

Attachment B9

Mini-N-SSATS 2010 CATI questionnaire

NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES
2010 Mini N-SSATS

>Hello< Hello, my name is [fill interview name]. I am calling concerning SAMHSA's Substance Abuse and Mental Health Services Administration online Locator for drug and alcohol abuse treatment facilities.

>GetDir< May I speak with [fill Director] about including this facility in SAMHSA's online Locator?

- <1> SPEAKING WITH FACILITY DIRECTOR/APPROPRIATE PERSON
- <2> CONNECTED TO FACILITY DIRECTOR/APPROPRIATE PERSON [goto Hello2 Mini]
- <3> FACILITY DIRECTOR NOT AVAILABLE
- <4> ANSWERING MACHINE
- <5> WRONG NUMBER

>Received
Mini<

Recently you were sent a letter signed by Dr. Peter J. Delany of SAMHSA explaining that this facility has been approved to be listed in the online Treatment Facility Locator for drug and alcohol abuse treatment facilities. The letter also explains that this facility can be added to the Locator by answering a few questions about the services that this facility provides. Did you receive that letter?

- <1> Yes [goto Intro_Mini]
- <2> No [goto ReadLetter]

>Read
Letter<

Would you like me to read you the letter, or perhaps fax it to you?

IF READ LETTER, THEN READ THE LETTER AND THEN ENTER CONTINUE
IF RESPONDENT REQUESTS A FAX, CONFIRM FAX NUMBER LISTED ON THE UPDATEINFO TAB.

- <1> CONTINUE [goto Intro_Mini]
- <2> FAX THE LETTER

>Fax
Letter<

I will fax the letter today. You can visit the Locator at the Web address listed on the letter. If you decide to participate, please call us at the toll-free number given on the letter.

- <1>Continue [goto Thanks]

>Intro
Mini<

If you would like to be included in the Locator, we can ask you the questions now.

- <1> YES, CONTINUE [goto Confirm2]
- <2> SCHEDULE CALLBACK AT CONVENIENT TIME
- <4> NO LONGER PROVIDES SUBSTANCE ABUSE TREATMENT [goto a1_1]
- <5> NEVER PROVIDED SUBSTANCE ABUSE SERVICES [goto a1_1]
- <6> DUPLICATE FACILITY [goto Duplicate]
- <7> MERGED WITH ANOTHER FACILITY [goto Merged]
- <8> FACILITY CLOSED/NO LONGER EXISTS [goto Thanks]
- <9> SATELLITE FACILITY [goto Satellite]
- <10> DOES NOT WANT TO BE INCLUDED IN THE LOCATOR [goto Thanks]

>Confirm2<

I will be asking you questions about
[fill UFA@NAM1]
[fill UFA@NAM2]
[FILL LOC@UAD1]
[FILL LOC@UAD2]
[FILL LOC@UCTY], [FILL LOC@UST] [FILL LOC@UZP5:0]-
[FILL LOC@UZP4]
IF NOT CORRECT USE THE UpdateInfo TAB TO UPDATE FACILITY
INFORMATION

<1> Continue

>Duplicate<

Fill2 Which facility is a duplicate to this one? PRESS ENTER TO
CHOOSE FROM LIST OR TO ENTER FACILITY INFO

>Merged<

Fill2 Which facility was this one merged with? PRESS ENTER TO
CHOOSE FROM LIST OR TO ENTER FACILITY INFO

>Satellite<

Which facility is this one associated with?

For the purpose of this survey a satellite facility is one that
does not have permanent staff on location. Often times staff will
travel from another location to provide treatment on a limited
schedule.

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO

>Thanks

Mini< Thank you so much for your time.

>a1< [missing <d> <r>]
First, I will ask you about the characteristics of the individual facility, [fill UFA@NAM1] [fill UFA@NAM2].

Please answer the following questions referring only to this substance abuse facility.

Which of the following substance abuse services are offered by this facility [r]at this location[n], that is, [fill LOCATION ADDRESS]?

- 1 Intake, assessment, or referral
- 2 Detoxification
- 3 Substance abuse treatment, by that we mean services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse

(1) YES (0) NO (d) DON'T KNOW (r) REFUSED

[@1] <1,0,d,r>

[@2] <1,0,d,r>

[@3] <1,0,d,r>

>a2< [missing <d> <r>]
DID RESPONDENT ANSWER "YES" TO [r]DETOXIFICATION[n] IN OPTION 2 OF a1?

