Alcohol Epidemiologic Data System
Division of Epidemiology and Prevention Research
National Institute on Alcohol Abuse and Alcoholism

Alcohol Epidemiologic Data Directory

June 2012

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Suite 1000
2107 Wilson Blvd.
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Developed Under Contract No. HHSN267200800023C

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INTRODUCTION

This *Alcohol Epidemiologic Data Directory* is compiled and updated by the Alcohol Epidemiologic Data System (AEDS), operated by CSR, Incorporated under contract to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). AEDS's task is to identify, acquire, maintain, and analyze alcohol-related epidemiologic data under the direction of NIAAA's Division of Epidemiology and Prevention Research.

This *Directory* is a current listing of surveys and other relevant data suitable for epidemiologic research on alcohol. Some surveys included in the *Directory* are designed specifically to answer alcohol-related questions. Other surveys may address other issues but still contain alcohol-related data. The first section of the *Directory* includes data sets that are representative of the overall U.S. population, although many use different age categories in the sample design. The second section includes data sets on special populations (e.g., adolescents, prison inmates, military personnel, older Americans, and specific racial or ethnic groups). A final section describes publications and other research products available from AEDS. It is important to note that this *Directory* is not a comprehensive listing of all data sets that are available to alcoholism professionals. Many small-scale surveys, such as single-state surveys and local area surveys, are excluded, as are data sets that are not available to the public.

Data sets described in the *Directory* are sponsored or produced by a variety of organizations. A source contact is listed for each data set to assist researchers with obtaining current information on the data set. Internet addresses are included to guide users to additional information from the data providers. The Internet addresses are checked for currency before publication of the *Directory*, but some address changes can be expected over the period of this publication. In such cases, the source contacts can direct users to the new Internet sites. Data increasingly are available in downloadable formats from the Internet sites. Information on availability is provided for each data set, including hyperlinks for downloading, when available. Unless otherwise specified, the data sets in this *Directory* are not available from AEDS, but rather from sponsoring organizations or their contracted providers.

Analytic results from data sets described in this *Directory* often are available on the Internet in tabular or summary form. Further, some data sets can be analyzed online with programs provided by the sponsoring organization. Some useful Internet links include the Inter-university Consortium for Political and Social Research (ICPSR) Substance Abuse and Mental Health Data Archive (SAMHDA), the National Archive of Criminal Justice Data (NACJD), and the National Center for Health Statistics (NCHS). Links to additional Federal drug data sources also are available through the "related links" option at http://www.whitehousedrugpolicy.gov/ and http://www.fedworld.gov/. Finally, other AEDS publications are described in Section 3 of this report and may be accessed through NIAAA's Web site at http://www.niaaa.nih.gov/.

An electronic copy of this *Directory* is available at http://pubs.niaaa.nih.gov/publications/datasys.htm. AEDS welcomes any suggestions or comments on this *Directory*. Comments or any requests for additional copies of this or other AEDS publications should be directed to:

Alcohol Epidemiologic Data System
CSR, Incorporated
2107 Wilson Blvd., Suite 1000
Arlington, VA 22201
Phone: (703) 312-5220
Fax: (703) 312-5230
Email: AEDSinfo@csrincorporated.com

Section 1:

National Health and Alcohol Data Sets

Alcohol and Drug Services Study (ADSS)—1996–97, 1997–99, and 1998–99

Sponsoring Agency:

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

Contact:

Anita Gadzuk
Office of Applied Studies
SAMHSA
1 Choke Cherry Road, Room 7-1007
Rockville, MD 20857
(240) 276-1266
http://www.samhsa.gov/data/ADSS.aspx

Availability:

Data files are available for download from http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/03088.xml.

Overview:

ADSS, a national survey of substance abuse treatment facilities and clients, is designed to develop estimates of the duration and costs of treatment and to describe the post-treatment status of substance abuse clients. Information includes treatment cost estimates, program capacity, data on the relation of services and resources to treatment outcome, services to special populations, and data to validate annual Uniform Facility Data Set (UFDS) reports. ADSS is the continuation of the Drug Services Research Study (DSRS) and the Services Research Outcomes Study (SROS), described separately in this publication.

Survey Design/Methodology:

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

Sample Characteristics:

ADSS uses a sample of 2,395 treatment facilities. The sample is stratified to reflect the types of care offered in substance abuse treatment including hospitals, nonhospital residential treatment facilities, outpatient methadone treatment facilities, outpatient nonmethadone treatment facilities, and outpatient combined methadone and nonmethadone treatment facilities serving predominantly alcohol-abusing clients, and other facilities with undetermined types of care. Approximately 300 facilities per stratum were subsampled by a site visit. Patient-level information is collected on a sample of client records from 280 facilities in Phase 2. Phase 3 interviews are randomly selected from clients included in Phase 2.

