

Questionnaire Management Guidelines

Goals:

- **One consolidated document to track all model and CQ changes throughout the life of the project**
- **Questionnaire always matches the live survey**
- **Easy and error-free way to submit CQ changes**
- **All changes tracked and reflected in one document (DOT will help)**

Basic rules:

- 1 This questionnaire **has to match the live survey**
- 2 All changes to the live measure need to be tracked and archived in **one document**
- 3 **All CQ change requests** have to be submitted using this document
 - SRA: 1) marks up changes and submits the entire document to DOT
 - DOT: 1) archives change request on separate tab
2) implements change(s)
3) updates the document to reflect all implemented changes in the "clean" questionnaire - SRA can send to the client and use for future CQ changes
- 4 DOT safeguards correct formats - your next CQ changes have to be submitted using one survey document with appropriate color-coding

Model Instance Name:
 SAMHSA OWH Publications Online Survey
MID:
 Date: 12/2/2008

SAMHSA OWH Publications Online Survey MODEL QUESTION LIST <i>Model questions utilize the ACSI methodology to determine scores and impacts</i>		
ELEMENTS (drivers of satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS
	Satisfaction (1=Poor, 10=Excellent) 1 What is your overall satisfaction with the SAMHSA site? 2 How well does the SAMHSA site meet your expectations ? 3 How does the SAMHSA site compare to your idea of an ideal website ?	

Model Instance Name:
 SAMHSA OWH Publications Followup Email Survey
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 Date: 12/2/2008

SAMHSA OWH Publications Followup Email Survey MODEL QUESTION LIST <i>Model questions utilize the ACSI methodology to determine scores and impacts</i>		
ELEMENTS (drivers of satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS
	Satisfaction (1=Poor, 10=Excellent) 1 What is your overall satisfaction with the SAMHSA site? 2 How well does the SAMHSA site meet your expectations ? 3 How does the SAMHSA site compare to your idea of an ideal website ?	

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SAMHSA OWH Publications Online Survey CUSTOM QUESTION LIST

QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions
		Which publication(s) did you view or order today? (please select only one choice below)	"Action Steps for Improving Women's Mental Health" only "Women's Mental Health: What it means to you" only Both		Drop down, select one	S	Y	
		How did you hear about this publication(s)? (select all that apply)	eBlast Blog (please specify): SAMHSA news release SAMHSA website Womenshealth.gov website Magazine or Newspaper Radio or Television Media and news releases Web search/ websites Exhibit or community event Found them on site when ordering other material Colleague Friend Other, please specify:	A	Checkbox, one-up vertical	M	Y	
	A	Blog			Text area, no char limit		N	
	B	Other hear about			Text area, no char limit		N	
		Which of the publication(s) are you ordering for professional use ?	"Action Steps for Improving Women's Mental Health" only "Women's Mental Health: What it means to you" only Both publications Neither for professional use		Drop down, select one	S	Y	
		How do you intend to use the publication(s) for professional use ? (select all that apply)	Direct distribution to patients/clients Teaching materials for professional students Share with colleagues (professional education and distribution) Self education/research Give to community organization/faith-based organization/volunteer group Public awareness campaign/event Use within a classroom/youth setting Other, please specify: Not applicable	A	Checkbox, one-up vertical	M	N	
	A	Other professional intent			Text area, no char limit		N	
		Which of the publication(s) are you ordering for personal use ?	"Action Steps for Improving Women's Mental Health" only "Women's Mental Health: What it means to you" only Both publications Neither for personal use	A,B,C A,B,C A,B,C	Drop down, select one	S	Y	
	A	Are you:	Married/Living with partner Single Divorced/Separated Widowed Prefer not to answer		Drop down, select one	S	N	
	B	Please select appropriate household income level:	<\$50,000 \$50,000-\$74,000 \$75,000-\$99,000 \$100,000-\$149,999 \$150,000-\$199,999 \$200,000 or more		Drop down, select one	S	N	

