

Questionnaire Skip Set Up Guidelines

Goals:

- Ensure all skip setup included in the questionnaire is consistent with skip logic rules
- Decrease down time due to skip corrections within submitted surveys

Basic Skip Rules:

"Other Please Specify" (OPS) Skip Rules:

Type 1 "Other Please Specify" Rules (Text box to the right of the answer choice "Other, please specify:") :

- 1 OPS questions must be set up as a radio-button or checkbox to have the text box appear next to the answer choice "Other, please specify:"
- 2 The open ended text box for "Other Please Specify" has it's own question ID and needs **full question text** included in questionnaire. (This will be used by clients, SRAs, etc, in the portal and comment cluster to differentiate between OPS questions within a measure)
- 3 The open ended text box has a character limit of 100. No exceptions! if more characters are needed, please request a Type 5 group.
- 4 In the special instructions column, indicate that this is a "OPS Group" for the PARENT and CHILD questions.

Type 5 "Other Please Specify" Rules (More than two questions within question group):

- 1 Open-ended boxes will not show up next to the answer choice "Other" in this type of skip logic. They will pop as separate questions that require additional question text. Please include full question text.
- 2 Radio-button, checkbox or drop-down CQs can have an "other please specify" in this type of skip set up but the text box will pop as a separate question.
- 3 In the special instructions column, indicate that this is a "Skip Logic Group" for the PARENT and CHILD questions.

Please refer to the Current Custom Qsts tab for examples (OPS Type 1 and OPS Type 5 are marked in the comment boxes)

General Skip Rules:

- 1 The parent question must come first, and child questions must immediately follow. Skip logic groups cannot be broken up by other questions that are not included within the skip.
- 2 A CQ can only have one parent question; a single question CANNOT be triggered by different questions.
- 3 Answers within one question can be set up so that different answer combinations trigger different questions, through the use of "answer groups".
- 4 A question can only be a part of ONE group type i.e. skip logic, matrix, or multiple lists
- 5 Horizontal scale questions CANNOT be parent CQs, but they can be child CQs. NOTE: By changing a horizontal scale question to a dropdown they can become parent questions.
- 6 Open End text questions cannot be a parent questions, but they can be child CQs.
- 7 Multi-select questions can be used in skip logic.

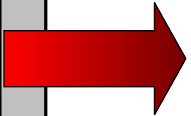
As a general tip for SRAs: The more complex the skip logic, the more difficult it is to keep the tabs and labels concise in SPRs. It is important to know when to just use filters versus creating skip logic.

Caution: Measures without enhanced/segmented reports might require intricate skip to gather necessary data for standard reports.

Model Instance Name:
 SAMHSA Store V2
 MID: AIJRpZ1w1xJYE9MMtg8JdA==
 Date: 7/16/2013

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SAMHSA Store V2		
Model questions utilize the ACSI methodology to determine scores and impacts		
ELEMENTS (drivers of satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS
Navigation (1=Poor, 10=Excellent, Don't Know) 1 Please rate how well the site is organized. 2 Please rate the options available for navigating this site. 3 Please rate how well the site layout helps you find what you are looking for. Site Performance (1=Poor, 10=Excellent, Don't Know) 4 Please rate how quickly pages load on this site. 5 Please rate the consistency of speed from page to page on this site. 6 Please rate the ability to load pages without getting error messages on this site. Site Information (1=Poor, 10=Excellent, Don't Know) 7 Please rate the thoroughness of information provided on this site. 8 Please rate how understandable this site's information is. 9 Please rate how well the site's information provides answers to your questions. Look and Feel (1=Poor, 10=Excellent, Don't Know) 10 Please rate the visual appeal of this site. 11 Please rate the balance of graphics and text on this site. 12 Please rate the readability of the pages on this site. Information Browsing (1=Poor, 10=Excellent, Don't Know) 13 Please rate the ability to sort information by criteria that are important to you on this site. 14 Please rate the ability to narrow choices to find the information you are looking for on this site. 15 Please rate how well the features on the site help you find the information you are looking for.	Satisfaction 16 What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied) 17 How well does this site meet your expectations? (1=Falls Short, 10=Exceeds) 18 How does this site compare to your idea of an ideal website? (1=Not Very Close, 10=Very Close)	Return (1=Very Unlikely, 10=Very Likely) 19 How likely are you to return to this site? Recommend (1=Very Unlikely, 10=Very Likely) 20 How likely are you to recommend this site to someone else? Primary Resource (1=Very Unlikely, 10=Very Likely) 21 How likely are you to use this site as your primary resource for obtaining information and ordering publications from this agency?



