product Purchase Date
Informant City	Incident Establishment	Product Distributor Name
Informant State	N u m b e r	Product Distributor Address
Informant Zip Code	Incident Store Name	Product Distributor City
Informant Phone	Incident Store Address	Product Distributor State
Symptoms	Incident Store City	Product Distributor Zip Code
Onset Time of Symptoms	Incident Store State	Description of Incident
		Incident Disposition

DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. DATABASE/DATAFILE TITLE: MGRD1

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Data Processing

3. DESCRIPTION: Food Service Sanitation Manager Certification Program certificate holder, instructor and sponsor information.

Method of Collection : Paper copy
 Percent Return : 100%
 Percent Completeness (Individual Surveys) : 100%
 Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes ___ No
 Both : ___ Yes ___ No
 Paper Format : ___ Yes ___ No
 Frequency of Updating : Daily
 Date of Last Update : 01/20/93
 Years of Data : **from** 1983 **to** Present
 If PC, software used for this database :
 If PC, what is type of file storage :
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc. :

4. PURPOSE FOR WHICH COLLECTED: Maintain records, issue applications & certificates for manager certification program participants mandated by the Food Service Sanitation Code (Ill. Adm. Code 750).

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Debra Perry **Telephone number:** 217-785-2439

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Please refer to the Division of Data Processing Database Portfolio.

9. DATA ELEMENTS COLLECTED:

Certified Food Service	Name
Manager ID #	Address, City, State Zip Code

County
 Social Security #
 Bad Address
 Bad Check
 Status
 Expiration Date
 Exam Date
 Exam Score
 Version
 Date first licensed
 Exam Prep
 Exam Type
 Certificate Type
 Cont. Educ. Unit Date/hours
 Validation #
 Date Fee Received
 Invalid Check (If Applicable)
 One Year Letter Printed
 Date Application Printed
 Child Support Printed
 Date Certificate Last Printed
 Instructor Id #
 Name
 Address, City, State Zip Code
 County
 Home Telephone

Work Telephone
 Status
 Instructor Type
 Bad Address (If Applicable)
 Date Inactive
 First Exam Date/score
 2nd Exam Date (If Applicable)/score
 Certificate Date
 Expiration Date
 Continuing Education Unit Letter Sent
 Renewal Notice Sent
 Pass/fail Letter Sent
 Date Last Critiqued
 Sponsor Id #
 Name of Sponsoring Agency
 Address, State, Zip Code
 County
 Status
 Course Type
 Bad Address
 Supervisor Name
 Supervisor Title
 Supervisor Telephone Number
 Instructors

DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. DATABASE/DATAFILE TITLE: PH01TAN

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Data Processing

3. DESCRIPTION: Dairy Farm & Plans Facility Location, Inspection & Sampling Database

Method of Collection : Paper copy
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : X Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : Daily
Date of Last Update : 01/28/93
Years of Data : **from** 1984 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. PURPOSE FOR WHICH COLLECTED: Maintain records of Dairy Plants, Dairy Farms, Inspections and Samples.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Debra Perry **Telephone number:** 217-785-2439

7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.

8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.

9. **DATA ELEMENTS COLLECTED:**

Dairy Farm	Number of Cows	Type of Equipment
Approval Number	Regulations Violated	Inspection Date
Approval Date	Water Supply	Regulations Violated
Name	Water Sample Date	Inspector ID #
Address, City, State, Zip Code	Water Sample Results	Product Code
Region Location	Milk Sample Date	Product Temperature
County Location	Milk Sample	Product Inhibitor
Product Receiver ID #	Laboratory ID #	Product SPC Count
Product Receiver Name	Milk Sample Results	Product Phos Count
Product Rec. Address	Dairy Plant	Product Coliform Count
Product Receiver City	ID #	Product Fat Count
Product Receiver State	Name, Address, City,	Product Tested for Salmonella
Product Rec. Zip Code	Zip Code	Product Tested for Pesticide
Date of Inspection	Size	Drugs Found on Premises
Type of Inspection	Approval Date	Type of Drug
Inspector ID #	Region Location	Equipment Charts Checked
Pounds of Milk	County Location	Dates
Processed Per Day		Raw Milk Received

DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. **DATABASE/DATAFILE TITLE:** PH01TAS

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Data Processing

3. **DESCRIPTION:** Bulk Tank Operator Location and Inspection Database.

Method of Collection : Paper copy
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : 01/28/93
Years of Data : **from** 1984 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
 server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Maintain records of Bulk Tank Operators.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Debra Perry **Telephone number:** 217-785-2439
7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.
8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.
9. **DATA ELEMENTS COLLECTED:**

Bulk Tank	Operator Zip Code
Operator ID #	Operator Region Location
Operator Status	Operator County Location
Operator Name	Operator Sampling Inspection Date
Operator Address	Fee Validation Number
Operator City	Fee Validation Date
Operator State	Expiration Date

DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. **DATABASE/DATAFILE TITLE:** TAND1
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Data Processing
3. **DESCRIPTION:** Tanning Facility Database.

Method of Collection : Paper copy
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Daily
Date of Last Update : 01/20/93
Years of Data : **from** 1990 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
 server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** Maintain records of Tanning Facilities and Inspections.
5. **RESTRICTIONS ON DATA USE:** None
6. **CONTACT PERSON:** Debra Perry **Telephone number:** 217-785-2439
7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.
8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.

9. DATA ELEMENTS COLLECTED:

Tanning Site	Address, City, State, Zip	FeeValidation Number
ID#	Phone	Fee Validation Date
Name	On Site Manager Name	Equipment Manufacturer
Address, City, State, Zip	Hours of Operation	Equipment Type
Phone	Facility Type	Inspector ID#
Owner Name	Local Health Department	Inspection Date

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
Communicable Disease Control Section

- 1. DATABASE/DATAFILE TITLE:** Aggregate Data for Chickenpox, Strep Throat, Scarlet Fever and Animal Bites
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases
- 3. DESCRIPTION:**

Method of Collection : Primarily from schools, daycare centers and animal control offices

Percent Return : Unknown

Percent Completeness (Individual Surveys) : Most records are complete

Database/Datafile is -

Computerized : X Yes No

Mainframe : X Yes No

Personal Computer : Yes X No

Both : Yes X No

Paper Format : Yes X No

Frequency of Updating : Early 2000

Date of Last Update : The week prior to the date this form was perused

Years of Data : **from** 1988 **to** 1999

If PC, software used for this database : N/A

If PC, what is type of file storage : N/A

If PC, frequency of backup : N/A

If PC, is it stand alone, network, client server, etc. : N/A

- 4. PURPOSE FOR WHICH COLLECTED:** To track the incidence of these diseases and animal bites.
- 5. RESTRICTIONS ON DATA USE:** None. Patient identifiers are not included
- 6. CONTACT PERSON:** Carl W. Langkop **Telephone number:** 217/782-2016
- 7. PROCESS FOR ACCESSING DATA:** Formal procedure has not been established.
- 8. STANDARD REPORTS GENERATED:**
- 9. DATA ELEMENTS COLLECTED:** County, City, (over 25,000 population), Age group, sex, week of onset of illness.

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

HIV/AIDS Section

1. **DATABASE/DATAFILE TITLE:** AIDS Drug Assistance Program (ADAP)

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section

3. **DESCRIPTION:**

Method of Collection : Application for ADAP

Percent Return : N/A

Percent Completeness (Individual Surveys) : 100%

Database/Datafile is -

Computerized : X Yes ___ No

Mainframe : ___ Yes X No

Personal Computer : X Yes ___ No

Both : ___ Yes X No

Paper Format : X Yes ___ No

Frequency of Updating : Ongoing basis

Date of Last Update :

Years of Data : from 1989 to Present

If PC, software used for this database : Proprietary software built with Access

If PC, what is type of file storage : Network

If PC, frequency of backup : Network standard backup, two sequential months backup of entire database.

If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Database for storage of client information on those individuals who are receiving services through the state and federally funded program for AIDS Drug Assistance Program.

5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS Program. Access to data with identities restricted to program personnel

6. **CONTACT PERSON:** Nancy Abraham **Telephone number:** 217-524-5983

7. **PROCESS FOR ACCESSING DATA:** Restricted access through ADAP/CHIC Administrator. Written request, stating description of report desired and intended use.

8. **STANDARD REPORTS GENERATED:** Statistical evaluative reports

9. **DATA ELEMENTS COLLECTED:**

Patient's Last Name	Viral Load
Patient's First Name	Race/Ethnicity
Middle Initial State	Physician's Name
Social Security Number	Information
Date of Birth	Apartment Number
Gender	Street Address, City, Zip
Telephone Number	County
Health Insurance	Diagnosis
CD4	Net Monthly Income

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. **DATABASE/DATAFILE TITLE:** Continuation of Health Insurance Coverage (CHIC)
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section
3. **DESCRIPTION:**

Method of Collection : Application
Percent Return : N/A
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Monthly
Date of Last Update :
Years of Data : **from 1993 to Current Date**
If PC, software used for this database : Access
If PC, what is type of file storage : Hard drive and network
If PC, frequency of backup : Currently monthly
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Database for storage of client information for those individuals applying for payment of their health insurance premium coverage through the CHIC Program.
5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/Aids Program. Access to data with identifiers, restricted to program personnel
6. **CONTACT PERSON:** Nancy Abraham **Telephone number:** 217/524-5983
7. **PROCESS FOR ACCESSING DATA:** Restricted access through ADAP/CHIC Administrator
8. **STANDARD REPORTS GENERATED:** Financial, demographic and utilization data
9. **DATA ELEMENTS COLLECTED:**

Client First Name, Last Name	Address
Telephone	Social Security Number
Sex	Race
DOB/DOD	County
Health Insurance Coverage	Total Premium
Premium Paid by Client	Premium Paid by CHIC
Dates of Various Program Aspects (start, termination, etc.)	

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASE
HIV/AIDS Section

1. **DATABASE/DATAFILE TITLE:** CTS Program on PRODAS
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Disease, HIV/AIDS Section

3. DESCRIPTION:

Method of Collection : Counselor completed
Percent Return : 98%
Percent Completeness (Individual Surveys) : 95%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
 Paper Format : X **Yes** **No**
Frequency of Updating : Bi-monthly
Date of Last Update : 07/21/00
Years of Data : **from 03/88 to Present**
If PC, software used for this database : PRODAS/CTS & MS Access '97
If PC, what is type of file storage : C drive - Network
If PC, frequency of backup : As data is added - monthly
If PC, is it stand alone, network, client server, etc. : PC on C drive, on network

4. PURPOSE FOR WHICH COLLECTED: Monitor clients demographics of clients served through publicly funded sites.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

6. CONTACT PERSON: Gina Latham-Whitener **Telephone number:** 217-524-5983

7. PROCESS FOR ACCESSING DATA: Written or verbal requests

8. STANDARD REPORTS GENERATED: Summary Statistics Option A - monthly for all sites; quarterly by site; quarterly for all sites; annually by site/all sites. Post-test Counseling Option B - quarterly by site/all sites. Summary Statistics Option C - quarterly by site. Pre-test Counselor Activities Option D - quarterly by site. Summary Data, Error File Option E - weekly on entry. # - \$ Site, Program - monthly for billing purposes/error checks. # - \$ Sum, Program - quarterly by site/all sites. Frequency Reports by Specific Data Subsets - as needed. Site Specific Line Listings for Reimbursement - monthly.

