

## Data Assessment Worksheet

| Personal Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Identity Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Contact Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Relationship/Household                                                                                                                                                    |
| <b>Constituent Name:</b><br><input type="checkbox"/> Prefixes <sup>2</sup><br><input type="checkbox"/> First Name <sup>1</sup><br><input type="checkbox"/> Middle Name <sup>1</sup><br><input type="checkbox"/> Last Name <sup>1</sup><br><input type="checkbox"/> Suffix <sup>2</sup><br><input type="checkbox"/> Nickname <sup>1</sup><br><br><b>Organization:</b><br><input type="checkbox"/> Organization Name <sup>1</sup><br><input type="checkbox"/> Contact Name <sup>1</sup><br><br><b>Other:</b> | <b>Addresses:</b><br><input type="checkbox"/> Physical Address <sup>1&amp;2</sup><br><input type="checkbox"/> Mailing Address <sup>1&amp;2</sup><br><br><b>Email Addresses:</b><br><input type="checkbox"/> Primary Email <sup>1</sup><br><input type="checkbox"/> Secondary Email <sup>1</sup><br><br><b>Phone Numbers:</b><br><input type="checkbox"/> Home <sup>1</sup><br><input type="checkbox"/> Mobile <sup>1</sup><br><input type="checkbox"/> Work <sup>1</sup><br><br><b>Other:</b> | <b>Relationship:<sup>2</sup></b><br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Child<br><input type="checkbox"/> Household Resident<br><br><b>Other:</b> |
| Demographics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                           |
| Demographic Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Education Information                                                                                                                                                     |
| <b>Gender:<sup>2</sup></b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Nonbinary<br><input type="checkbox"/> Other:<br><br><input type="checkbox"/> Date of Birth <sup>3</sup><br><input type="checkbox"/> Ethnicity <sup>2</sup><br><input type="checkbox"/> Food Preferences <sup>2</sup><br><input type="checkbox"/> Food Allergies <sup>1</sup><br><br><b>Other:</b>                                                                               | <input type="checkbox"/> Company Name <sup>1</sup><br><input type="checkbox"/> Job Title <sup>1</sup><br><input type="checkbox"/> Years Employed <sup>2</sup><br><input type="checkbox"/> Professional Associations <sup>1</sup><br><br><b>Other:</b>                                                                                                                                                                                                                                         | <input type="checkbox"/> Institution <sup>1</sup><br><input type="checkbox"/> Level of Completion <sup>2</sup><br><br><b>Other:</b>                                       |

| Interactions                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Donations                                                                                                                                                                                   | Event Attendance                                                                                                                                                                                                                               | Communications                                                                                                                                                                                                                                                                                                                                                               | Volunteer                                                                                                                                                                                              |
| <b>Donation History:</b> <sup>5</sup><br><input type="checkbox"/> Date of Donation<br><input type="checkbox"/> Donation Amount<br><input type="checkbox"/> Giving Channels<br><b>Other:</b> | <b>Event Attendance History:</b> <sup>5</sup><br><input type="checkbox"/> Event Name<br><input type="checkbox"/> Date of Attendance<br><input type="checkbox"/> Tickets Purchased<br><input type="checkbox"/> Purchase Amount<br><b>Other:</b> | <b>Communication Preferences:</b> <sup>2</sup><br><input type="checkbox"/> Email<br><input type="checkbox"/> Phone<br><input type="checkbox"/> Mail<br><b>Other:</b><br><br><input type="checkbox"/> Email opt-in/out <sup>4</sup><br><input type="checkbox"/> Mail opt-in/out <sup>4</sup><br><input type="checkbox"/> Newsletters opt-in/out <sup>4</sup><br><b>Other:</b> | <input type="checkbox"/> Event <sup>2</sup><br><input type="checkbox"/> Hours<br><input type="checkbox"/> Volunteered <sup>1</sup><br><input type="checkbox"/> Frequency <sup>1</sup><br><b>Other:</b> |

| Identity-Centric Information                                                                                                                                                                                   |                                                                                                                                                                                                         |                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal Identity                                                                                                                                                                                              | Group Identity                                                                                                                                                                                          | Social Network                                                                                                                                                                            |
| <input type="checkbox"/> Hobbies <sup>1 or 2</sup><br><input type="checkbox"/> Interests <sup>1 or 2</sup><br><input type="checkbox"/> Motivations <sup>1 or 2</sup><br><input type="checkbox"/> <b>Other:</b> | <input type="checkbox"/> Clubs <sup>1</sup><br><input type="checkbox"/> Associations <sup>1</sup><br><input type="checkbox"/> Shared Interests <sup>1,2</sup><br><input type="checkbox"/> <b>Other:</b> | <input type="checkbox"/> Profiles <sup>1</sup><br><input type="checkbox"/> Address <sup>1</sup><br><input type="checkbox"/> Handle <sup>1</sup><br><input type="checkbox"/> <b>Other:</b> |

| Quantitative Data                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Defined by Organization                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Total years donated<br><input type="checkbox"/> Consecutive years donated<br><input type="checkbox"/> Lifetime donation amount<br><input type="checkbox"/> Total volunteer hours<br><input type="checkbox"/> Number of membership years<br><input type="checkbox"/> <b>Other:</b> |

| Fields Key |                        |
|------------|------------------------|
| 1          | Free text              |
| 2          | Drop-down list         |
| 3          | Calendar function      |
| 4          | Radio button selection |
| 5          | Table of fields        |

### Data Assessment Worksheet (Part 2):

| Review Topic                                      | Yes                      | No                       | TBD                      | Data Issues Identified | Solutions | Assigned to: | Date Resolved |
|---------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------|-----------|--------------|---------------|
| Is the data complete?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |           |              |               |
| Does the data align with your objectives/mission? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |           |              |               |
| How are you using the data stored in the CRM?     | N/A                      | N/A                      | <input type="checkbox"/> |                        |           |              |               |
| Is the data up to date?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |           |              |               |
| Is the data clean?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |           |              |               |
| When was the last audit of the data?              | N/A                      | N/A                      | <input type="checkbox"/> |                        |           |              |               |