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SAMHSA Store V2 CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
		How frequently do you visit the SAMHSA Store?	First time Daily Weekly Monthly Every few months or less often	
		What is your primary interest in substance abuse and mental health topics?	Personal Professional	A1-A8 B1-B10
	A1	For whom are you looking up information and resources?	Yourself Family member Friend	
	A2	What is the age of the person for whom you are seeking resources?	12 and under 13 to 17 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 and older	
	A3	Are you primarily looking for information on any of the following topics?	Treatment and recovery Preventing substance abuse problems Preventing mental illness/promoting mental wellness Helping someone cope with and recover from a traumatic event Other, please specify	A4 A5 A6 A7 A8
	A4	Please specify the topic of interest for treatment and recovery. (Check all that apply)	Options for paying for treatment Understanding different types of treatment Identifying a treatment professional or facility Recovery support services (e.g., support groups) Information about specific substances of abuse Information about specific mental illnesses	
	A5	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	Alcohol Illegal substances (e.g., marijuana, cocaine) Prescription drugs Tobacco	
	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	Anger management Anxiety or depression Bullying prevention Eating disorders PTSD Schizophrenia Stress management Suicide prevention	
	A7	Please specify the topic of interest for trauma recovery. (Check all that apply)	Death of a loved one Physical or sexual abuse Natural disaster	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Mass violence Post-military deployment	
	A8	Please specify other information looking for.		
	B1	What best describes your organization type ?	Behavioral health treatment facility Other health care facility (e.g., primary care) Government office Nonprofit/community-based organization/coalition School/university Military/veterans group Criminal justice/courts Health insurer Human resources/employee assistance program Other	
	B2	For whom are you primarily looking for information and resources?	Professional education for self/colleagues Use with patients/clients Use within classroom/youth setting Public awareness campaign/event Other	
	B3	Which of the following best describes the age of your patients, clients, or students?	12 and under 13 to 17 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 and older	
	B4	Were you primarily looking for information on any of the following topics?	Affordable Care Act (e.g., health reform, parity) Treatment and recovery Substance abuse prevention Preventing mental illness/promoting mental wellness Trauma Other, please specify	B5 B6 B7 B8 B9 B10
	B5	Please specify the topic of interest for Affordable Care Act. (Check all that apply)	Reimbursement for behavioral health services Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare Other	
	B6	Please specify the topic of interest for treatment and recovery. (Check all that apply)	Patient/client educational materials Evidence based practices Information for working with specific populations Information about specific substances of abuse Information about specific mental illnesses	
	B7	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	Alcohol Illegal substances (e.g., marijuana, cocaine) Prescription drugs Tobacco	

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	B8	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	Parenting/family resources Anger management Bullying prevention Eating disorders Mood disorders PTSD Schizophrenia Stress management Suicide prevention Parenting/family resources	
	B9	Please specify the topic of interest for trauma. (Check all that apply)	Grief Physical or sexual abuse Natural disaster Mass violence Post-military deployment	
	B10	Please specify other information looking for.		
		Did you find what you were looking for?	Yes No Partially Still looking	
		How satisfied were you with the content available ?	Very satisfied Somewhat satisfied No opinion Somewhat dissatisfied Very dissatisfied	A A
	A	Please tell us how our products and resources could be improved .		
		What services could this agency provide to better serve you?		
		Please specify the types of electronic devices you use. (Check all that apply)	Desktop or laptop computer Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone	
The following demographics questions are entirely optional and will be used for statistical purpose only.				
		What is your gender ?	Female Male Prefer not to respond	
		Please select the category that includes your age .	17 and under 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 and over Prefer not to respond	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
		Which of the following best describes the highest level of education you have completed?	Current middle or high school student Did not complete high school High school graduate Some college/vocational school College graduate Some postgraduate school Graduate/professional degree MD/PhD Prefer not to respond	
		What state do you live in?	Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa 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	