9. DATA ELEMENTS COLLECTED:

Project Area	State, County, Zip of Residence
Site Type	Client Code Number
Site Number	Reason for Visit
Pre-test Counselor #	Risk Information
Date of Visit	Testing Information
Sex	Post-test Counseling Information
Race	Referral Information
Age	Reserved Fields
Health Insurance	

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. DATABASE/DATAFILE TITLE: HIV/AIDS Reporting System (HARS)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section

3. **DESCRIPTION:**

Method of Collection : Survey forms completed at clinics and test results completed by laboratory are sent to IDPH

Percent Return : 100%

Percent Completeness (Individual Surveys) : 100%

Database/Datafile is -

Computerized : Yes No

Mainframe : Yes No

Personal Computer : Yes No

Both : Yes No

Paper Format : Yes No

Frequency of Updating : As necessary

Date of Last Update :

Years of Data : from 1988 to Present

If PC, software used for this database : HFS software provided by the CDC

If PC, what is type of file storage : Hard drive, disk, Bernoulli Cartridges

If PC, frequency of backup : Weekly or as needed

If PC, is it stand alone, network, client server, etc. : Stand alone

4. **PURPOSE FOR WHICH COLLECTED:** IDPH, in collaboration with the Centers for Disease Control and Prevention, is conducting HIV, seroprevalence surveys within selected populations in the state as part of a national survey, to determine the prevalence and trends of HIV infection.

5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel.

6. **CONTACT PERSON:** Fran Eury **Telephone number:** 312-814-4846

7. **PROCESS FOR ACCESSING DATA:** Written request and purpose of use is required. Individual survey data are confidential. Aggregated data are released to the public.

8. **STANDARD REPORTS GENERATED:** Monthly reports are generated for internal use and survey site staff during the months the surveys are being conducted. Periodic reports are distributed widely. Special reports are generated as needed.

9. **DATA ELEMENTS COLLECTED:**

SEXUALLY TRANSMITTED CLINIC SURVEY: (1988-1996)

Month/year of visit
County and zip code
Sex risk exposure
Referral source
VDRL/STS/RPR results
Residence State, County, zip code
Age Group
Race/Ethnicity
Reason for visit
STD diagnosis
HIV antibody test results

WOMEN's HEALTH CLINIC SURVEY: (1988-1995)

Quarter/year of visit
County and zip code

Race/ethnicity
Reason for visit
Residence State, County, zip code
Age Group
Risk exposures
HIV antibody test results
TUBERCULOSIS CLINIC SURVEY: (1988-1992)
Quarter/year of visit
County and zip code
Country of origin
Clinical status
Culture for tuberculosis
Residence state, County, zip code
Age
Race/ethnicity
Risk exposures
Anatomic site
HIV antibody test results
DRUG TREATMENT CENTER SURVEY: (1988-1999)
Quarter/year of visit
County and zip code
Sex
Injected drugs since 1978
Drugs injected
HIV antibody test results
Residence state, County, zip code
Age Group
Race/ethnicity
Non-injected drugs in past year
Other drug use
Treatment modality
Preferential admission to treatment status
SURVEY IN CHILDBEARING WOMEN: (1989-1997)
Month/year of birth
County and zip code OF HOSPITAL
Mother's age GROUP
Mother's county
Infants race/ethnicity
HIV antibody test results
HOMELESS POPULATION SURVEY: (1991-1994)
Quarter/year of visit
Age group
Risk exposures
HIV antibody test results
Sex
Race/ethnicity
Reason for visit
CORRECTION FACILITIES SURVEY: (1991-1999)
Month/year of Admission
Sex
Race/ethnicity
Age Group
Previous incarceration
Risk Behaviors
HIV antibody test results

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

- 1. **DATABASE/DATAFILE TITLE:** HIV Laboratory Report Database
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section
- 3. **DESCRIPTION:** Number of HIV diagnostic tests conducted and positive specimens identified by laboratories and blood banks in Illinois.

Method of Collection : Laboratories and blood banks
Percent Return : 80-100%
Percent Completeness (Individual Surveys) : 90%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : X Yes ___ No
 Personal Computer : ___ Yes X No
 Both : ___ Yes X No
 Paper Format : X Yes ___ No
Frequency of Updating : Daily
Date of Last Update :
Years of Data : **from** 1988 **to** 7/99
If PC, software used for this database : Mainframe
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client
 server, etc. :

- 4. **PURPOSE FOR WHICH COLLECTED:** HIV surveillance
- 5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel
- 6. **CONTACT PERSON:** Fran Eury **Telephone number:** 312-814-4846
 Martha Doellman 217-524-5983
- 7. **PROCESS FOR ACCESSING DATA:** Written request, stating description of report desired and purpose of use intended.
- 8. **STANDARD REPORTS GENERATED:** Statistical/evaluative reports
- 9. **DATA ELEMENTS COLLECTED:**

Laboratory Name, city state	No. of Western blots Performed/# Positive
Laboratory's State Number	No. of Antigen Tests Performed/# Positive
No. of Elisa Tests Performed/# Positive	
<u>For patients with reactives on 2 Elisas and 1 Western blot or a positive antigen test:</u>	
Date of Tests	Patient Code (PCN)
Age	Race
Sex	Type of Positive Test
Name of Testing Physician	Address of Testing Physician
Phone # of Testing Physician	

1. **DATABASE/DATAFILE TITLE:** HIV/PCN Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section
3. **DESCRIPTION:** As of July 1, 1999 HIV is reportable in Illinois by a PCN (Patient Code Number). This database contains HIV case reports submitted by private providers throughout the state.

Method of Collection : Private Providers
Percent Return : 80 - 100%
Percent Completeness (Individual Surveys) : 90%
Database/Datafile is -

Computerized	:	<u>X</u>	Yes	<u> </u>	No
Mainframe	:	<u> </u>	Yes	<u>X</u>	No
Personal Computer	:	<u>X</u>	Yes	<u> </u>	No
Both	:	<u> </u>	Yes	<u>X</u>	No
Paper Format	:	<u>X</u>	Yes	<u> </u>	No

Frequency of Updating : Daily
Date of Last Update :
Years of Data : from 07/99 to Present
If PC, software used for this database : Access '97
If PC, what is type of file storage : MCB
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** HIV Surveillance.
5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel
6. **CONTACT PERSON:** Fran Eury **Telephone number:** 312-814-4846
Martha Doellman 217/524-5983
7. **PROCESS FOR ACCESSING DATA:** Written request stating description of report desired and purpose of use intended.
8. **STANDARD REPORTS GENERATED:** Statistical/evaluative reports

9. **DATA ELEMENTS COLLECTED:**

Date Form Completed	Race/Ethnicity
PCN Number	Date of HIV Test
Country of Birth	Data on Treatment Services and Referrals
Residence at Diagnosis, (City, County, State, Zip Code)	Physician Phone Number
Patient Risk History	LHD Sending Report
CD4 count (if available)	Death Date & State (if applicable)
Pregnancy and Birth History (if female)	Last 4 digits of Social Security #
Physician Name	Facility of Diagnosis
Person Completing Form Name and Phone Number	Type of HIV Test
Date Entered by IDPH	Patient Medical Record Number
Date Received by LHD	Hospital/Facility Submitting Form
Vital Status	Date Received by IDPH

**DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section**

1. **DATABASE/DATAFILE TITLE:** Interview Record Database, AIRC on Nomad Interview Record
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section
3. **DESCRIPTION:** Completed only on clients identified with HIV infection.

Method of Collection : Counselor completed
Percent Return : 95%
Percent Completeness (Individual Surveys) : 95%
Database/Datafile is -
 Computerized : **Yes** **No**
 Mainframe : **Yes** **No**
 Personal Computer : **Yes** **No**
 Both : **Yes** **No**
 Paper Format : **Yes** **No**
Frequency of Updating : Bi-monthly
Date of Last Update : 07/26/00
Years of Data : **from** 1991 **to** Present
If PC, software used for this database :
If PC, what is type of file storage : Server
If PC, frequency of backup : Server
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Monitor partner notification (PN) initiatives; data is collected on seropositive clients identified through publicly funded sites; identifies testing and client risk specifics and data-specific information on dispositions of partners notified.
5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel
6. **CONTACT PERSON:** Gina Latham-Whitener **Telephone Number:** 217-524-5983
7. **PROCESS FOR ACCESSING DATA:** CTRPN personnel. Written and verbal requests.
8. **STANDARD REPORTS GENERATED:** Custom report per request based on data elements, statistical /evaluative.