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	C	Would you be interested in having this publication(s) translated into any of these languages? (select all that apply)	Prefer not to answer Spanish Mandarin Cantonese French Other, please specify:	D	Checkbox, one-up vertical	M	Y	
	D	Other language			Text area, no char limit		N	
		How do you intend to use the publication(s) for personal use? (select all that apply)	Self education/research Give to family member/friend Other, please specify: Not applicable	A	Checkbox, one-up vertical	M	N	
	A	Other personal intent			Text area, no char limit		N	
		What format do you prefer for publication(s) like this?	Hard copy Online PDF Both hard copy and PDF format Other, please specify:	A	Checkbox, one-up vertical	S	Y	
	A	Other format			Text area, no char limit		N	
		How would you rate your current level of awareness of women's mental health?	Extremely Aware Very Aware Somewhat Aware Not at all Aware		Radio button, one-up vertical	S	Y	
		What is your occupation?	Student Program or service provider/worker Clinician/medical professional Educator/school teacher Social worker/counselor Consultant or Researcher Policy advocate/lobbyist Media/public relations professional/workers Criminal justice/legal professional Cleric/faith community teacher Corporate finance/operations employee Librarian/information worker Not currently employed Self-employed Retired Military/retired military Other, please specify: Not applicable	A	Checkbox, one-up vertical	S	Y	
	A	Other occupation			Text area, no char limit		N	
		What is your immediate workplace setting?	Non-profit/community-based organization/coalition School/university Public place/interacting in community Government office Corporate office Residential/in-patient facility Church/faith-based organization Non-residential/out-patient facility		Checkbox, one-up vertical	S	Y	

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			Individual or group private practice Client/patient home Managed care/insurance company office Other, please specify: Not applicable	A				
	A	Other workplace			Text area, no char limit		N	
		What is your gender?	Female Male Prefer not to answer		Drop down, select one	S	N	
		Please select your appropriate age range:	<18 years old 18-24 years old 25-34 years old 35-44 years old 45-54 years old 55-64 years old 65 years and over Prefer not to answer		Drop down, select one	S	N	
		Please select your appropriate Race/Ethnicity from the options below:	Black/African American White Hispanic or Latino Asian American Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Other, please specify: Prefer not to answer	A	Checkbox, one-up vertical	S	N	
	A	Other race/ethnicity			Text area, no char limit		N	
		What is your highest level of schooling?	Did not graduate from high school High school graduate Some college or vocation school College graduate Some post graduate schooling Graduate or professional degree Prefer not to answer		Drop down, select one	S	N	
		What is your state of residence?	Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa		Drop down, select one	S	N	

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			Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington Washington D.C. West Virginia Wisconsin Wyoming Prefer not to answer					
		After you had some time to review the publication(s) you ordered today, we would like to contact you via email and get your feedback on them. If you would like to be contacted , please give us your email address here:			Text area, no char limit		N	
		Do you have any additional comments or feedback that you would like to share regarding the publication(s) you ordered? (please specify)			Text area, no char limit		N	

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QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions
		Which publication(s) did you order through the SAMHSA site? (please select only one choice below)	"Action Steps for Improving Women's Mental Health" only "Women's Mental Health: What it means to you" only Both		Drop down, select one	S	Y	
		Which of the publication(s) did you order for professional use ?	"Action Steps for Improving Women's Mental Health" only "Women's Mental Health: What it means to you" only Both publications Neither for professional use		Drop down, select one	S	Y	
		How did you use the publication(s) for professional use ? (select all that apply)	Direct distribution to patients/clients Teaching materials for professional students Share with colleagues (professional education and distribution) Self education/research Give to community organization/faith-based organization/volunteer group Public awareness campaign/event Use within a classroom/youth setting Other, please specify: Not applicable	A	Checkbox, one-up vertical	M	N	
	A	Other professional use			Text area, no char limit		N	
		Which of the publication(s) did you order for personal use ?	"Action Steps for Improving Women's Mental Health" only "Women's Mental Health: What it means to you" only Both publications Neither for personal use		Drop down, select one	S	Y	
		How did you use the publication(s) for personal use ? (select all that apply)	Self education/research Give to family member/friend Other, please specify: Not applicable	A	Checkbox, one-up vertical	M	N	
	A	Other personal use			Text area, no char limit		N	
		What format do you prefer for this publication(s) for your use?	Hard copy Online PDF Both hard copy and PDF format Other, please specify:	A	Checkbox, one-up vertical	S	Y	
	A	Other format			Text area, no char limit		N	
		Is there anything in the publication(s) that you were not able to understand ?	No Yes, please specify:	A	Checkbox, one-up vertical	S	Y	
	A	Unable to understand			Text area, no char limit		N	
		Did you, or whomever you gave the publication(s) to, learn anything new as a result of reading this information?	No Yes, please specify: Not sure	A	Checkbox, one-up vertical	S	Y	
	A	Learn anything new			Text area, no char limit		N	
		Did you, or whomever you gave the publication(s) to, take any specific action as a result of reading this information?	No Yes, please specify: Not sure	A	Checkbox, one-up vertical	S	Y	
	A	Take any specific action			Text area, no char limit		N	
		How would you rate the ease of reading and understanding the publication(s)?	Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult		Radio button, one-up vertical	S	Y	
		How would you rate your current level of awareness of	Extremely Aware		Radio button, one-up vertical	S	Y	