<1> YES [goto a4]

<0> NO

>a3< [missing <d> <r>]
DID RESPONDENT ANSWER "YES" TO [r]SUBSTANCE ABUSE TREATMENT[n] IN OPTION 3 OF a1?

<1> YES [goto a4]

<0> NO [goto a37]

<d> DON'T KNOW [goto a37]

<r> REFUSED [goto a37]

>a4< [missing <d> <r>]
What is the [r]primary[n] focus of facility [at this location[n], that is, [fill LOCATION ADDRESS]?

INTERVIEWER: IF RESPONDENT GIVES MORE THAN ONE RESPONSE, Which do you consider the [r]primary[n] focus of this facility?

INTERVIEWER: CODE ONE ONLY

<1> Substance abuse treatment services

<2> Mental health services,

<3> Mix of mental health and substance abuse treatment services where neither is primary,

<4> General health care, or

<5> Other (SPECIFY) [specify] END WITH //

<d> DON'T KNOW

<r> REFUSED

>a8< [missing <d> <r>]
Is this facility a jail, prison, or other organization that provides treatment [r]exclusively[n] for incarcerated persons or juvenile detainees?

<1> YES
<0> NO [goto a10]

<d> DON'T KNOW [goto a10]
<r> REFUSED [goto a10]

>a8a< [missing <d> <r>]
Just to confirm, this facility provides substance abuse treatment services [r]only[n] to incarcerated persons or juvenile detainees.

Is that correct?

<1> YES, THAT IS CORRECT [goto uloc5]
<0> NO, THAT IS NOT CORRECT

<d> DON'T KNOW
<r> REFUSED

>a10< [missing <d> <r>]
What telephone number(or numbers) should a potential client call to schedule an [r]intake[n] appointment?

INTERVIEWER: IF R TELLS YOU THE INTAKE NUMBER IS THE SAME AS THE NUMBER YOU CALLED, YOU [r]MUST[n] CONFIRM THAT NUMBER. IT IS FILLED AT THE END OF RESPONSE NUMBER 3 FOR THIS PURPOSE. YOU CANNOT ASSUME R KNOWS WHICH NUMBER YOU CALLED TO REACH HIM.

- (1) TO RECORD INTAKE TELEPHONE NUMBER(S)
- (2) DOES NOT APPLY (SPECIFY AND END WITH //)
- (3) SAME NUMBER YOU JUST CALLED [fill AREA]-[fill PRFX:0]-[fill SUFX:0]
- (4) SAME NUMBER YOU JUST CALLED [fill AREA]-[fill PRFX:0]-[fill SUFX:0] PLUS ANOTHER NUMBER

(d) DON'T KNOW
(r) REFUSED

ENTER NUMERIC PHONE NUMBER (OPTIONAL): @phn
ENTER EXTENSION (OPTIONAL) @ext
ENTER NUMERIC PHONE NUMBER (OPTIONAL): @phn2
ENTER EXTENSION (OPTIONAL) @ext2

OR

ENTER ALPHA PHONE NUMBER (OPTIONAL): @ac3 @phn3
ENTER EXTENSION (OPTIONAL) @ext3
ENTER ALPHA PHONE NUMBER (OPTIONAL): @ac4 @phn4
ENTER EXTENSION (OPTIONAL) @ext4

>V10< I've recorded [fill a10@ac]
as the area code for the intake number.

Is that correct?

<1> YES
<0> NO, MAKE NECESSARY CHANGE

<d> DON'T KNOW
<r> REFUSED

>V10b< I've recorded [fill a10@ac2]
as the area code for the second intake number.

Is that correct?

<1> YES
<0> NO, MAKE NECESSARY CHANGE

<d> DON'T KNOW
<r> REFUSED

>V10c< I've recorded [fill a10@ac3]
as the area code for [if a10@phn eq <>]the first[else]the\
next[endif] intake number.

Is that correct?

<1> YES
<0> NO, MAKE NECESSARY CHANGE

<d> DON'T KNOW
<r> REFUSED

>V10d< I've recorded [fill a10@ac4]
as the area code for the next intake number.