9. DATA ELEMENTS COLLECTED:

Patient ID	Report Source	Interview Date
Resident County	Reason for Exam	Field Record Number
Age	Period Partners	Partner Identifier
Race	Counseling/Testing Info	Partner Disposition
Sex	Risk Information	Disposition Date
Clinic Code	Worker Number	Exposure Dates

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. **DATABASE/DATAFILE TITLE:** Lab Utilization on PFS Plan
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section
3. **DESCRIPTION:**

Method of Collection : Tallies from lab reports
Percent Return : 95%
Percent Completeness (Individual Surveys) : 95%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
 Paper Format : X **Yes** **No**
Frequency of Updating : Monthly - 5th of each month
Date of Last Update : 07/24/00
Years of Data : **from** 1977
If PC, software used for this database : MS ACCESS
If PC, what is type of file storage : Server
If PC, frequency of backup : Monthly as information is added
If PC, is it stand alone, network, client server, etc. : network

4. **PURPOSE FOR WHICH COLLECTED:** Monitor lab utilization by publicly funded HIV counseling and testing sites.
5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel
6. **CONTACT PERSON:** Gina Latham-Whitener **Telephone number:** 217/524-5983
7. **PROCESS FOR ACCESSING DATA:** Written or verbal request
8. **STANDARD REPORTS GENERATED:** Custom per request, statistical, evaluative
9. **DATA ELEMENTS COLLECTED:**

Provider Code	Total # Specimens for month
# Reactive Specimens for month	Positivity Rate
# Equivocal Specimens for month	Total YTD Positive Specimens
# Negative Specimens for month	Total YTD Test
	Total Positivity Rate YTD

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. **DATABASE/DATAFILE TITLE:** Laboratory Reporting
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section
3. **DESCRIPTION:** Number of confirmatory HIV tests conducted and number of positive specimens identified by laboratories and blood banks in Illinois. All CD4 counts <200 micro liter <14% identified by laboratories and blood banks in Illinois. **This report replaces the HIV Laboratory Report Database which was previously maintained on the mainframe.**

Method of Collection : Laboratories and Blood Banks
Percent Return : 80-100%
Percent Completeness (Individual Surveys) : 90%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**

Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
 Frequency of Updating : Daily
 Date of Last Update :
 Years of Data : from 07/99 to Present
 If PC, software used for this database : Access '97
 If PC, what is type of file storage : MDB
 If PC, frequency of backup :
 If PC, is it stand alone, network, client
 server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: HIV Surveillance.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

6. CONTACT PERSON: Fran Eury **Telephone number:** 312-814-4846
 Martha Doellman 217/524-5983

7. PROCESS FOR ACCESSING DATA: Written request stating description of report desired and purpose of use intended.

8. STANDARD REPORTS GENERATED: Statistical and evaluative reports

9. DATA ELEMENTS COLLECTED:

All reports collect the following data elements:

Laboratory State Number	Laboratory Name
Laboratory Street Address	Laboratory City
Laboratory State	Laboratory Zip Code
Laboratory Phone Number	Laboratory Contract Person Name

Physician ID number (this is connected to the following data)

Physician Last Name	Physician First Name
Physician Street Address	Physician City
Physician State	Physician Zip Code
Physician Phone Number	

For HIV test results:

Number of Confirmatory Tests Conducted	Number of Confirmed Positives
Diagnostic Test	Blood Donor Test

For Patients with confirmed HIV positive results

Date IDPH Received Results	Date IDPH Entered Results
Specimen Date	Test Date
Patient Code Number (PCN)	Patient Age
Patient Sex	Type of Confirmatory Test Conducted

For CD4 counts <200 micro liter <14%

Date IDPH Received Results	Date IDPH Entered Results
Specimen Date	Test Date
Patient Last Name	Patient First Name
Patient Middle Initial	Patient Street Address
Patient City	Patient State
Patient Zip Code	CD4 Count
	CD4 percentage

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. **DATABASE/DATAFILE TITLE:** NETSS

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Immunization Program

3. **DESCRIPTION:**

Method of Collection : From local health departments
Percent Return : Unknown, varies by disease
Percent Completeness (Individual Surveys) : Most records are complete
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : X Yes No
Frequency of Updating :
Date of Last Update : Daily
Years of Data : **from 1994 to Present**
If PC, software used for this database : Epi 6.04
If PC, what is type of file storage :
If PC, frequency of backup :
If PC, is it stand alone, network, client server, etc. :

4. **PURPOSE FOR WHICH COLLECTED:** To document Vaccine Preventable Disease investigations.

5. **RESTRICTIONS ON DATA USE:** Access is available ONLY to selected Immunization program members

6. **CONTACT PERSON:** Chuck Jennings **Telephone number:** 217-785-1455

7. **PROCESS FOR ACCESSING DATA:** Because of the confidential nature of this data, Access is available ONLY to selected Immunization program staff. Aggregate data on disease incidence, not violating small cell issues, is provided to interested parties through the Freedom of Information Act.

8. **STANDARD REPORTS GENERATED:** Disease-specific reports are various clinical, diagnostic and epidemiologic factors and numerous ad-hoc reports.

9. **DATA ELEMENTS COLLECTED:**

Log Number	Date of Report
Name	MMWR Week
Age	Imported Data
Birthdate	Disease Status
Sex	Outbreak Association
Race	Clinical Data
Ethnicity	Diagnostic Data
Disease Suspected	Vaccination History Data
Date of onset	Hospitalization Data
Address	Mortality Data
Telephone	Transmission Situations
Reporting Source	Source Identified
Epidemiologic Investigation/Measures	Contact Prophylaxis Data

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. **DATABASE/DATAFILE TITLE:** Registry of Communicable Disease Cases.
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases.
3. **DESCRIPTION:** The database collects information on all reportable communicable diseases except for chickenpox, streptococcal sore throat, scarlet fever, animal bites, HIV-related infectious, the traditionally defined sexually transmitted diseases and tuberculosis.

Method of Collection : From physicians, hospitals, laboratories, long-term care facilities, schools and others.

Percent Return : Unknown. Varies by disease.

Percent Completeness (Individual Surveys) : Most records are complete.

Database/Datafile is -

Computerized	:	<u>X</u>	Yes	<u> </u>	No
Mainframe	:	<u>X</u>	Yes	<u> </u>	No
Personal Computer	:	<u>X</u>	Yes	<u> </u>	No
Both	:	<u>X</u>	Yes	<u> </u>	No
Paper Format	:	<u>X</u>	Yes	<u> </u>	No

Frequency of Updating : Daily (for mainframe)

Date of Last Update : The date prior to the date this form is perused.

Years of Data : from 1988 to 2000
(except 1988 excludes City of Chicago data)

If PC, software used for this database : EpiInfo Version 6.04B

If PC, what is type of file storage : LAN

If PC, frequency of backup : Daily

If PC, is it stand alone, network, client server, etc. : LAN

4. **PURPOSE FOR WHICH COLLECTED:** To track the incidence of communicable diseases and to assist in identifying outbreaks.
5. **RESTRICTIONS ON DATA USE:** Mainframe communicable disease data are confidential because identifiers are included.
6. **CONTACT PERSON:** Carl W. Langkop **Telephone number:** 217-782-2016
7. **PROCESS FOR ACCESSING DATA:** Formal procedure has not been developed. Mainframe data with identifiers are confidential.
8. **STANDARD REPORTS GENERATED:** Untitled - report to Centers for Disease Control of newly identified cases generated weekly. Selected Cases of Reported Infectious Diseases or Conditions - Monthly Numerous ad hoc reports depending on need.
9. **DATA ELEMENTS COLLECTED:**
 - Log Number
 - Last Name
 - First Name
 - Middle Initial
 - Age in Years
 - Age in Months for Patients Under One Year of Age
 - Birthdate
 - Sex
 - Race
 - Hispanic Ethnicity
 - Date of Onset
 - Street Address, City, State

Community Area (Chicago only, 1992)
 Census Tract (Chicago only, 1992)
 City Code
 County Code
 Jurisdiction Code
 Region
 Telephone Number
 Information Needed
 Date the Record Was Opened
 Date of Initial Report
 Type of Reporting Source
 Reporting Source is a Hospital, What Hospital
 Community Clinic as Reporting Source (Chicago records only)
 Date Record was Last Updated
 Date Case Reported to CDC
 Record Open (Pending) or Closed
 Case Confirmed, Probable, Suspect, under Investigation, or Not a Case.
 Case was Fatal, Date of Death
 Prophylaxis Administered to Contacts
 Prophylaxis was Administered to Contacts by Public Health Agencies, the Number of Persons
 Who Received Prophylaxis
 Investigator was the Investigation Assigned (Chicago only, 1992)
 Patient was Hospitalized, Name of Hospital
 City of Hospital where Patient Hospitalized
 Name of Physician
 City of Physician
 Physician's Telephone Number
 Case was Associated with an Outbreak, Code Identifying the Outbreak
 Infection Acquired in Illinois, in Another State, or in Another Country
 Occupation
 Risk factors for Exposure to the Infection
 Comments

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. **DATABASE/DATAFILE TITLE:** Salmonella Serotype File
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases
3. **DESCRIPTION:** The file records data on all Salmonella serotypes by week serotyping in the laboratory was performed.

Method of Collection : IDPH laboratory reports salmonella serotyping to the Division of Infectious Diseases.

Percent Return : 100%

Percent Completeness (Individual Surveys) : 100%

Database/Datafile is -

Computerized : X Yes ___ No (1989-1997)

Mainframe : X Yes ___ No

Personal Computer : ___ Yes X No

Both : ___ Yes X No

Paper Format : X Yes ___ No (1972-1997)

Frequency of Updating : Approximately monthly

Date of Last Update : Approximately January 2001

Years of Data : **from** 1972 **to** 2000

If PC, software used for this database : N/A

If PC, what is type of file storage : N/A

If PC, frequency of backup : N/A

If PC, is it stand alone, network, client server, etc. : N/A

- 4. **PURPOSE FOR WHICH COLLECTED:** Surveillance of types of Salmonella in Illinois.
- 5. **RESTRICTIONS ON DATA USE:** None of the computer database because no patient identifiers are contained in the database. Patient names are present on paper records and are not available outside the Division of Infectious Diseases due to confidentiality concerns.
- 6. **CONTACT PERSON:** Carl W. Langkop **Telephone number:** 217-782-2016
- 7. **PROCESS FOR ACCESSING DATA:** Policies for accessing these data have not been established.
- 8. **STANDARD REPORTS GENERATED:** A monthly report showing serotype by week.
- 9. **DATA ELEMENTS COLLECTED:**
 - Serotype
 - Number of Isolates
 - Week Serotyping Performed

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
Sexually Transmitted Diseases Section

- 1. **DATABASE/DATAFILE TITLE:** IDPH Division of Laboratories STD Testing Data
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** STD Section
- 3. **DESCRIPTION:** IDPH Division of Laboratories and selected laboratories performing diagnostic and screening tests for reportable STDs.