Alcohol Variables:

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

Other Variables:

Demographics (age, race and sex), pregnancy status, living arrangements, and source of treatment referral are collected on patients. Recorded facility characteristics include ownership, accreditation, workload and staffing, revenue sources, and treatment cost. Follow-up includes post-treatment status of criminal behavior, employment, and health resources use.

Behavioral Risk Factor Surveillance System (BRFSS)—1984–2010, Annually

Sponsoring Agency:

BRFSS surveys are conducted by the states and coordinated by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

Contact:

National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, Mailstop K-66
Atlanta, GA 30341
http://www.cdc.gov/brfss/

Availability:

Data files in SAS transport format are available for download from http://www.cdc.gov/brfss/technical_infodata/surveydata.htm.

Overview:

BRFSS is an ongoing data collection program designed to monitor state-level prevalence of the major behavioral risks associated with premature morbidity and mortality among adults. The survey was initiated in 1984, with 15 states participating in the monthly data collection. By 1994, all states and the District of Columbia were participating in BRFSS. Guam, the Virgin Islands, and the Commonwealth of Puerto Rico were included in 2001–2002. Factors assessed by the BRFSS include alcohol and tobacco use, health care coverage, tested for HIV/AIDS, physical activity, and fruit and vegetable consumption. CDC developed standard core questions for states to use to collect data that could be compared across states. The survey also includes many optional modules and state added questions.

Survey Design/Methodology:

BRFSS is conducted in each participating state on a probability sample of the adult population ages 18 and older. Telephone interviews are conducted during a 2-week period each month throughout the year. Most states use a disproportionate stratified sample (DSS) design. A few states used a Mitofsky-Waksberg design or a simple random sample design. Deviations from sampling frame and weighting protocols exist among states. Initially conducted with paper-administered survey forms, interviews are now conducted through computer-assisted telephone interviewing (CATI). In 2009, the BRFSS implemented the Cell Phone Survey in all states and territories.

Sample Characteristics:

BRFSS samples vary in size from state to state and from year to year, depending on the number of states participating and the availability of funds. In 2010, there were a total of 451,075 respondents from all states and territories. The BRFSS is designed to collect state-level data, but some regional prevalence estimates are possible from a number of states that stratify their samples.

Alcohol Variables:

Alcohol variables were asked in reference to the past month or the past 30 days, including frequency of consumption, average number of drinks consumed per occasion, having 5 or more drinks per occasion, and driving after drinking. Alcohol questions were included in the core questionnaire before 1994. Beginning in 1994, the alcohol section rotated between the core questionnaire and optional modules. Eleven states responded to alcohol questions in 1994, all states responded in 1995, 17 in 1996, all in 1997, 12 in 1998, all in 1999, and 11 in 2000. Five states added their own alcohol questions in 2000. With the exception of Hawaii in 2004, all states responded in 2001–2010.

Other Variables:

BRFSS covers demographics, health status, health care access, family planning, asthma, diabetes, oral health, diet, immunization, seatbelt use, history of hypertension, frequency of physical exercise, amount of recreational activity, access and storage of firearms, mammography, exposure to stress, smoking, women's health, HIV/AIDS and prevention behaviors (e.g., annual checkups, cancer screening, etc.). Optional modules allow states to address emerging health issues.

Drug Services Research Survey (DSRS)—1990

Sponsoring Agency:

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

Contact:

Anita Gadzuk
Office of Applied Studies
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857
(240) 276-1266
http://www.oas.samhsa.gov/systems.htm#dsrs

Availability:

Data files are available for download from
http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/03393.xml

Overview:

DSRS is a national survey conducted in 1990 to obtain information on alcoholism and drug abuse treatment providers and clients to supplement data from the National Drug and Alcoholism Treatment Unit Survey (NDATUS). Treatment capacity and utilization, treatment of IV drug users and pregnant women, and training received by treatment providers were recorded. This survey provides baseline data for the SROS study of treatment outcome. For continuation of these data, see SROS, ADSS, and UFDS, described separately in this publication.

Survey Design/Methodology:

DSRS consists of two components, a facility-based telephone interview with a representative sample of drug treatment providers, followed by a record-based survey of patients discharged from treatment. In the first phase, facility-level information was collected from facility directors. In the second phase, patient-level information was abstracted from records of sampled patients discharged during the 12-month period from September 1, 1989, through August 31, 1990.

