

## ATTACHMENT B: NSDUH State Data User Survey

OMB No.: 0930-0290  
Expiration Date: 3/31/11

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0290. Public reporting burden for this collection of information is estimated to average 0.25 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857

### [INTRODUCTION]

Thank you for agreeing to participate in this survey. The information you provide will be very valuable to SAMHSA as we make plans to update the National Survey on Drug Use and Health (NSDUH). If you think there is someone else who can provide further information on your organization's data needs, please provide their contact information at the end of this survey.

### [CONTACT INFORMATION]

**Before we begin, please confirm the information we have for you below.**

**NAME:**

**TITLE:**

**ORGANIZATION:**

**EMAIL:**

**PHONE:**

**If any of this information is incorrect, please press 2 to change it.**

**[INSERT SCREEN WHERE NAME, TITLE, ORGANIZATION, EMAIL, AND PHONE NUMBER CAN BE PRE-FILLED AND EDITED.]**

### [AWARENESS]

The first few questions are about your awareness of NSDUH data.

1. Were you aware that SAMHSA publishes substance use and mental health data from the NSDUH at the State level?
  - ◆ Yes
  - ◆ No [SKIP TO 3]

2. Were you aware that SAMHSA publishes NSDUH substate estimates, providing substance use and mental health data for **specific areas within your State**?
- ◆ Yes [SKIP TO 4]
  - ◆ No [SKIP TO 4]

[IF 1=NO]

3. Who in your organization would most likely be knowledgeable about **sources** of substance use and mental health data that are used in your State?
- ◆ I am most knowledgeable [SKIP TO 5]
  - ◆ Someone else (please provide that person's contact information)
    - NAME:
    - TITLE:
    - ORGANIZATION/AGENCY:
    - PHONE:
    - EMAIL:

[END SURVEY] Thank you for your time.

[USAGE]

4. Does your organization use any State- or substate-level NSDUH data?
- ◆ State-level data only [SKIP TO 7]
  - ◆ Substate-level data only [SKIP TO 7]
  - ◆ Both State- and substate-level data [SKIP TO 7]
  - ◆ Neither

[IF 4=NEITHER OR 3=I AM]

5. What sources does your organization use for State- or substate-level substance use and mental health data?

[IF 5 NE BLANK/DK/REF]

6. Why does your organization use this/these source(s) rather than the NSDUH?

[IF 1=NO, THEN END] Thank you for your feedback.

[IF 4=NEITHER, THEN SKIP TO 9]

7. For what purposes does your organization use the NSDUH data? (select all that apply)
- ◆ Policy or legislation
  - ◆ Program development
  - ◆ Program evaluation
  - ◆ Funding allocation

- ◆ Briefing State officials
- ◆ Informing the public
- ◆ Comparison with other geographic areas
- ◆ Reporting requirements (e.g., for National Outcome Measures/ Block Grant applications)
- ◆ Reporting to State epidemiology work groups
- ◆ Other (please specify): \_\_\_\_\_

7a. Please provide examples of how your State uses NSDUH data for these purposes.

**[CONTENT]**

8. What **specific** estimates or topics covered by the NSDUH does your organization use?

9. What additional survey estimates or topics could be added to the NSDUH to better meet the needs of your organization?

10. What changes could be made to the NSDUH **data products** to better meet the needs of your organization?

**[DATA FILES]**

11. Would your organization find it useful to have access to the State- and substate-level NSDUH micro data?

- ◆ State-level data only
- ◆ Substate-level data only
- ◆ Both State- and substate-level data
- ◆ Neither

12. Does your organization have the resources to analyze the NSDUH micro data?

- ◆ Yes
- ◆ No

**[SUMMARY]**

13. Considering all aspects of the survey, what additional changes would you suggest to make the NSDUH data more useful for your State?
14. What else would be useful for SAMHSA to consider while planning the NSDUH updates?
15. Is there anyone else in your organization that you recommend we contact to complete this survey?
  - ◆ No
  - ◆ Yes
    - NAME:
    - TITLE:
    - ORGANIZATION/AGENCY:
    - PHONE:
    - EMAIL:

This is the last question of the survey. Thank you for your feedback!