Method of Collection : Electronic File
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
 Computerized : X Yes No
 Mainframe : Yes X No
 Personal Computer : X Yes No
 Both : Yes X No
 Paper Format : Yes X No
Frequency of Updating : Monthly
Date of Last Update : 10/10/01
Years of Data : from 1994 to Present
If PC, software used for this database : MS Access
If PC, what is type of file storage : MS Access
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** Evaluate STD screening activities, track STD prevalence trends and produce reports to comply with state and federal reporting requirements.
- 5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD Program. Access to data with identifiers is restricted.
- 6. **CONTACT PERSON:** Charlie Rabins **Telephone number:** 217-782-2747

7. **PROCESS FOR ACCESSING DATA:** Through contact person
8. **STANDARD REPORTS GENERATED:** Summary Reports by Test, by Lab, by Provider. High Priority, Low Priority Syphilis Reports. Summary and site's specific reports on positivity testing and data completeness.
9. **DATA ELEMENTS COLLECTED:**
- | | | |
|---------------------|-------------------|------------------------|
| Serial # | Chl Source | Date Corrected |
| Date Rcvd | Gon Source | Zip Corrected |
| Year Rcvd | Syp Source | Chl Result Date |
| IDPH Lab Code | Gon Reason | Chl Comment |
| First Name | Syp Reason | Medicare No |
| Last Name | Chl Reason | DOB |
| Zip | RPR | Gc_LCX_Result |
| Sex Code Lab | VDRL | Gc_LCX_Date |
| Age | Titer | Gc_LCX_Comment |
| Race Code Lab | Syp Res Data | C_LCX_Result |
| Ethnicity Code Lab | FTAQ | C_LCX_Date |
| Date Coll | Syp Analyst | C_LCX_Comment |
| Patient ID | FTA Results | Gc_TMA |
| Provcode | FTA Date | C_TMA |
| Chl Probe Test | FTA Analyst | C_Qualifier |
| Gon Probe Test | Gon Probe Result | GC-Qualifier |
| Ethnicity Corrected | Gon Probe Date | Gon Test Type |
| Race Corrected | Gon Probe Comment | Chl test Type |
| Job Corrected | Chl Result | Serial Number Original |
| Sex Corrected | Gon Result All | Test Type |
| Syp Test | Chl Result All | Corrected Record |

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
Sexually Transmitted Diseases Section

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Disease (STD) Laboratory
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** STD Section
3. **DESCRIPTION:** Summary reporting data for laboratories performing tests for reportable STDs in Illinois.

Method of Collection : Reports submitted to IDPH

Percent Return : 95 - 100%

Percent Completeness (Individual Surveys) : 95 - 100%

Database/Datafile is -

Computerized : X **Yes** **No**

Mainframe : **Yes** X **No**

Personal Computer : X **Yes** **No**

Both : **Yes** X **No**

Paper Format : **Yes** X **No**

Frequency of Updating : Weekly

Date of Last Update :

Years of Data : from 1994 to Present

If PC, software used for this database : MS Access

If PC, what is type of file storage : MS Access

If PC, frequency of backup : Daily

If PC, is it stand alone, network, client

server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** Evaluate laboratory reporting and STD testing trends. Data are also used for required federal reports and grant application.
- 5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD program. Access to data with identifiers is restricted
- 6. **CONTACT PERSON:** Charlie Rabins **Telephone number:** 217-782-2747
- 7. **PROCESS FOR ACCESSING DATA:** Through contact person
- 8. **STANDARD REPORTS GENERATED:** Lab Timeliness, quarterly. Labs missing, quarterly
- 9. **DATA ELEMENTS COLLECTED:**

Prov Code	MaleGonPositive	DepartmentsVDRLs/RPRs Done
Lab Name	MaleChlDone	VDRLs/RPRs Positive
FemaleGonDone	MaleChlPositive	FTAs/MHAs Done
FemaleGonPositive	ID	FTAs/MHAs Positive
FemaleChlDone	Week End Date	Chanchroid Done
FemaleCHIPositive	Date Received	Chanchroid Positive
MaleGonDone	Date Received by Local Health	

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
Sexually Transmitted Diseases Section

- 1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Diseases (STD) Intervention
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** STD Section
- 3. **DESCRIPTION:** Early syphilis intervention outcomes by local health department in Illinois (excluding Chicago).

Method of Collection : Reports submitted to IDPH
Percent Return : 89-90%
Percent Completeness (Individual Surveys) : 90-95%
Database/Datafile is -
 Computerized : X Yes ___ No
 Mainframe : ___ Yes X No
 Personal Computer : X Yes ___ No
 Both : ___ Yes X No
 Paper Format : ___ Yes X No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : from 1988 to Present
If PC, software used for this database : MS Access, Epi.-Info
If PC, what is type of file storage : MS Access, (dBaseIII)
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client
 server, etc. : Network

- 4. **PURPOSE FOR WHICH COLLECTED:** Evaluate outcomes and timeliness of early syphilis intervention. Data are also used for required federal reports and grant application.
- 5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD Program. Access to data with identifiers is restricted.

6. **CONTACT PERSON:** Charlie Rabins **Telephone number:** 217-782-2747

7. **PROCESS FOR ACCESSING DATA:** Through contract person

8. **STANDARD REPORTS GENERATED:** STD-MIS Reports; Intervention, as needed.

9. **DATA ELEMENTS COLLECTED:**

Auto ID	Cx Agency	Bars High Risk
ID Control Number	Remote User	Where Bars High Risk
ID	Time Stamp	Drugs Alcohol Use
Marital Status	Form ID	Dmar
Reason For Exam	V	DCC
Symptoms	AI	Dher
Sym Onset Date	AR	Dsp
Sym Days	OR	Dalc
Sym Description	OG	Doth
Sym Onset Date 2	Sex With	Drug Tx Program
Sym Days 2	Number Partners	Partners Drugs
Sym Description 2	Sex Drug Money	Hx STD
Sym Onset Date 3	Sex With Sex Wrk	C
Sym Days 3	Parts With Sex Wrk	G
Sym Description 3	Partner Sym	S
Date Assign	Incarcerated	H
Assign Wrk Code	Reason Jail	HPV
Casex	Test Syp Incarcerated	O
Orgix Date	Sex While Incarcerated	Condom Usage
Ix Period	Sex OOJ	Other
Ix Period Partners	Travel Where	Sore
Parnerstini	BC	Rash
Clusters ini	P	Other Sym
Fr Wrk Code	N	Sex Part Incarcerated
Date Ofix	Str	Control Number
Partner/Cluster	DH	Prov Code
First Exp Date	Sch	Patini
Date Closed	Oth	Remote Fax
Date Entered	Facilities	Date

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

Sexually Transmitted Disease Section

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Disease (STD) Morbidity.

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** STD Section.

3. **DESCRIPTION:** Report cases of gonorrhea, syphilis, chlamydia and chancroid in Illinois.

Method of Collection : Reports submitted to IDPH

Percent Return : 99-100%

Percent Completeness (Individual Surveys) : 95-100%

Database/Datafile is -

Computerized : X Yes No

Mainframe : Yes X No

Personal Computer : X Yes No

Both : Yes No
 Paper Format : Yes No
 Frequency of Updating : Weekly
 Date of Last Update :
 Years of Data : from 1994 to Present
 If PC, software used for this database : MS Access
 If PC, what is type of file storage : MS Access
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Evaluate STD incidence trends. Data are also used for required federal reports and grant application.

5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD program. Access to data with identifiers is restricted.

6. **CONTACT PERSON:** Charlie Rabins **Telephone number:** 217-782-2747

7. **PROCESS FOR ACCESSING DATA:** Through contact person.

8. **STANDARD REPORTS GENERATED:** Morbidity Cross-Tab, monthly. Morbidity YTD Comparison, monthly.

9. **DATA ELEMENTS COLLECTED:**

ID	Other Syp Result	State
Provider Code	Test Result	Zip Code
Last Name	Rx Date 1	Addr Grp
First Name	Rx Date 1 Rx	Street 1-2
Middle Initial	Rx Date 2	City 2
Phone 1	Rx Date 2Rx	State 2
DOB	RX Date 3	Zip
Age Current	Rx Date 3Rx	Date Report
County Name	Time Stamp	Exp To Record Search
County Name Breakup	Suspense File	Exp to Netts
Gender Code	Verify Wks	Date Entered
Pregnancy Status	Form ID	Date of Birth
Pregnancy Weeks	Batch No.	Test ID
Race Code	Remote User	Serial Number
Ethnicity Code	Remote Uid	Form Pri
Dx Code Chl	Remote Fax	Orig Pg Seq
Chl Test Date	Remote Cmp	Batch Cust 1
Chl Test Result	Remote Phn	Batch Cust 2
DX Code Gon	CSID	Batch Cust 3
Gon Test Date	Batch Dir	Batch Cust 4
Gon Test Result	Batch Pg No	Batch Cust 5
DX Code Syp	Batch Pg Cnt	Form Notes
RPR-VDRL Test	Batch R Date	Physician Address
RPR-VDRL Test Date	Batch Sc Opr	Physician Name
RPR-VDRL Result	Batch Track	Physician City
Titer	Route To	Physician Phone
FTA-MHA-HATTS Test	Image Seq	P Code
FTA-MHA-HATTS Test Date	Date 1	IDPH Lab
FTA-MHA-HATTS Result	Apartment Number	Physician Zip
Darkfield Test Date	Street 1	Bathc Pg Data
Darkfield Result	Data Grp	Appended New Morb
Other Syp Test Date	City	

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
Sexually Transmitted Disease Section

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Disease (STD) Patient
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** STD Section.
3. **DESCRIPTION:** Data on follow-up of persons with a positive test for a reportable STD or named as a sex partner to a person infected with an STD.

Method of Collection : Reports submitted to IDPH
 Percent Return : 80-90%
 Percent Completeness (Individual Surveys) : 90-95%
 Database/Datafile is -
 Computerized : Yes ___ No
 Mainframe : ___ Yes No
 Personal Computer : Yes ___ No
 Both : ___ Yes No
 Paper Format : ___ Yes No
 Frequency of Updating : Daily
 Date of Last Update : Daily
 Years of Data : from 1988 to Present
 If PC, software used for this database : MS Access
 If PC, what is type of file storage : MS Access
 If PC, frequency of backup : Daily
 If PC, is it stand alone, network, client
 server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Evaluate timeliness and outcome of STD follow-up activities. Data are also used for required federal reports and grant application.
5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD program. Access to data with identifiers is restricted.
6. **CONTACT PERSON:** Charlie Rabins **Telephone number:** 217-782-2747
7. **PROCESS FOR ACCESSING DATA:** Through contact person.
8. **STANDARD REPORTS GENERATED:** Frs Open, monthly.
9. **DATA ELEMENTS COLLECTED:**

Unique ID	Exp First
FRID	Exp Freq
FR Number	Exp Last
Marital Status	OPID
Height	Referral Basis
Size/Build	Referral Basis Type
Hair	Disease 1
Complexion	Disease 2
Pregnancy Status	Prov Code
Number Weeks	Inv Agency
Unknown	Clinic Code

Notes
 Printed
 Dispo ID
 FR Number
 Date Initiated
 Disp Date
 Disposition
 Diagnosis
 Worker Number
 Int Number

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Disease (STD) Risk Assessment Survey
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** STD Section
3. **DESCRIPTION:** Risk Assessment Survey (RAS) is a one page scannable form (created in TELEform) designed to obtain risk and demographic information from STD clients. Data is maintained in MS Access.