Is that correct?

<1> YES [goto ta10_t2]
<0> NO, MAKE NECESSARY CHANGE

<d> DON'T KNOW [goto ta10_t2]
<r> REFUSED [goto ta10_t2]

>a11e< [missing <d> <r>]
Which of the following pharmacotherapies services are provided by
this facility [r]at this location[n], [fill UFA@NAM1] [fill
UFA@NAM2]?

INTERVIEWER: CODE ALL THAT APPLY

@38 Methadone

@39 Buprenorphine, with the brand name Subutex [goto a12a]

@40 Buprenorphine, with the brand name Suboxone [goto a12a]

(d) DON'T KNOW

(r) REFUSED

[@38] <1,0,d,r>

[@39] <1,0,d,r>

[@40] <1,0,d,r>

>a12< [missing <d> <r>]
DID RESPONDENT ANSWER "YES" TO METHADONE, BUPRENORPHINE -
SUBUTEX, OR BUPRENORPHINE - SUBOXONE?

<1> YES [goto a12x]

<0> NO [goto a19]

<d> DON'T KNOW [goto a19]

<r> REFUSED [goto a19]

>a12x< [missing <d> <r>]
Does this facility operate a methadone maintenance or
buprenorphine maintenance program [r]at this location[n]?

<1> Yes [goto a12a]

<0> NO [goto a12y]

>a12a< [missing <d> <r>]
Does this facility operate...

INTERVIEWER: MARK ONE ONLY

<1> A methadone maintenance program,

<2> A buprenorphine maintenance program
(Subutex and/or Suboxone),

<3> Both a methadone maintenance and a
buprenorphine maintenance program

<d> DON'T KNOW

<r> REFUSED

>a12b< [missing <d> <r>]
Does this facility serve [r]only[n] opiate-dependent clients [r]at
this location[n]?

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

>a12y< [missing <d> <r>]
Does this facility operate an opiate detox program [r]at this location[n] that uses methadone or buprenorphine to detoxify clients?

<1> YES [goto a12c]
<2> NO [goto a19]

>a12c< [missing <d> <r>]
Does this facility operate...

INTERVIEWER: MARK ONE ONLY

<1> A program that uses methadone to detox clients
<2> A program that uses buprenorphine to detox clients
(Subutex and/or Suboxone), or
<3> Both a program that uses methadone and a program that uses
buprenorphine to detox clients

<d> DON'T KNOW
<r> REFUSED

>a19< [missing <d> <r>]
Does this facility, at this location, offer a [r]specially designed[n] program or group intended [r]exclusively[n] for DUI/DWI or other drunk driver offenders?

<1> YES [goto a19a]
<0> NO [goto a20]

<d> DON'T KNOW [goto a20]
<r> REFUSED [goto a20]

>a19a< [missing <d> <r>]
Does this facility serve [r]only[n] DUI/DWI clients?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

>a20< [missing <d> <r>]
Does this facility provide substance abuse treatment services in [r]sign language[n] at this location for the hearing impaired, for example, American Sign Language, Signed English, or Cued Speech?

READ IF NECESSARY: You should answer "yes" if either a staff counselor or an on-call interpreter provides this service.

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

>a21< [missing <d> <r>]
Does this facility provide substance abuse treatment services in a language other than English at this location?

<1> YES [goto a21a]
<0> NO [goto a22a1]

<d> DON'T KNOW [goto a22a1]
<r> REFUSED [goto a22a1]

>a21a< [missing <d> <r>]
At this facility, who provides substance abuse treatment services in a language other than English? Is it...

<1> A staff counselor who speaks a language other than English, [goto a21a1]
<2> An on-call interpreter, in person or by phone, brought in when needed, or [goto a22a1]
<3> [r]BOTH[n] staff counselor and on-call interpreter? [goto a21a1]

<d> DON'T KNOW
<r> REFUSED

>a22a1< [missing <d> <r>]
Do [r]staff counselors[n] provide substance abuse treatment in Spanish at this facility?

<1> YES [goto a21a2]
<0> NO [goto a21b]

<d> DON'T KNOW [goto a21b]
<r> REFUSED [goto a21b]

>a21a2< [missing <d> <r>]
Do [r]staff counselors[n] at this facility provide substance abuse treatment in any other languages?