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SAMHSA OWH Publications Followup Email Survey CUSTOM QUESTION LIST

Table with columns: QID, Skip Logic Label, Question Text, Answer Choices (limited to 50 characters), Skip to, Type (select from list), Single or Multi, Required Y/N, Special Instructions. Rows include questions about mental health awareness, importance of publications, and sources of information.

Model Instance Name:

SAMHSA OWH Publications Online Survey

MID:

Date: 3/1/2008

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QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi
CQ0004444		How frequently do you visit this site?	Daily Two to three times per week About once a month Every few months Every 6 months or less often This is my first time visiting this site		Dropdown (Select-one)	Single
CQ0004444		Are you a registered user on this site?	I am registered I am not registered, and do not intend to I am not registered, but intend to register during my visit today	A	Radio button, one-up vertical	Single
CQ0004444	A	Please explain why you do not intend to register?			Text area, no char limit	Single
CQ0004444		What best describes your primary reason for visiting the site today?	Researching products for possible inclusion in a design Gathering information on a product or manufacturer specified in a design Other (please specify)	B C A	Radio button, one-up vertical	Single
CQ0004444	A	Other primary reason			Text area, no char limit	Single
CQ0004444	B	What type of information were you looking for when researching products for the possible inclusion in a design?	Spec 3D models Product application <i>Green information</i> Manufacturer's contacts Cost Other		Checkbox, one-up vertical	Multi
CQ0004444	C	What type of information were you looking for when researching products for the possible inclusion in a design?	CAD Spec 3D models Green information Product application Manufacturer's contacts Cost		Checkbox, one-up vertical	Multi

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QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi
CQ0004444		How were you primarily seeking information on sweets.com?	Other Search by keyword feature Browse by master format feature Other (please specify)	A	Radio button, one-up vertical	Single
CQ0004444	A	Other reason seeking information			Text field, <100 char	Single
CQ0004444		Were you able to find what you were looking for today?	Yes No Not sure	B C,D	Radio button, one-up vertical	Single
CQ0004444	A	Why were you not able to find what you were looking for?	I could not find the manufacturer I was looking for I could not find the product I was looking for I haven't completed my search on sweets.com yet The search results did not appear relevant Other		Radio button, one-up vertical	Single
CQ0004444	B	Since you could not find what you were looking for, what do you plan to do next?	Continue looking for the information at this site Call Sweets.com customer service E-mail Sweets.com customer service Return to this site later and try again Conduct a new internet search Visit other building product sites Other	E	Drop down, select one	Single
CQ0004444	C	Why were you not sure?	I haven't completed my search on sweets.com yet I am not sure how to find the product I am looking for Could not find the product I was looking for under the division it should be listed in The search results did not appear relevant Other		Radio button, one-up vertical	Single
CQ0004444	D	Since you were not sure, what do you plan to do next?	Continue looking for the information at this site Call Sweets.com customer service E-mail Sweets.com customer service Return to this site later and try again Conduct a new internet search Visit other building product sites Other	F	Drop down, select one	Single
CQ0004444	E	What other site(s) do you plan to visit?			Text area, no char limit	Single
CQ0004444	F	What other site(s) do you plan to visit?			Text area, no char limit	Single
CQ0004444		What other sources do you use to search for construction product information?	Google Other search engine (i.e.: Yahoo!, Teoma, Dogpile, etc.) Reed First Source 4specs Arcat Manufacturers websites		Checkbox, one-up vertical	Multi



Required Y/N	Special Instructions
Y	
Y	Randomize
N	
Y	
N	
Y	
Y	



Required Y/N	Special Instructions
Y	
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Y	
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N	
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Y	