Method of Collection : Reports submitted to IDPH
Percent Return : 95%-100%
Percent Completeness (Individual Surveys) : 95%-100%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
 Paper Format : **Yes** X **No**
Frequency of Updating : Weekly
Date of Last Update :
Years of Data : **from** 1998 **to** Present
If PC, software used for this database : MS Access
If PC, what is type of file storage : MS Access
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network and

4. **PURPOSE FOR WHICH COLLECTED:** Evaluate STD clients risks for acquiring STD's.
5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD program. Access to data with identifiers is restricted.
6. **CONTACT PERSON:** Charlie Rabins **Telephone number:** 217/782-2747
7. **PROCESS FOR ACCESSING DATA:** Through contact person.
8. **STANDARD REPORTS GENERATED:** Quarterly behavioral risk assessment reports.
9. **DATA ELEMENTS COLLECTED:**

Form ID	Age
Time Stamp	Sex
Provider Code	Q1 (History of Hepatitis)
Clinic Date	Q2A(Vaccinated for Hepatitis)
Client Number	Q2B (Vaccinated for Hepatitis B)

Q3 (Tested for HIV/AIDS)
 Q4 (IV Drug Use)
 Q5 (Sex with Intravenous (IV) Drug User)
 Q5B (Snorted Drugs)
 Q6 (Sex with Male)
 Q7 (Sex with Female)
 Q8 (Sex or Needle with ind. With Hiv/AIDS)
 Q9 (Sex Drugs/Money)
 Q10 (Sex while drunk or high)
 Q11 (History of STD)
 Q12 (Condom Usage)
 Q13 (Sex Partners 12 months)
 Bar Code
 Clinic Visit, Other

If No, Reason
 Chlamydia
 Syphilis
 NGU1 (Non-Gonococcal Urethritis)
 Herp1 (Herpes)
 CAN1 (Candidiasis)
 BV1 (Bacterial Vaginosis)
 Trich1 (Trichomoniasis)
 HPV (Human Papillomavirus Virus)
 Chan1 (Chancroid)
 Gonorrhea
 Other1
 None
 Race
 Ethnicity
 No Vaccination, Other
 County Code
 Zip
 Counselor Number
 Vaccinated
 Hepatitis Type
 No Vaccine -Other (Other Reason Not Vaccinated)

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. **DATABASE/DATAFILE TITLE:** STD Table Morbidity
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** STD Section
3. **DESCRIPTION:** Report cures of gonorrhea, syphilis, chlamydia and chancroid

Method of Collection : Reports submitted to IDPH
Percent Return : 99%-100%
Percent Completeness (Individual Surveys) : 95%-100%
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : **Yes** X **No**
 Personal Computer : X **Yes** **No**
 Both : **Yes** X **No**
 Paper Format : **Yes** X **No**
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : **from** 1998 **to** Present
If PC, software used for this database : Access
If PC, what is type of file storage : Access
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Evaluate treatment and timeliness reporting trends. Data are used for federal reports and grant objectives.
5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD program. Access to data with confidential identifiers is

restricted.

- 6. **CONTACT PERSON:** Charlie Rabins **Telephone number:** 217/782-2747
- 7. **PROCESS FOR ACCESSING DATA:** Through contact person.
- 8. **STANDARD REPORTS GENERATED:** Treatment rates, time of treatment to data received by IDPH STD
- 9. **DATA ELEMENTS COLLECTED:**

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
TUBERCULOSIS CONTROL

- 1. **DATABASE/DATAFILE TITLE:** TIMS (Tuberculosis Management System)
- 2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** TIMS Server
- 3. **DESCRIPTION:**

Method of Collection : Paper, Data Entry, Download
Percent Return : 100%, Call to verify
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : Yes No
 Mainframe : Yes No
 Personal Computer : Yes No
 Both : Yes No
 Paper Format : Yes No
Frequency of Updating : Daily
Date of Last Update : Daily
Years of Data : from 1993 to Present
If PC, software used for this database : Sybase
If PC, what is type of file storage : CDC - TIMS
If PC, frequency of backup : Weekly
If PC, is it stand alone, network, client
 server, etc. : Stand Alone

- 4. **PURPOSE FOR WHICH COLLECTED:** Surveillance, CDC Reporting
- 5. **RESTRICTIONS ON DATA USE:** Confidential
- 6. **CONTACT PERSON:** Mike Arbise **Telephone number:** 217-785-5371
- 7. **PROCESS FOR ACCESSING DATA:** TIMS Reports, SPSS, Access
- 8. **STANDARD REPORTS GENERATED:** Yes

- 9. **DATA ELEMENTS COLLECTED:**
- | | | |
|----------------|---|------------------------------------|
| Age | Country Origin | Gender |
| Asian Race | Date Entered U.S. | Know English |
| Birth Date | Date Entered Unk | Last Name |
| Birth Date Unk | Ethnicity | Local ID (City/county case number) |
| Client ID | Event Stamp (Last date and time this record was modified) | Middle Name |
| Contact | First Name | Past Therapy |
| Converter | | |

Primary Language	patient management	Final Susceptibility Results:
Race	Internal Identifier for the	was generated from
Search Code	Corresponding RVCT	patient management
Speak English	Record	Final Susceptibility Results
Social Security #	Sputum Culture Conversion	Isoniazid
State Case Number	Documented	Final Susceptibility Results
US Citizen	Unique Internal Identifier For	Kanamycin
Date and Time of Last	This Client	Final Susceptibility Results
Downward	If Yes, Date Specimen	Ofloxacin
Acknowledgment	Collected on First	Final Susceptibility Results
Comments	Consistently Negative	Other
Susceptibility Results	Culture	Final Susceptibility Results
Amikacin	If Yes, Date Specimen	Para-Amino Salicylic
Susceptibility Results	Collected on First	Acid
Capreomycin	Consistently Negative	Final Susceptibility Results
Susceptibility Results	Culture:Unknown	Pyrazinamide
Ciprofloxacin	Sputum Culture Conversion	Final Susceptibility Results
Susceptibility Results	Documented: was	Rifabutine
Cycloserine	generated from patient	Final Susceptibility Results
Susceptibility Results	management	Rifampin
Ethambutol	If yes, date specimen collected	Final Susceptibility Results
Susceptibility Results	on initial positive	Streptomycin
Ethionamide	sputum culture	Final Drug Susceptibility
Initial Drug Susceptibility	If yes, date specimen collected	Results: was follow-up
Results: was generated	on initial positive	drug susceptibility testing
from patient management	sputum culture: unknown	done?
Susceptibility Results	Directly Observed Therapy: If	Final Drug Susceptibility
Isoniazid	yes, give site(s) of directly	Results: was generated
Susceptibility Results	observed therapy	from patient
Kanamycin	Directly Observed Therapy	management
Susceptibility Results	Directly Observed Therapy:	Type of Health Care Provider
Ofloxacin	number of weeks of	Internal Identifier For
Susceptibility Results	directly observed therapy	Corresponding RVCT
Other	Date and time of last downward	Record
Susceptibility Results	acknowledgement	Reason Therapy Stopped
Para-amino Salicylic Acid	Last Date and Time This	Reason Therapy Stopped: was
Susceptibility Results	Record Was Modified	generated from patient
Pyrazinamide	Final Susceptibility Results	management
Susceptibility Results	Amikacin	Date Therapy Stopped
Rifabutine	Final Susceptibility Results	Date Therapy Stopped: was
Susceptibility Results	Capreomycin	generated from patient
Rifampin	Final Susceptibility Results	management
Susceptibility Results	Ciprofloxacin	Date Therapy Stopped: is
Streptomycin	Final Susceptibility Results	unknown or partial date
Initial Drug Susceptibility	Cycloserine	Calculated Variable: age at
Results: was drug	If Yes, Enter Date Final Isolate	report date
susceptibility testing done	Collected for Which Drug	Calculated variable: 5 year age
If yes, enter date first isolate	Susceptibility Was Done	group
collected for which drug	If Yes, Date Final Isolate	Excess Alcohol Use Within
susceptibility was done	Collected Which Drug	Past Year
If yes, date first isolate	Susceptibility Was Done:	Tuberculin (Mantoux) Skin
collected for which drug	Unknown	Test at Diagnosis: if
susceptibility was done? Is	Final Susceptibility Results	negative, was patient
unknown	Ethambutol	anergic?
Initial drug susceptibility	Final Susceptibility Results	Race: Specify:
results: was generated from	Ethionamide	Date of Birth

Date of Birth: is unknown
 Address for Case Counting:
 City
 Address for Case Counting:
 Within City Limits
 Unique Internal Identifier for
 This Client
 Type of Correctional Facility
 Resident of Correctional
 Facility at Dx?
 Resident of Correctional
 Facility at Time of
 Diagnosis: was generated
 from patient
 Month-Year Counted
 Month-year Counted: is
 unknown
 Address for Case Counting:
 County
 Culture of Tissue and Other
 Body Fluids: If positive,
 enter anatomic code(s)
 Culture of Tissue and Other
 Body Fluids
 Culture of Tissue and Other
 Body Fluids: was generated
 from patient management
 Month-Year Arrive in US
 Month-Year Arrived in US: is
 an unknown or partial date
 Date Submitted
 Date Submitted: is unknown
 Status at Diagnosis of TB
 Ethnic Origin
 HIV Status: if positive, based
 on?
 HIV Status: if positive, list:
 CDC AIDS patient number
 HIV Status: if positive, list
 city/county HIV/AIDS
 patient number
 HIV Status: if positive, list:
 state HIV/AIDS patient
 number
 HIV Status
 HIV Status: was generated
 from patient management
 Homeless Within Past Year
 Tuberculin (Mantoux) Skin
 Test at Diagnosis:
 millimeters (mm) of
 induration
 Initial Drug Regimen
 Amikacin
 Initial Drug Regimen
 Capreomycin

Initial Drug Regimen
 Ciprofloxacin
 Initial Drug Regimen
 Cycloserine
 Calculated Variable: initial
 drug regimen
 Initial Drug Regimen
 Ethambutol
 Initial Drug Regimen
 Ethionamide
 Initial Drug Regimen: was
 generated from patient
 management
 Initial Drug Regimen
 Isoniazid
 Initial Drug Regimen
 Kanamycin
 Initial Drug Regimen
 Ofloxacin
 Initial Drug Regimen
 Other
 Initial Drug Regimen
 Para-Amino Salicylic
 Initial Drug Regimen
 Pyrazinamide
 Initial Drug Regimen
 Rifabutine
 Initial Drug Regimen
 Rifampin
 Initial Drug Regimen
 Streptomycin
 Injecting Drug Use Within Past
 Year
 Injecting Drug Use Within Past
 Year: was generated from
 patient management
 SURVS-TB Internal Identifier
 City/County Case Number
 Resident Long Term Care
 Facility at DX?
 Type of Long-term Care
 Facility
 Resident of Long-Term Care
 Facility at Time of
 Diagnosis: generated from
 patient management
 Major Site of Disease: if site is
 Other, enter anatomic code
 Major Site of Disease
 Major Site of Disease: was
 generated from patient
 management
 Microscopic Exam of Tissue
 and Other Body Fluids: if
 positive, enter anatomic
 code(s)

