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| **Worksheet** | **2.2 Develop a Primary Data Collection Plan** |
| **County** |  |
| **Meeting Date** |  |
| **Meeting Location** |  |
| **Assessment Cycle** |  |

*As a CHA Team, review the top 3 strengths and weaknesses from Worksheet 2.1. Complete this worksheet for**each strength/opportunity which the health council would like to learn more about, in order to potentially select a CHA priority or design an intervention strategy.*

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| **Indicator -** |
| **What** additional or specific information are you interested in learning about this indicator? |
|  |
| **Who** has the needed perspective to provide you with that information? |
|  |
| **Which** primary data collection method will you use? (Choose all that apply) |
| Listening Session Key Informant Interview Survey |
| **When** will you do it? What is your timeline? |
|  |
| **Who** is responsible for collecting the information? |
|  |