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			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 respond	
		Are you living in a:	Urban area Rural area Don't know	
		How do you describe your ethnicity ?	Hispanic Non-Hispanic Prefer not to respond	
		How do you describe your race ?	American Indian or Alaska Native Asian or Pacific Islander African American or Black White Other Prefer not to respond	

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Frequency of visits
Drop down, select one	S	Y	Skip Logic Group	Primary interest
Radio button, one-up vertical	S	Y		Personal info for
Radio button, one-up vertical	S	Y		Personal age
Radio button, one-up vertical	S	Y		Personal info topic
Checkbox, one-up vertical	M	Y		Personal treatment
Checkbox, one-up vertical	M	Y		Personal SA prevention
Checkbox, one-up vertical	M	Y		Personal MH illness
Checkbox, one-up vertical	M	Y		Personal trauma

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Personal other info
Radio button, one-up vertical	S	Y		Organization type
Radio button, one-up vertical	S	Y		Professional info for
Radio button, one-up vertical	S	Y		Professional age
Radio button, one-up vertical	S	Y		Professional info topic
Checkbox, one-up vertical	M	Y		Professional ACA
Checkbox, one-up vertical	M	Y		Professional treatment
Checkbox, one-up vertical	M	Y		Professional SA prevention

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Checkbox, one-up vertical	M	Y		Professional MH illness
Checkbox, one-up vertical	M	Y		Professional trauma
Text area, no char limit		N		Professional other info
Drop down, select one	S	Y		Find info
Drop down, select one	S	Y	Skip Logic Group	Content satisfaction
Text area, no char limit		N		Improve products
Text area, no char limit		N		Other services wanted
Checkbox, one-up vertical	M	Y		Device type
Drop down, select one	S	N		Gender
Drop down, select one	S	N		Age

Type (select from list) Drop down, select one	Single or Multi	Required Y/N	Special Instructions	CQ Label
	S	N		Education
Drop down, select one	S	N		State