Microscopic Exam of Tissue
 and Other Body Fluids
 Microscopic Exam of Tissue
 and Other Body Fluids:
 was generated from patient
 management
 MMWR Reporting Date
 MMWR Reporting Week
 MMWR Reporting Year
 County of Origin: if not U.S.,
 enter country code
 NETSS Case ID Number
 Non-Injecting Drug Use Within
 Past Year
 Non-Injecting Drug Use Within
 Past Year: was generated
 from patient management
 Occupation: Correctional
 Employee
 Occupation: Health Care
 Worker
 Occupation (check all that
 apply within the past 24
 months): was generated
 from Pa
 Occupation: Migratory
 Agricultural Worker
 Occupation: Not Employed in
 Past 24 Months
 Occupation: Other Occupation
 Occupation: Unknown
 Previous Diagnosis of
 Tuberculosis: if more than
 one previous episode,
 check here
 Previous Diagnosis of
 Tuberculosis
 Previous Diagnosis of
 Tuberculosis: was
 generated from patient
 management
 If yes, list year of previous
 diagnosis
 Year of previous diagnosis:
 unknown
 Race
 Calculated Variable: Race and
 Ethnicity
 Sex
 Site of Disease
 Sputum Culture
 Sputum Culture: was generated
 from patient management
 Sputum Smear
 Sputum Smear: was generated
 from patient management

State Case Number
 Tuberculin (Mantoux) Skin
 Test at Diagnosis
 Tuberculin (Mantoux) Skin
 Test at Diagnosis: was
 generated from patient

management
 Country of Origin: if U.S.,
 check here
 Chest X-ray
 Chest X-Ray: was generated
 from patient management

Chest X-Ray: If Abnormal
 Address for Case Counting: Zip
 Code
 Address for Case Counting: Zip
 Suffix

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. DATABASE/DATAFILE TITLE: TOTS

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: DP

3. DESCRIPTION:

Method of Collection : TOTS enrolled providers submit data via
 modem, fax, phone.
Percent Return : Most providers are expected to submit all
 vaccination records on children they vaccinate.
Percent Completeness (Individual Surveys) : About 20 providers piloting database currently
Database/Datafile is -
Computerized : X Yes No
Mainframe : Yes X No
Personal Computer : X Yes No
Both : Yes X No
Paper Format : X Yes No
Frequency of Updating : Daily
Date of Last Update :
Years of Data : from 1997 to Present
If PC, software used for this database : DB2
If PC, what is type of file storage :
If PC, frequency of backup :
**If PC, is it stand alone, network, client
 server, etc.** : Network/alone

4. PURPOSE FOR WHICH COLLECTED: To improve immunization coverage levels

5. RESTRICTIONS ON DATA USE: Access is available ONLY to selected Immunization program, DP & TOTS
 development team members and enrolled providers.

6. CONTACT PERSON: Karen Austin **Telephone number:** 217-785-1455

7. PROCESS FOR ACCESSING DATA: Because of the confidential nature of this data, Access is available ONLY to
 selected Immunization program, DP & TOTS development team members and enrolled providers.

8. STANDARD REPORTS GENERATED: Patient-specific vaccination forecasting, school physical forms,
 reminder/recall notification to return for overdue vaccinations, and practice and registry-based immunization coverage
 level assessments

9. DATA ELEMENTS COLLECTED:

Assigning facility ID	Cornerstone ID
Birth certificate ID	Medicare ID
Chart ID of physician's office	Medicaid ID

Other ID	Zip or Postal Code
TOTS system ID	Country
Patient Social Security Number	Address Type
Patient Birth Date	Phone Number - Home
Patient Birth State	Phone Number - Work
Patient Birth Registration Number	Primary Language
Patient Medicaid Number	Marital Status
Patient Alias	Religion
Family Name	Vaccine Manufacturer Name
Given Name	Vaccine Lot Number
Middle Name or Initial	Vaccine Expiration
Suffix	Date/Time End of Administration
Prefix	Route/Site/Administration Method
Degree	Vaccine Administering Provider
Mother's Name Last^First^Middle	Vaccine Administerer
Mother's Maiden Name	Administered Amount
Mother's Social Security Number	Administered Location
Father's Name Last^First^Middle	Administered Location
Father's Social Security Number	Administered Notes
Sex	History of Previous Disease
Race	History of Serologic Testing for Immunity
Patient Address	History of Adverse Events Notes
City	
State or Providence	

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASE HIV/AIDS SECTION

- 1. DATABASE/DATAFILE TITLE:** Universal HIV Prevention Log (HERR)
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Disease HIV/AIDS Section

3. DESCRIPTION:

Method of Collection	:	Counselor completed
Percent Return :		98%
Percent Completeness (Individual Surveys)	:	95%
Database/Datafile is -		
Computerized	:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mainframe	:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Personal Computer	:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Both	:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Paper Format	:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of Updating	:	
Date of Last Update	:	
Years of Data	:	<u>from 2000 to Present</u>
If PC, software used for this database	:	Teleform, MS Access 97
If PC, what is type of file storage:		C Drive, Network
If PC, frequency of backup:		As data is added
If PC, is it stand alone, network, client server, etc.:		PC on C Drive, on Network

- 4. PURPOSE FOR WHICH COLLECTED:** Monitor client's demographics for educational purposes

5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS Program. Access to data with identifiers restricted to program personnel
6. **CONTACT PERSON:** Gina Latham-Whitener **Telephone number:** 217-524-5983
7. **PROCESS FOR ACCESSING DATA:** Written or verbal requests.
8. **STANDARD REPORTS GENERATED:** Monthly, quarterly and bi-yearly reports by agencies
9. **DATA ELEMENTS COLLECTED:**

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. **DATABASE/DATAFILE TITLE:** VACMAN - Vaccine Management System
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases
3. **DESCRIPTION:** The database maintains shipping, inventory, vaccine account-ability information on vaccines that are provided for Illinois Vaccine providers who are enrolled in the Illinois "Vaccines For Children Program. In addition, this database contains enrolled-providers demographics such as address, type of practice, hours of operation, etc.

Method of Collection : From physicians, health departments, other enrolled providers.

Percent Return : 100%

Percent Completeness (Individual Surveys) : All

Database/Datafile is -

Computerized : **Yes** **No**

Mainframe : **Yes** **No**

Personal Computer : **Yes** **No**

Both : **Yes** **No**

Paper Format : **Yes** **No**

Frequency of Updating : Daily, Weekly

Date of Last Update : 07/15/99

Years of Data : **from** 1989 **to** 2000 (Excludes City of Chicago)

If PC, software used for this database : FoxPro for Windows - Version 2.63

If PC, what is type of file storage : LAN

If PC, frequency of backup : Daily

If PC, is it stand alone, network, client server, etc. : LAN

4. **PURPOSE FOR WHICH COLLECTED:** Used by immunization grant programs and to maintain inventories.
5. **RESTRICTIONS ON DATA USE:** Under legal discussion.
6. **CONTACT PERSON:** Mark Amerson **Telephone number:** (217) 785-1455
7. **PROCESS FOR ACCESSING DATA:** Requests to the Division and Internet site.
8. **STANDARD REPORTS GENERATED:** Vaccine reports, lists of physicians, Inventory Reports, Bulk Order Reports, Summary Reports and Administrative Reports.

9. DATA ELEMENTS COLLECTED:

Physician's Name	Client's Name	Age of Client
Vaccine	Dosage	Date Vaccine Administered
Shipping Date	Provider Enrollment	Provider's Names

DIVISION OR CENTER NAME: DIVISION OF LABORATORIES

- 1. DATABASE/DATAFILE TITLE:** Pediatric Blood Lead Tracking and Reporting System
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Springfield and Chicago Laboratories
- 3. DESCRIPTION:** Collection of demographics and test results on specimens submitted for testing of blood lead. The data is received and entered by the laboratory and uploaded via electronic mail to Data Processing where the data is loaded to a history tape and a billing database; and high lead results are loaded to a Blood Lead Nomad database on the mainframe

Method of Collection : Optical scan forms and specimen results from lab analysis equipment.

Percent Return : 100%

Percent Completeness (Individual Surveys) : 100%

Database/Datafile is -

Computerized	: <u>X</u> Yes	___ No
Mainframe	: <u>X</u> Yes	___ No
Personal Computer	: ___ Yes	___ No
Both	: ___ Yes	___ No
Paper Format	: <u>X</u> Yes	___ No

Frequency of Updating : Daily data updates

Date of Last Update : Sept. 1993

Years of Data : **from 1989 to Present**

If PC, software used for this database : Dataease

If PC, what is type of file storage : LAN File Server

If PC, frequency of backup : Daily

If PC, is it stand alone, network, client server, etc. : Network

- 4. PURPOSE FOR WHICH COLLECTED:** To identify patients, track specimens and report results on blood submitted for lead content in blood.
- 5. RESTRICTIONS ON DATA USE:** Confidential: Data to providers, Family Health, Financial Services and internally within the Laboratory.
- 6. CONTACT PERSON:** Dick Waters **Telephone number:** 217-782-6562
- 7. PROCESS FOR ACCESSING DATA:** Through general contact person on a restricted, need to know basis.
- 8. STANDARD REPORTS GENERATED:** Daily individual result reports for providers. High lead results to IDPH Division of Family Health and providers.

9. DATA ELEMENTS COLLECTED:

Serial #	Address, City, State	Race
Date Received	Patient Phone Number	Hispanic
Batch Number	County	Patients Age
First Name	Date of Birth	Medicaid NBR
Last Name	Sex	Provider Code

Date Collected
Sample Type
Sample Age
Hemoblob
Lead
UNSAT

Lead UNSAT Meaning
Analyst Number
Analyst
Date Reported
Comments
Statement

S Code
Supervisor
Certified Date
Certified Time 2
Certified

DIVISION OR CENTER NAME: DIVISION OF LABORATORIES

- 1. DATABASE/DATAFILE TITLE:** Rabies
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Carbondale, Chicago, and Springfield Laboratories
- 3. DESCRIPTION:** Collection of demographics and test results on specimen submitted testing for rabies.