<1> YES [goto a21b]
<0> NO [goto a22_1]

<d> DON'T KNOW [goto a22_1]
<r> REFUSED [goto a22_1]

>a22b<

[missing <d> <r>]

In what other languages do [r]staff counselors[n] provide substance abuse treatment?

- @1 Hopi
 - @2 Lakota
 - @3 Navajo
 - @4 Yupik
 - @5 Any other American Indian or Alaska Native language (SPECIFY AND END WITH //)
 - @6 Arabic
 - @7 Any Chinese language
 - @8 Creole
 - @9 French
 - @10 German
 - @11 Hmong
 - @12 Italian
 - @13 Korean
 - @14 Polish
 - @15 Portuguese
 - @16 Russian
 - @18 Tagalog
 - @19 Vietnamese
 - @20 Any other language (SPECIFY AND END WITH //)
- (d) DON'T KNOW
(r) REFUSED

>a21ck<

[missing <d> <r>]

IF TREATMENT IS OFFERED IN MORE THAN THREE LANGUAGES, ASK:
Are all of these languages spoken by a [r]staff counselor[n]? (READ LIST)

INTERVIEWER: YOU MAY HAVE TO SCROLL DOWN TO SEE ALL OPTIONS.

- <1> YES [goto a22_1]
- <0> NO [RETURN TO FIX LIST]

>a22_1< [missing <d> <r>]
The next series of questions asks if specific types of clients are accepted into treatment [r]at this location[n]. For each type of client accepted at this facility, I will ask if this facility offers [r]specially designed[n] substance abuse treatment program or group [r]exclusively[n] for that type of client.

Does [fill UFA@NAM1] [fill UFA@NAM2] accept (READ CATEGORY) into treatment [r]at this location[n]?

- @1 Adolescents READ IF NECESSARY: Adolescents could be described as "youths" or "teens."
- @2 Clients with co-occurring mental and substance abuse disorders
- @3 Criminal justice clients other than DUI/DWI
- @4 Persons with HIV OR AIDS
- @5 Gays or lesbians
- @6 Seniors or older adults
- @7 Adult women
- @8 Pregnant or postpartum women
- @9 Adult men

(1) YES (0) NO (d) DON'T KNOW (r) REFUSED

- [@1] <1,0,d,r>
- [@2] <1,0,d,r>
- [@3] <1,0,d,r>
- [@4] <1,0,d,r>
- [@5] <1,0,d,r>
- [@6] <1,0,d,r>
- [@7] <1,0,d,r>
- [@8] <1,0,d,r>
- [@9] <1,0,d,r>

>a22_2< [missing <d> <r>]
[PROGRAMMER: For all "yes" responses at a22_1 ASK:]

Does this facility offer a [r]specially designed[n] substance abuse treatment program or group [r]exclusively[n] for (READ CATEGORY)?

- @1 Adolescents
- @2 Clients with co-occurring mental and substance abuse disorders
- @3 Criminal justice clients (other than DUI/DWI)
- @4 Persons with HIV or AIDS
- @5 Gays or lesbians
- @6 Seniors or older adults
- @7 Adult women
- @8 Pregnant or postpartum women
- @9 Adult men
- @10 [r]Specially designed[n] substance abuse treatment programs or groups for any other types of clients at this location? (SPECIFY AND END WITH //)

(1) YES (0) NO (d) DON'T KNOW (r) REFUSED

[@1] <1,0,d,r>
[@2] <1,0,d,r>
[@3] <1,0,d,r>
[@4] <1,0,d,r>
[@5] <1,0,d,r>
[@6] <1,0,d,r>
[@7] <1,0,d,r>
[@8] <1,0,d,r>
[@9] <1,0,d,r>
[@10] <1,0,d,r>

>a23< [missing <d> <r>]
Does this facility offer [r]Hospital Inpatient[n] substance abuse services at this location?

<1> YES [goto a23a]

<0> NO [goto a24]

<d> DON'T KNOW [goto a24]

<r> REFUSED [goto a24]

>a23a< [missing <d> <r>]
Which of the following [r]Hospital Inpatient[n] services are offered by this facility?

