


## Appendix H: Copy of Survey Screen Displaying OMB Requirements

OMB No. 0930-xxxx  
Expiration Date xx/xx/xxxx

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**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-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, 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, One Choke Cherry Road, Room 8-1099, Rockville, Maryland 20857.

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