Method of Collection : Specimen submission forms and test results
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
Computerized : **Yes** **No**
Mainframe : **Yes** **No**
Personal Computer : **Yes** **No**
Both : **Yes** **No**
Paper Format : **Yes** **No**
Frequency of Updating : On receipt of Specimen
Date of Last Update :
Years of Data : **from** Jan. 1992 **to** Present
If PC, software used for this database : Dataease
If PC, what is type of file storage : Network
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : File Server

- 4. PURPOSE FOR WHICH COLLECTED:** Generation of reports to submitters and specimen tracking.
- 5. RESTRICTIONS ON DATA USE:** Need to know.
- 6. CONTACT PERSON:** Pat Yohe **Telephone number:** 618/457-5131
- 7. PROCESS FOR ACCESSING DATA:** Through contact person.
- 8. STANDARD REPORTS GENERATED:** The test results are returned to the submitter.

9. DATA ELEMENTS COLLECTED:

Exposed Person's Name	Reporting Agency Address/Phone
Exposed Person's Address/Phone	Specimen Size
Specimen Owner's Name	Specimen Species
Specimen Owner's Address/Phone	Specimen Breed
Submitting Agency Name	Specimen Cause of Death
Submitting Agency Address/Phone	Specimen ID#
Reporting Agency Name	Date Received

DIVISION OR CENTER NAME: DIVISION OF LABORATORIES

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Disease Tracking and Reporting System-
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Chicago, Springfield and Carbondale Laboratories.
3. **DESCRIPTION:** Collection of demographics and test results on specimen submitted for testing of gonorrhea, syphilis, and chlamydia. Chicago and Carbondale Laboratories test for all three of the above sexually transmitted diseases; while Springfield Laboratory test only for syphilis and gonorrhea. The test results are uploaded to the Division of Infectious Diseases on a weekly basis.

Method of Collection : Optical scan forms and specimen results
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
Computerized : X Yes ___ No
Mainframe : ___ Yes ___ No
Personal Computer : X Yes ___ No
Both : ___ Yes ___ No
Paper Format : ___ Yes ___ No
Frequency of Updating : Daily
Date of Last Update : 12/22/93
Years of Data : **from** 1989 **to** Present
If PC, software used for this database : Dataease
If PC, what is type of file storage : LAN File Server
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** To identify patients, track specimens and report results on gonorrhea, syphilis, and chlamydia submitted to the laboratory.
5. **RESTRICTIONS ON DATA USE:** Confidential: Data to providers, IDPH Division of Infectious Disease, and internally within the laboratory.
6. **CONTACT PERSON:** Pat Yohe **Telephone number:** 618-457-5131
7. **PROCESS FOR ACCESSING DATA:** Through general contact person on a restricted, need to know basis.
8. **STANDARD REPORTS GENERATED:** Daily individual result reports to providers. Results to health departments and IDPH Division of Infectious Disease as needed. Monthly statistics of number of gonorrhea cultures tested, negative and positive. FTA Worksheet, weekly. RPR Worksheet, weekly. VDRL Worksheet, weekly. FTA Check Sheet, daily. RPR Check Sheet, daily. VDRL Check Sheet weekly. FTA Result Reports, daily. RPR Result Reports, daily. VDRL Result Reports, weekly. Chlamydia Worksheet, biweekly. Chlamydia Accession Sheet, weekly. Chlamydia Results, weekly.

9. DATA ELEMENTS COLLECTED:

Serial Number	Test for Syphilis	RPR
Date Received	Test for Chlamydia	VDRL
RLAB Code	G Source	SRES Date
First Name	G Source Name	C Result
Last Name	S Source	C Res Date
Sex	S Source Name2	CONF
Age	C Source	G analyst
Date Collected	C Source Name2	RLU
Race	G Reason	GRO
Ethnicity	G Reason Name	OX
Physicians	S Reason	Titer
Last Name	S Reason Name	FTA
Patient's ID	C Reason	Comment
Provider Code	C Reason Name	SMR
Provider Code2	G RESULT	BLACT
Test for GC	G Res Date	S Comment

S Analyst
S Resist
G Comment
FTA1
FLUOR1

FTA1 Date
FTA1 Analyst
FTA2
FLUOR2
FTA2 Date

FTA2 Analyst
FTA Test
FTA Date
FTA Analyst

DIVISION OR CENTER NAME: PLUMBING PROGRAM

- 1. DATABASE/DATAFILE TITLE:** Plumbing Program
- 2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Vocational Licensure System.
- 3. DESCRIPTION:**

Method of Collection : Application
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
Computerized : X **Yes** ___ **No**
Mainframe : X **Yes** ___ **No**
Personal Computer : ___ **Yes** X **No**
Both : ___ **Yes** X **No**
Paper Format : ___ **Yes** X **No**
Frequency of Updating : Daily
Date of Last Update : N/A
Years of Data : **from** 1972 **to** Present
If PC, software used for this database :
If PC, what is type of file storage :
If PC, frequency of backup :
**If PC, is it stand alone, network, client
server, etc.** :

- 4. PURPOSE FOR WHICH COLLECTED:** Generation of licenses, registrations, renewals, and management reports for the Plumbing Program.
- 5. RESTRICTIONS ON DATA USE:** None
- 6. CONTACT PERSON:** Ted Buecker **Telephone number:** 217-524-0791
- 7. PROCESS FOR ACCESSING DATA:** Written request and appropriate copying fee as determined by IDPH.
- 8. STANDARD REPORTS GENERATED:** Mailing list & labels, plumbers matched with apprentices, various lists of plumbers or apprentices sorted and grouped by various fields, various internal control and error reports, and renewal notices and licenses.
- 9. DATA ELEMENTS COLLECTED:**
 - ID Number of Plumber or Apprentice Plumber
 - ID Number of Sponsoring Plumber
 - License Status
 - County Code (FIPS)
 - Region
 - Amended and Other License Pending Flags
 - Date First Licensed
 - Date of License Expiration
 - Date of Exam or Expiration of Insurance
 - Name of Plumber or Apprentice
 - Address of Plumber or Apprentice
 - City of Plumber or Apprentice
 - State of Plumber or Apprentice
 - Zip Code of Plumber or Apprentice

Name of Sponsoring Plumber
 Address of Sponsoring Plumber
 City of Sponsoring Plumber
 Zip Code of Sponsoring Plumber
 County Code of Sponsoring Plumber
 Region of Sponsoring Plumber
 Renewal Fee Code (Renewal, Applicant, Restoration, Reinstatement, Sponsor Change,
 No License Edp, Late Payment)
 Amount of Renewal Fee
 Renewal Validation Number
 Date Miscellaneous Fee Received
 Miscellaneous Fee Code (Renewal, Applicant, Restoration, Reinstatement, Sponsor
 Change, No License Edp, Late Payment)
 Amount of Miscellaneous Fee Code
 Miscellaneous Validation
 Height
 Weight
 Sex
 Supervision Indicator (Apprentice Plumber Only)
 Birthdate
 Months of Education Completed (Apprentice Plumber Only)
 Continuing Education for Plumbers

OFFICE OF WOMEN'S HEALTH

DIVISION OR CENTER NAME: WOMEN'S HEALTH SERVICES

1. **DATABASE/DATAFILE TITLE:** Cornerstone/BCCP File
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Harris Building, 100 S. Grand Ave. East,
Springfield, IL 62704-3802 Springfield, IL 62704-3802
3. **DESCRIPTION:**

Method of Collection : Data entry occurs at the IBCCP
Percent Return : Data about every IBCCP client is entered
Percent Completeness (Individual Surveys) : Data is corrected to 100% completion after
 error reports identify data entry deficiencies

Database/Datafile is -

Computerized : X **Yes** ___ **No**
Mainframe : X **Yes** ___ **No**
Personal Computer : ___ **Yes** X **No**
Both : ___ **Yes** X **No**
Paper Format : X **Yes** ___ **No**

Client files are maintained on paper and selected data is entered into the Cornerstone system

Frequency of Updating : Cornerstone is updated daily
Date of Last Update : 10/18/01
Years of Data : **from** 1995 **to** 2001
If PC, software used for this database : N/A
If PC, what is type of file storage : N/A
If PC, frequency of backup : N/A
**If PC, is it stand alone, network, client
 server, etc.** : N/A

4. **PURPOSE FOR WHICH COLLECTED:** Data allows agency personnel to effectively serve BCCP clients, case management tracking by program administrators at the state level, aggregate program information reporting and submission of minimum data elements to the CDC.
5. **RESTRICTIONS ON DATA USE:** Access to data is limited to personnel working with clients in a designated

cathment area and to the Data Manager and administrative personnel at the state level.

6. CONTACT PERSON: Charlotte Rodems **Telephone number:** 217-785-1058

7. PROCESS FOR ACCESSING DATA: Data requests are submitted to the IBCCP Data Manager and approved by the Division Chief of Women's Health Services.

8. STANDARD REPORTS GENERATED:

Cornerstone Reports:

HSPR0781 Summary of Services Rendered (Individual agency information)
HSPR0783 Detailed Participant Procedure and Reimbursement
HSPR0784 Summary Statistics (Individual agency information)
1064A Sub-report with client detail
HSPR0785 Open Screening Follow-up
HSPR0786 Re-screening Reminder
HSPT0787 Detailed Procedures - Results with No Bills
HSPR0788 BCCP Procedure
HSPR1060 Summary of Services Rendered (Aggregate of statewide information)
HSPR1064 Summary Statistics (Information by agency and statewide totals)

Foxfire Reports:

Re-screening Rate
Breast Re-screening Rate Summary
Cervical Re-screening Rate Summary
BCCP Initial Screening Report by Date Range
BCCP Re-screening Report by Data Range
BCCP Initial Screening List by Date Range
BCCP Re-screening List by Date Range
BCCP Screening List - All Records

9. DATA ELEMENTS COLLECTED:

Actual Procedure

Clinic ID
Participant ID
Date of Service
Service Type Code
Procedure Code
Payee Number
Referring Provider ID
Facility Name
Primary Authorization Number
Unit Type Code
Number of Units
Modifier
Procedure Result
Payor Code (Coverage Type)
Adequacy or Assessment
Procedure Charge
Billing Status
Date of Bill Acknowledgment
Date of Bill Printing

Actual Service

Clinic ID
Participant ID
Date of Service
Service Type Code
Employee ID
Place of Service
Provider ID
Primary Diagnosis Code
Secondary Diagnosis Code
Other Diagnosis Code

Transportation Provided Indicator

Address

Address ID
Clinic ID
Address ID Type Code
Address Type Code
Address Line 1
Address Line 2
Apartment Number
City
State
Zip Code
Zip Code Extension
Contact Name
Relationship Code
County Code
Phone Number
Modem Number
Fax Number