Sample Characteristics:

DSRS uses a stratified random sample of 1,803 treatment facilities in the coterminous United States that was drawn from the 1990 NDATUS. Among them, 1,183 participated in the facility-based telephone interviews. A subsample of 120 facilities participated in site visits to abstract information from patient records. Client record-based data were collected on a sample of 2,222 discharged patients.

Alcohol Variables:

Facility variables include treatment modality, length of stay, principal drug of use for clients in treatment, treatment history, history of use, and source.

Other Variables:

Ownership, accreditation, capacity and workload, staffing, cost, and sources of revenue are recorded for each facility. Patient data include demographics, education, employment status, living arrangements, and source of referral to treatment.

Fatality Analysis Reporting System (FARS)—1975–2009

Sponsoring Agency:

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

Contact:

Louann Hall
National Center for Statistics and Analysis
NHTSA
1200 New Jersey Avenue, SE, West Building
Washington, DC 20590
(202) 366-4199 or 1-800-934-8517
http://www-fars.nhtsa.dot.gov

Availability:

Data can be downloaded in SAS or ASCII format from ftp://ftp.nhtsa.dot.gov/fars.

Overview:

FARS is designed to assist the traffic safety community in identifying traffic safety problems (including drinking and driving), developing and implementing vehicle and driver countermeasures, and evaluating motor vehicle safety standards and highway safety initiatives. FARS gathers detailed data on all fatal traffic crashes each year within the 50 states, the District of Columbia, and Puerto Rico. FARS has been in operation since 1975.

Survey Design/Methodology:

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

Sample Characteristics:

The total number of FARS cases varies from year to year. In 2009, FARS reported 30,797 fatal traffic crashes that resulted in 33,808 deaths.

Alcohol Variables:

Alcohol variables include judgment calls made by police officers on alcohol involvement and results of blood alcohol concentration (BAC) tests. Since 1984, NHTSA has used statistical methods to estimate BAC values for drivers with unknown BAC levels. The imputed BAC data are provided in separate data files.

Other Variables:

Other variables include age, sex, role (driver, passenger, nonoccupant) for all persons in the traffic crash, injury severity, time and date of the crash, number of vehicles involved, vehicle make and model, speed limit, road and atmospheric conditions, violations charged, and previous convictions of traffic violations for all drivers.

Healthcare Cost and Utilization Project (HCUP) Nationwide Emergency Department Sample (NEDS)—2006–2009

Sponsoring Agency:

Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services

Contact:

User Support
Healthcare Cost and Utilization Project
AHRQ
540 Gaither Road
Suite 5000
Rockville, MD 20850
(301) 427-1364 or 1-866-290-4287
http://www.ahcpr.gov/data/hcup

Availability:

Summary statistics are available at http://www.hcup-us.ahrq.gov/db/nation/neds/nedssummstats.jsp. Data for 2006–2009 are available for purchase from the HCUP Central Distributor at http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp; Phone (866) 556-4287 (toll free); Fax (866) 792-5313; E-mail HCUPdistributor@ahrq.gov

Overview:

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

Survey Design/Methodology:

NEDS was constructed using the HCUP State Emergency Department Databases (SEDD) and the State Inpatient Databases (SID). The SEDD capture discharge information on ED visits that do not result in a hospital admission (i.e., treat-and-release visits and transfers to another hospital). The SID contain information on patients initially seen in the emergency room and then admitted to the same hospital. NEDS uses a stratified probability sample of U.S. hospital-based EDs. All visits within the sample of selected EDs are included in NEDS.

Sample Characteristics:

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

Alcohol Variables:

NEDS contains up to 15 diagnoses on each ED visit record, which are coded according to ICD-9-CM. Alcohol-related diagnoses can be identified by ICD-9-CM codes for alcohol-related conditions.

Other Variables:

NEDS includes other key variables such as principal diagnosis, any listed diagnosis, principal procedure, any listed procedure, number of procedures, disposition of the patient at discharge from the ED, DRG (diagnosis related group) in effect on discharge, age, race, sex, death during hospitalization, length of stay, primary and secondary payer, and income. New to the NEDS in 2009 is a series of data elements that identify injuries by severity, mechanism, and intent.

Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS)—1988–2009

Sponsoring Agency:

Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services

Contact:

User Support
Healthcare Cost and Utilization Project
AHRQ
540 Gaither Road
Suite 5000
Rockville, MD 20850
(301) 427-1364 or 1-866-290-4287
http://www.ahcpr.gov/data/hcup

Availability:

Summary statistics are available at http://www.hcup-us.ahrq.gov/db/nation/nis/nissummstats.jsp. Data for 1988–2009 are available for purchase from the HCUP Central Distributor at http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp; Phone (866) 556-4287 (toll free); Fax (866) 792-5313; E-mail HCUPdistributor@ahrq.gov

Overview:

HCUP is a Federal-state-industry partnership in health care data collection. It includes inpatient data from all payer sources. HCUP's objectives are to (1) obtain data from statewide information sources, (2) design and develop a multistate health care database for health services research and health policy analysis, and (3) release data to a broad set of public and private users. HCUP data allow for comparative studies of health care services and the use and cost of hospital care, including the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations. The Nationwide Inpatient Sample (NIS), part of HCUP, is a database containing patient-level information on inpatient hospital stays.

Survey Design/Methodology:

NIS examines discharge data from hospitals in states that have agreed to provide the project with payer data on hospital inpatient stays. Inpatient stay records include clinical and resource use information typically available from discharge abstracts. Hospital and discharge weights are provided for national estimates. Discharge data can be linked to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals and to county-level data from the Area Resource File from the Bureau of Health Professions (except in those states that do not allow the release of hospital identifiers).

Sample Characteristics:

NIS is a stratified probability sample of U.S. hospitals proportional to the number of community hospitals in each stratum. NIS contains discharge data from about 1,000 hospitals, approximating a 20-percent sample of U.S. community hospitals. Data include 5 million to 8 million hospital inpatient records. Data releases and the number of states involved are listed as follows: Release 1 Data: 1988–92 (8 states in 1988; 11 in 1989–92); Release 2 Data: 1993 (17 states); Release 3 Data: 1994 (17 states); Release 4 Data: 1995 (19 states); Release 5 Data: 1996 (19 states); Release 6 Data: 1997 (22 states); Release 7 Data: 1998 (22 states); Release 8 Data: 1999 (24 states); Release 9 Data: 2000 (28 states); Release 10 Data: 2001 (33 states); Release 11 Data: 2002 (35 states); Release 12 Data: 2003 (37 states); Release 13 Data: 2004 (37 states); 2005 (37 states); 2006 (38 states); 2007 (40 states); 2008 (42 states); and 2009 (44 states). (Beginning in data year 2005, data releases are only indicated by year.)

Alcohol Variables:

NIS contains alcohol-related diagnoses that may be analyzed by geographic region, hospital ownership, urban/rural location, and quality-of-care outcomes.

Other Variables:

NIS includes other key variables such as principal diagnosis, any listed diagnosis, principal procedure, any listed procedure, DRG (diagnosis related group) in effect on discharge, age, race, sex, death during hospitalization, length of stay, primary and secondary payer, and income.

National Alcohol Survey (NAS)—1964–65, 1967, 1969, 1974, 1979, 1984, 1990, 1992, 1995–1996, 2000–2001, and 2005

Sponsoring Agency:

Alcohol Research Group, and National Institute on Alcohol Abuse and Alcoholism (NIAAA), U.S. Department of Health and Human Services

Contact:

Public Health Institute
Alcohol Research Group
6475 Christie Avenue, Suite 400
Emeryville, CA 94608-1010
(510) 597-3440
http://www.arg.org/

Availability:

The N11 and earlier national data and documentation from NAS are available on request from AEDS (AEDSinfo@csrincorporated.com)

Overview:

NAS is designed to assess trends in drinking practices and problems in the national population, including drinking patterns, attitudes, norms, treatment experiences and adverse consequences. Recent NASs also study the effects of public policy on drinking practices (i.e., alcoholic beverage warning labels).

Survey Design/Methodology:

NAS used a multistage-area probability sample of persons ages 18 and older in households within the 48 contiguous states (i.e., excluding AK and HI) through N9. The 2000 NAS used a random digit dialing (RDD) sampling and computer-assisted telephone interviewing (CATI) of adults in households in all 50 states and DC. Blacks and Hispanics were oversampled in N7 and N9 and later NAS surveys. Special populations in various institutional settings, including detoxification centers, jails, clinics, emergency rooms, and welfare offices were not included in the NAS.