@1 Hospital Inpatient detoxification, which is similar to ASAM Levels IV-D and III.7-D. (Medically managed or monitored inpatient detoxification)

READ IF NECESSARY: ASAM is the American Society of Addiction Medicine. ASAM developed guidelines regarding levels of care that are now widely used.

@2 Hospital Inpatient treatment, which is similar to ASAM Levels IV and III.7. (Medically managed or monitored intensive inpatient treatment)

[@1] <1,0,d,r>
[@2] <1,0,d,r>

>a24< [missing <d> <r>]
Does this facility offer [r]Residential[n], non-hospital, substance abuse services at this location?

<1> YES [goto a24a]
<0> NO [goto a25]

<d> DON'T KNOW [goto a25]
<r> REFUSED [goto a25]

>a24a< [missing <d> <r>]
Which of the following [r]Residential [n] services are offered by this facility?

@1 Residential detoxification, which is similar to ASAM Level III.2-D. (Clinically managed residential detoxification or social detoxification)

READ IF NECESSARY: ASAM is the American Society of Addiction Medicine. ASAM developed guidelines regarding levels of care that are now widely used.

@2 Residential short-term treatment, which is similar to ASAM Level III.5. (Clinically managed high-intensity residential treatment, typically 30 days or less)

@3 Residential long-term treatment, which is similar to ASAM Levels III.3 and III.1. (Clinically managed medium- or low-intensity residential treatment, typically more than 30 days)

[@1] <1,0,d,r>
[@2] <1,0,d,r>
[@3] <1,0,d,r>

[PROGRAMMER: IF Q24a_1 OR 24a_2 OR 24a_3 EQUALS "YES," GOTO a11.31]

>a11.31< [missing <d> <r>]
Does this facility provide residential beds for clients' children?

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

>a25< [missing <d> <r>]
Does this facility offer [r]Outpatient[n] substance abuse services at this location?

<1> YES [goto a25a]

<0> NO [goto a26]

<d> DON'T KNOW [goto a26]

<r> REFUSED [goto a26]

>a25a< [missing <d> <r>]
Which of the following [r]Outpatient[n] services are offered by this facility?

@1 Outpatient detoxification, which is similar to ASAM Levels I-D and II-D. (Ambulatory detoxification)

READ IF NECESSARY: ASAM is the American Society of Addiction Medicine. ASAM developed guidelines regarding levels of care that are now widely used.

@2 Outpatient methadone/buprenorphine maintenance. (Opioid maintenance therapy)

@3 Outpatient day treatment or partial hospitalization, which is similar to ASAM Level II.5. (20 or more hours per week)

@4 Intensive outpatient treatment, which is similar to ASAM Level II.1. (9 or more hours per week)

@5 Regular outpatient treatment, which is similar to ASAM Level I. (Outpatient treatment, non-intensive)

[@1] <1,0,d,r>

[@2] <1,0,d,r>

[@3] <1,0,d,r>

[@4] <1,0,d,r>

[@5] <1,0,d,r>

>va23_a25_1<

[PROGRAMMER: IF a23 AND a24 AND a25 EQUAL "NO," GOTO
va23_a25_1]

So, this facility does not offer Hospital Inpatient,
Residential, or Outpatient substance abuse services. Is that
correct?

<1> YES, THAT IS CORRECT
<0> NO, CHANGE a23, a24, or a25

>va23_a25_2<

What type of substance abuse treatment does this facility
offer?

<1> TO RECORD VERBATIM
<2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

>a26<

[missing <d> <r>]
Does this facility use a sliding fee scale?

READ IF NECESSARY: A sliding fee scale adjusts the fee for services
based on income and other factors.

<1> YES [goto a26a]
<0> NO [goto a27]

<d> DON'T KNOW [goto a27]
<r> REFUSED [goto a27]

>a26a<

[missing <d> <r>]
Do you want the availability of a sliding fee scale
published in SAMHSA's online Treatment Facility
Locator?

READ IF NECESSARY: The Locator is an online directory of substance
abuse treatment facilities in the United States and the services
they offer. It also has a mapping feature so clients can find
facilities easily.

READ IF NECESSARY: The Locator will explain
that sliding fee scales are based on income and other factors.

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

>a27< [missing <d> <r>]
Does this facility offer treatment at no charge to clients who cannot afford to pay?