Agency

Agency ID
Region

Assessment Results

Clinic ID
Participant ID
Assessment Type Code
Date of Assessment
Question Number
Question Result
Comments
Employee ID/Assessor

Confidentiality Flag Indicator
Central Office Date Last Update
Breast and Cervical Cancer

Clinic ID
Participant ID
Date of Service
Service Type Code
Payor Code (Coverage Type)
Participant History
Diagnosis Status
Diagnosis
Diagnosis Date
Next Screening Date
Notification Date
Stage at Diagnosis
Tumor Size
Status of Treatment
Treatment Provided
Treatment Date
Radiation Treatment Ind.
Chemotherapy Treatment Ind.
Transfer to Provider

Case Assignment

Clinic ID
Participant ID
Employee ID
Program ID Code
Effective Date
End Date
Date Last Update

Case Notes

Participant ID
Event Date
Event Sequence
Confidentiality Indicator
Date Prepared
Message Text
Date Last Update

Participant Enrollment

Clinic ID
Participant ID
Birth Last Name
Birth First Name
Birth Middle Name
Current Last Name
Second Last Name
Current First Name
Current Middle Initial
Title
AKA Last Name
AKA First Name
AKA Middle Initial
Mother's Middle Name
Participant Social Security Number
Medical Risk Indicator
Birth Date
Date of Death

Education Code
Employment Status Code
Race
Hispanic Origin
Occupation
Sex Code
Referral Source
Marital Status
Household Size
Household Income
Pregnant Indicator
Primary Care Provider ID
Medicaid Assignment Flag
Registration Date
Residential Status Code
Disability Code 1
Disability Code 2
Disability Code 3
Language Code 1
Language Code 2
Language Code 3
Public Assistance Code 1
Public Assistance Code 2
Public Assistance Code 3
Public Assistance Code 4
Public Assistance Code 5
Date Last Update

Provider

Provider ID
Provider ID Format
Provider Type
Provider Control Flag
Provider Name
Date on System
Provider Status
Internal/External Service Delivery
Referral Indicator Code
Comments
Date Last Update
Operator ID
Co Date of Last Update

Referrals

Clinic ID
Participant ID
Date of Referral
Provider ID - Referred To
Referral Appointment Date
Referral Appointment Time
Service Type Code
Employee ID - Referred From
Comments
Date Last Update
Operator ID
Upload Indicator
Central Office Date Last Update

DIVISION OR CENTER NAME: WOMEN'S HEALTH SERVICES

1. **DATABASE/DATAFILE TITLE:** Grant Quarterly Report Database
2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Office of Women's Health
3. **DESCRIPTION:**

Method of Collection : Grantees report quarterly
Percent Return : 100%
Percent Completeness (Individual Surveys) :
Database/Datafile is -
 Computerized : X **Yes** **No**
 Mainframe : X **Yes** **No**
 Personal Computer : **Yes** X **No**
 Both : **Yes** X **No**
 Paper Format : **Yes** X **No**
 Client files are maintained on paper and selected data is entered into the Cornerstone system
Frequency of Updating : Quarterly
Date of Last Update : Just beginning
Years of Data : **from** 1995 **to** 2001
If PC, software used for this database : Access
If PC, what is type of file storage :
If PC, frequency of backup : Quarterly
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** Gathering data from grantees each quarter to determine number of women served, their demographics, success in meeting their objectives
5. **RESTRICTIONS ON DATA USE:** One staff person will log in all the data and run the reports
6. **CONTACT PERSON:** Phallisha Curtis **Telephone number:** 217-524-6088
7. **PROCESS FOR ACCESSING DATA:** Seven staff will give information to the staff person to log in. Reports will be generated by that staff person
8. **STANDARD REPORTS GENERATED:** We expect to be asked for reports on numbers of women served, numbers of minority women served, 100% of grantees that met their objectives.
9. **DATA ELEMENTS COLLECTED:**
 Age
 Annual Household Income
 Employment Status
 Education
 Gender
 Race

INDEX OF DATABASES

670 Database	-56-
Adverse Pregnancy Outcomes Reporting System (APORS)	-23-
Aggregate Data for Chickenpox, Strep Throat, Scarlet Fever and Animal Bites	-114-
AIDS Drug Assistance Program (ADAP)	-115-
Ambulance Licensure	-41-
Ambulatory Surgery Treatment Center Database	-2-
Annual Hospital Questionnaire	-3-
Areas of Illinois having state physicians shortage areas and/or federal health professional shortage areas identified by Illinois Department of Public Health, Center for Rural Health	-22-
Asbestos Commercial and Public Building Project Notifications	-73-
Asbestos Contractor Licensing Program	-74-
Asbestos On-Site Inspections, Fines, Warnings, Violations	-75-
Asbestos Professional Licensing Program	-76-
Asbestos Worker Licensing Program	-77-
Behavioral Risk Factor Surveillance System	-7-
Birth Data	-36-
Census of Fatal Occupational Injuries	-25-
Certificate of Need Database	-29-
Childhood Lead Poisoning Blood Lead Data	-57-
Clearing House Database	-58-
CLIA Data Entry	-51-
Communication Unit Identifiers and Communication Access Codes	-42-
Contact Database	-59-
Continuation of Health Insurance Coverage (CHIC)	-116-
Cornerstone/BCCP File	-148-
Craniofacial Anomaly	-70-
CTS Program on PRODAS	-116-
Death Data	-37-
Dental Sealant Grant	-71-
Design Standards	-52-
Dissolution of Marriage Data	-8-
Division of Health Care Facilities & Programs - 3270 Mainframe	-51-
Divorce Data	-39-
Emergency Medical Technician-Basic (EMT-B), EMT-Intermediate (EMT-1) and EMT-Paramedic (EMT-P) Licensure Database. Also First Responder and Emergency Medical Dispatchers Recognition Database	-43-
Emergency Medical Technician-Basic, Intermediate and Paramedic Question Banks and Trauma Nurse Specialist Question Banks	-43-
Employee Training Records	-35-
EMSC Linked Dataset	-44-
Facility Licensing	-53-
FDDD1	-108-
Federal Well Survey	-78-
Fluoridation	-72-
Genetic Counseling Services	-59-
GenSys Confirmed	-61-
GenSys Newborn Screening Suspects	-62-
Grant Quarterly Report Database	-151-
Healthy People 2010 Objectives	-31-
Hearing Aid Consumer Protection Program, Information System	-63-

Hearing Instrument Program Database (Validation)	-63-
Hemoglobinopathies Quarterly Reports	-64-
HIV Family of Seroprevalence Surveys	-118-
HIV Laboratory Report Database	-121-
HIV Reporting System	-122-
HIV/AIDS Reporting System (HARS)	-117-
HIV/PCN Database	-123-
Home Health Agency Database	-9-
Hospital Bed (HospBed) Database	-12-
IDPH Division of Laboratories STD Testing Data	-130-
Illinois Asbestos Training Course Providers	-78-
Illinois Head and Spinal Cord Injury and Violence Reporting Registries	-45-
Illinois Lead Training Course Providers	-79-
Illinois Prehospital Care Report Form (IPCRF)	-46-
Illinois School Abatement Projects	-80-
Illinois School Facilities	-81-
Illinois State Cancer Registry	-24-
Illinois Trauma Registry	-47-
INC	-109-
Interview Record Database, AIRC on Nomad Interview Record	-124-
Investigations Conducted by Toxicology Section	-82-
IPLAN Data System (Illinois Project for Local Assessment of Need)	-32-
Lab Utilization on PFS Plan	-124-
Laboratory Reporting	-125-
Lead Abatement Project Notifications	-83-
Lead Children	-84-
Lead Contractors	-85-
Lead Environmental Inspections	-85-
Lead Environmental Investigations	-86-
Lead Inspectors, Workers, Contractor/Supervisors, and Risk Assessors	-87-
Lockformer Groundwater	-88-
Long Term Care Facilities Data File	-13-
Long Term Care Inventory Database	-15-
Long Term Care System, License and Certification Subsystem	-56-
Manufactured Home Communities	-90-
Marriage Data	-16-, -40-
Mercury in Schools	-91-
MGRD1	-110-
MPREP2	-89-
NETSS	-127-
NEWTECHS	-65-
NIA Database (clinic)	-66-
NICOR	-92-
Non-Community Public Water Operator Certification	-93-
Nursing	-54-
Occupational Disease Registry (Adult Blood Lead Registry)	-26-
Pediatric Blood Lead Tracking and Reporting System	-144-
PH01TAN	-111-
PH01TAS	-112-
Plumbing Program	-147-
Population Estimates for Illinois Counties for Total and For Age 65+	-19-
Population Estimates for Illinois, Chicago and Downstate by Age, Sex and Race	-17-
Population Estimates of Cities 10,000+	-18-
Pregnancy Risk Assessment Monitoring System	-20-
Primary Care Physician Database	-21-
Rabies	-145-
Recreational Areas and Youth Camps	-94-
Refugee Registry System	-1-

Registry of Communicable Disease Cases.	-128-
Rural Health Clinics, Outpatient Physical Therapy, Speech Pathology, Occupational Services, Portable X-Ray and Comprehensive Outpatient Rehabilitation Facilities	-55-
Safe Drinking Water Program	-95-
Safe Drinking Water Program-Federal Requirements	-97-
Safe Drinking Water Program-Local Health Departments Evaluation	-98-
Salmonella Serotype File	-129-
School Districts	-100-
Sexually Transmitted Disease (STD) Laboratory	-131-
Sexually Transmitted Disease (STD) Morbidity.	-133-
Sexually Transmitted Disease (STD) Patient	-135-
Sexually Transmitted Disease (STD) Risk Assessment Survey	-136-
Sexually Transmitted Disease Tracking and Reporting System.	-146-
Sexually Transmitted Diseases (STD) Intervention	-132-
SIDS & SIDS/IM	-66-
STD Table Morbidity	-137-
Structural Pest Control Program and Inspection Log System	-101-
Structural Pest Control Program, Vocational Licensure System (VLS)	-103-
Survey of Occupational Injuries and Illnesses	-28-
Swimming Pool and Bathing Beach	-104-
TAND1	-113-
TIMS (Tuberculosis Management System)	-138-
TOTS	-141-
Trauma Nurse Specialist	-50-
Universal HIV Prevention Log (HERR)	-142-
VACMAN - Vaccine Management System	-143-
Vision and Hearing (Information Request)	-68-
Vision and Hearing Database (Summary)	-68-
Vision and Hearing Technicians	-69-
Vision and Hearing Version 1.2 (Hearing Instrument Program)	-70-
Vocational Licensure System, The Private Sewage Program	-107-
Vocational Licensure System (VLS), The Private Water Program	-106-