Sample Characteristics:

The number of respondents varies each year as shown below:

Survey	Year	Sample Size	Population
N1	1964–1965	2,746	Adults, excl. AK and HI
N2	1967	1,359	N1 respondents, reinterviewed
N3	1969	978	Men, ages 21–59
N4	1974	725	N3 respondents, reinterviewed
N5	1974	901	N2 respondents, reinterviewed
N6	1979	1,772	Adults, ages 18+
N7	1984	5,221	Adults, ages 18+
N8	1990	2,058	Adults, ages 18+
		1,110	Youth supplement, ages 12–30
N7 Follow-up	1992	2,247	N7 respondents, reinterviewed
		583	New youth respondents—ages 18–25
N8 Follow-up	1992–1993	1,027	N8 respondents, subset for interview mode stud
		261	Family members of teens (12–17) from N8 main sample, reinterviewed
N9	1995–1996	4,925	Adults, ages 18+
N10	2000–2001	7,612	Adults, ages 18+
		411	4 City Interview Mode study
		1,021	San Francisco ages 18–40
N11	2005	6,919	Adults, ages 18+

Alcohol Variables:

NAS data are collected on graduated frequencies and other measures of alcohol consumption; beverage type including beer, wine and spirits; binge drinking; attempts to reduce drinking; attitudes/ opinions on drinking levels in different drinking situations; treatment status; and drinking consequences. Drinking problems include alcohol dependence symptoms, life area harms, and tangible consequences such as employment repercussions, injury or health effects, and psychological/emotional distress.

Other Variables:

Demographics include age, race, sex, geographic region, education, income, and others. Other variables include attitudes and values concerning violence, injury, risk-taking behaviors, substance use, illegal behaviors, arrests, and convictions.

National Ambulatory Medical Care Survey (NAMCS)—1973–1992 and 1993–2009

Sponsoring Agency:

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

Contact:

Ambulatory and Hospital Care Statistics Branch
NCHS
3311 Toledo Road
Hyattsville, MD 20782
(301) 458-4600
http://www.cdc.gov/nchs/ahcd.htm

Availability:

Data files are available for download from http://www.cdc.gov/nchs/ahcd.htm.

Overview:

NAMCS is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States.

Survey Design/Methodology:

NAMCS uses a multistage probability design involving probability samples of primary sampling units (PSUs), physician practices within PSUs, and patient visits within practices. First-stage samples include PSUs that are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships. Second-stage samples consist of a probability sample of practicing physicians contained in master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA). The physicians are office based, principally engaged in patient care activities; non-federally employed; and not in the specialties of anesthesiology, pathology, and radiology. All eligible physicians are stratified into 15 groups, and a sample is taken from their patient visits. The physician sample is divided into 52 random subsamples and assigned to 1 of the 52 weeks in the survey year. Random patient visit samples are selected by the physician during an assigned week. Actual data collection is carried out by the physician and aided by his or her office staff when possible.

Sample Characteristics:

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

Alcohol Variables:

Alcohol use or alcohol-related conditions cited as a reason for the visit are coded only when mentioned by the patient.

Other Variables:

Patient variables include date of visit, age, sex, race, ethnicity, reason for visit (up to three), expected source(s) of payment, diagnostic screening services, physician's diagnoses (up to three). Also included are referral and previous visit history, medication and nonmedication therapy (up to five medications), disposition and duration of visit, weight, geographic region, and SMSA code. Pregnancy status, authorization requirements, HMO status, and the major reason for the patient visit were added to the NAMCS in 1997.

National Automotive Sampling System—General Estimates System (GES)—1988–2010, Annually

Sponsoring Agency:

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

Contact:

National Center for Statistics and Analysis
NHTSA
1200 New Jersey Avenue, SE, West Building
Washington, DC 20590
(202) 366-4199 or 1-800-934-8517
http://www.nhtsa.gov/Data

Availability:

Data can be downloaded in SAS or ASCII formats from ftp://ftp.nhtsa.dot.gov/ges/.

Overview:

GES began in 1988. It supports the development, implementation, and assessment of highway safety programs aimed at reducing the human and economic cost of motor vehicle traffic crashes. These program efforts include identifying highway safety problem areas, providing a basis for regulatory and consumer information initiatives, and forming the basis for cost and benefit analyses of highway safety initiatives.

Survey Design/Methodology:

GES collects data from a nationally representative stratified probability sample of the estimated 6.4 million police-reported crashes that occur each year. GES collectors obtain data in weekly, biweekly, or monthly visits to approximately 400 police agencies within 60 demographic sites throughout the United States.

Sample Characteristics:

GES uses a sample of Police Accident Reports (PARs) involving at least one motor vehicle traveling on a traffic way and resulting in property damage, injury, or death. Approximately 50,000 PARs on accidents of all types, from minor to serious, are sampled each year. Information is collected at the accident, vehicle/driver, and person level.

Alcohol Variables:

Alcohol use by anyone in the traffic crash is recorded based on police-reported alcohol involvement. Alcohol use is imputed for persons with unknown value on this variable. Also included is a variable indicating violation(s) charged to the drivers of the vehicles, including driving under the influence of alcohol and/or drugs.

Other Variables:

Other key variables include age, sex, time and date of occurrence, vehicle make, injury information, fatalities, property damage, and sample weights.