<1> YES [goto a27a]
<0> NO [goto a29]

<d> DON'T KNOW [goto a29]
<r> REFUSED [goto a29]

>a27a< [missing <d> <r>]
Do you want the availability of free care for eligible clients published in SAMHSA's online Treatment Facility Locator?

READ IF NECESSARY: The Locator is an online directory of substance abuse treatment facilities in the United States and the services they offer. It also has a mapping feature so clients can find facilities easily.

READ IF NECESSARY: The Locator will explain that potential clients should call the facility for information on eligibility.

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

>a29<

[missing <d> <r>]

Which of the following types of client payments or insurance are accepted by this facility for [r]substance abuse treatment[n]?

@1 No payment accepted, free treatment for [r]all[n] clients

@2 Cash or self-payment

@3 Medicare

READ IF NECESSARY: [r]Medicare[n] is the federal health insurance program for people age 65 and older and people with disabilities.

@4 Medicaid

READ IF NECESSARY: [r]Medicaid[n] is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state.

@5 A state-financed health insurance plan other than Medicaid

@6 Federal military insurance such as TRICARE or Champ-VA

@7 Private health insurance

@8 Access to Recovery (ATR) vouchers

READ IF NECESSARY: Access to Recovery (ATR) is a competitive, discretionary, grant program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, which provides vouchers to clients for the purchase of substance abuse, clinical treatment, and recovery support services.

@9 Other [specify]

[@1] <1,0,d,r>

[@2] <1,0,d,r>

[@3] <1,0,d,r>

[@4] <1,0,d,r>

[@5] <1,0,d,r>

[@6] <1,0,d,r>

[@7] <1,0,d,r>

[@8] <1,0,d,r>

[@9] <1,0,d,r>

>a37<

[missing <d> <r>]

Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location, that is, [fill UFA@NAM1][fill UFA@NAM2] located at [FILL LOC@UAD1][FILL LOC@UAD2]?

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

>a40<

[missing <d> <r>]

Does this facility have a website or web page with information about the facility's substance abuse treatment programs?

<1> YES

<0> NO [goto a41]

<d> DON'T KNOW [goto a41]

<r> REFUSED [goto a41]

>a40x<

[missing <d> <r>]

The website address for this facility will appear in the Locator. Please give me the website address exactly as it should be entered in order to reach your website.

INTERVIEWER:

- 1) DO NOT RECORD "http://" AT THE BEGINNING OF A WEB ADDRESS.
- 2) IF "WWW" IS NOT REPORTED AT THE BEGINNING OF THE WEB ADDRESS, ASK IF IT IS NEEDED AND CHANGE IF NECESSARY.
- 3) IF AN "AT" SIGN IS REPORTED IN THE WEB ADDRESS, ASK IF THIS IS REALLY AN E-MAIL ADDRESS. IF SO, DO NOT RECORD HERE.

(1) TO RECORD WEB SITE ADDRESS

(d) DON'T KNOW

(r) REFUSED

[if @an eq <1>]RECORD WEB SITE ADDRESS @web [endif]

>a41< [missing <d> <r>]
Does this facility want to be listed in SAMHSA's online
Treatment Facility Locator?

READ IF NECESSARY: The Locator is an online directory of
substance abuse treatment facilities in the United
States and the services they offer. It also has a
mapping feature so clients can find facilities easily.

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

>aM1< [missing <d> <r>]
Is this facility part of an organization with multiple
facilities or sites that provide substance abuse treatment?

<1> YES [goto aM2]
<0> NO [goto uloc]

<d> DON'T KNOW [goto uloc]
<r> REFUSED [goto uloc]

>aM2< [missing <d> <r>]
What is the name, address, and phone number of the facility that
is the parent, or master site, of the organization?

FACILITY NAME: @nam1
FACILITY NAME (CONT): @nam2
ADDRESS 1: @ad1
ADDRESS 2: @ad2
CITY/STATE/ZIP: @cit @st @zip5 - @zip4
FACILITY PHONE: @phn Extension: @

>uloc< [missing <d> <r>]
I'd like to make a final verification of the name, address, and
phone number that will be listed in the Locator for this facility:
[fill UFA@NAM1]
[fill UFA@NAM2]
[FILL LOC@UAD1]
[FILL LOC@UAD2]
[FILL LOC@UCTY], [FILL LOC@UST] [FILL LOC@UZIP5:0]-
[FILL LOC@UZIP4]

And the facility's main telephone number is: ([fill FARE])
[fill FPRF:0]-[fill FSUX:0] EXT: [fill FACN@PEXT]

(1) YES, FACILITY NAME, ADDRESS & PHONE NUMBER ARE CORRECT
(0) NO, MAKE CORRECTIONS (d) DON'T KNOW (r) REFUSED

FACILITY NAME:
FACILITY NAME (CONT):
ADDRESS 1:
ADDRESS 2:
CITY/STATE/ZIP:
FACILITY PHONE: Extension:

>other_1< [missing <d> <r>][fill NFRi] MPRID = [fill csid]
I've recorded [fill uloc@ac] as the area code. Is that correct?
<1> YES [goto other2]
<0> NO, MAKE NECESSARY CHANGE

d> DON'T KNOW [goto other2]
<r> REFUSED [goto other2]

>other2< [fill NFRi] MPRID = [fill csid]
Is there another substance abuse treatment facility in your organization that is currently located at [fill LOC@UAD1] [fill LOC@UAD2] [fill LOC@UCTY], [fill LOC@UST] [fill LOC@UZP5:0]-[fill LOC@UZP4:0]

<1> YES
<0> NO
<3> The location address has been edited but it is the same address

>uloc2< [missing <d> <r>][fill NFRi] MPRID = [fill csid]
I would also like to verify this facility's fax number. Our records show: ([fill fac]) [fill fexc:0]-[fill fnum:0]. Is that correct?

<1> YES, FAX NUMBER IS CORRECT [goto uloc5]
<0> NO, FAX NUMBER IS NOT CORRECT, MAKE CHANGES [goto uloc4]
<2> NO LONGER HAVE FAX MACHINE [goto uloc5]

<d> DON'T KNOW [goto uloc5]
<r> REFUSED [goto uloc5]

>uloc3< [missing <d> <r>][fill NFRi] MPRID = [fill csid]
Does this facility have a fax machine?

<1> YES
<0> NO [goto uloc5]

<d> DON'T KNOW [goto uloc5]
<r> REFUSED [goto uloc5]

>uloc4< [fill NFRi] MPRID = [fill csid]
What is your fax number:

ENTER FAX NUMBER:

>other_3< [missing <d> <r>][fill NFRi] MPRID = [fill csid]
I've recorded [fill uloc4@ac] as the area code for the fax number.

Is that correct?

<1> YES [goto uloc5]
<0> NO, MAKE NECESSARY CHANGE

<d> DON'T KNOW [goto uloc5]
<r> REFUSED [goto uloc5]

[goto uloc4]

>uloc5< [fill NFRi] MPRID = [fill csid]
INTERVIEWER: ENTER RESPONDENT'S NAME. IF NOT KNOWN, ASK.

>uloc1a2< [fill NFRi] MPRID = [fill csid]

I may need to call you back regarding your new address.
A note on my computer indicates there may be duplicate
information in our database.

ENTER <1> TO CONTINUE

ENTER CALL BACK DATE AND TIME IN SUPERVISOR NOTES

<2> SUPERVISOR APPROVED

INTERVIEWER: ARE THERE ANY REASONS/PROBLEMS WITH THIS CASE THAT
A SUPERVISOR SHOULD REVIEW BEFORE IT IS FINAL STATUS?

<1> YES, SUPERVISOR REVIEW

<0> NO PROBLEMS, FINAL STATUS

>a47< [missing <d> <r>]
INTERVIEWER: ENTER RESPONDENT'S NAME. IF NOT KNOWN, ASK.

NAME: @nam1

>a47_1< [missing <d> <r>]
INTERVIEWER: WAS THIS A . . .

<1> CATI CALLOUT

<2> WEB INTERVIEW

<3> HARD COPY INTERVIEW

Public burden for this collection of information is estimated to average 25 minutes per response 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, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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 number for this project is 0930-xxxx.

Pledge to Respondents

The information you provide will be protected to the fullest extent allowable under the Public Health Service Act, 42 USC Sec 501(n). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs* and the Substance Abuse Treatment Facility Locator. Responses to non-asterisked questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.