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Living area
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5822		Is your primary interest in Substance Abuse and Mental Health:	Personal Professional	A B
AKR5823		Is the primary focus for your visit today:	Substance Abuse Mental Health Other, please specify:	H
AKR5824	H	Other primary focus.		
AKR5825		What are you primarily looking for ?	Prevention Treatment Other, please specify:	C
AKR5826	C	Please specify what you are looking for.		
AKR5827	A1	I am seeking information and/or service(s) for:	Myself A family member A friend or acquaintance A co-worker or subordinate My volunteer organization Other, please specify:	I D
AKR5828	D	Others seeking information or services for.		
AKR5829	I	If family member, who are you seeking information for?	Child Parent Sibling Spouse Other, please specify:	J
AKR5830	J	Other family member.		
AKR5831	A2	Age of person seeking information for:	Children <12 years Teens 13-17 Adults 18-26 Adults 27-35 Adults 36-44 Adults 45-53 Adults 54-64 Adults 65+	
AKR5832	A3	What is your specific interest in?	Prevention programs	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Support programs Treatment Options Treatment Financing Other, please specify:	K
AKR5833	K	Other interest.		
AKR5834	A4	If looking for alcohol or substance abuse information, what specific	Alcohol Illegal substances (e.g., marijuana, meth, cocaine) Over the counter products Prescription drugs Tobacco/Smoking/Nicotine Other, please specify: Not applicable	L
AKR5835	L	Other alcohol or substance abuse topics.		
AKR5836	A5	If looking for mental health information, what specific topics are you	Anger Anxiety Bullying Depression PTSD Stress/Anxiety Suicide Other, please specify: Not applicable	M
AKR5837	M	Other mental health topics.		
AKR5838	B1	I am seeking information/publication(s) for:	Self-education/Research Public awareness campaign/event Sharing with/educating colleagues Use with patients/clients Use within a classroom/youth setting Other, please specify:	E
AKR5839	E	Others seeking publication(s) or information for.		
AKR5840	B2	Please check the box below that best describes your occupation :	Clinician/medical professional Cleric/faith community worker Consultant Corporate finance/operations employee Criminal justice/legal professional Educator/school teacher	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Librarian/information worker Media/public relations professional/worker Policy advocate/lobbyist Program or service provider/worker Researcher Social Worker/counselor Student Other, please specify:	F
AKR5841	F	Please specify your occupation.		
AKR5842	B3	Please check the box below that best describes your immediate	Church/faith-based organization Client/patient homes Government office Individual or group private practice Managed care/insurance company office Non-Profit/Community-Based Org/Coalition Non-residential/out-patient facility Other corporate office Public place/Interacting in community Residential/in-patient facility School/university Other, please specify:	G
AKR5843	G	Please specify your immediate workplace setting.		
AKR5844		How frequently do you visit this site?	First time Daily More than once a day About once a week About once a month Every 6 months or less	
AKR5845		How did you find out about this agency?	Another website/link Brochure, flyer, poster, or other printed material Media/news story Other government site Referral from a friend/family/colleague/banker Search engine Site bookmarked Other, please specify:	A
AKR5846	A	Other source		
EDO05887		What area(s) of the site did you visit today?	Issues, Conditions & Disorders	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Contact Us En Espanol Location Most Popular My account New Products Professional & Research Topics Register Now Stay Connected Substance Timely Treatment, Prevention & Recovery Other	
AKR5847		Which of the following is the reason for your current visit to the	Find phone/email contact information Order publications Register our organization Sign up for email updates Substance abuse and/or mental health information Other, please specify:	
AKR5848	A	Other reason		
AKR5849		What method did you primarily use today to find your information?	Site's search feature Advanced search Top navigation bar Quick link in the pages Site map Just browsed the pages Other, please specify:	A
AKR5850	A	Other method		
AKR5851		Did you use any of the following treatment locators ?	Mental Health Services Locator Substance Abuse Treatment Facility Locator Not at this time	
AKR5852		Did you find what you were looking for?	Yes No Partially Still looking	A A A
AKR5853	A	If you could not find what you were looking for, what was it?		
AKR5856		Do you ever share information from this site with others using any of	Blogs MySpace Facebook Twitter Email	A

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			Word-of-mouth	
			Other, please specify:	
AKR5857	A	Other options.		
AKR5858		Do you ever use the site's "Share" button to share information you find	Yes	
			No	
			Not sure	
AKR5865		How would you most like to interact with this site? (Please select all	Bookmark or tag pages	A
			Adding a widget or gadget to my personalized page	
			By adding comments, ratings, or reviews	
			Contributing to wikis	
			Following a microblog	
			In social networks	
			In virtual worlds	
			Listening to Podcasts or audio	
			None	
			Reading blogs	
			Receiving newsletters/email updates	
			Subscribing to RSS feeds	
			Watching Vodcasts or video	
			Other, please specify:	
AKR5866	A	Other interaction		
AKR5869		What services could this agency provide to better serve you?		
AKR5870		If you could improve one thing about this site, what would it be?		
AKR5871		Please rate your impression of how well this agency encourages	1=Poor	
				2
				3
				4
				5
				6
				7
				8
				9
			10=Excellent	
			Not sure	
AKR5872		Please rate how well this website solicits public input on important	1=Poor	
				2
				3
				4
				5
				6

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
				7
				8
				9
			10=Excellent	
AKR5873		What is your gender ?	Female	
			Male	
			I prefer not to respond	
AKR5874		Please select the category that includes your age .	17 and under	
			18 - 24	
			25 - 34	
			35 - 44	
			45 - 54	
			55 - 64	
			65 and over	
			I prefer not to respond	
AKR5875		Which of the following best describes the highest level of education	Current middle or high school student	
			Did not complete high school	
			High school graduate	
			Some college/vocational school	
			College graduate	
			Some postgraduate school	
			Graduate/professional degree	
			MD/PhD	
			Prefer not to respond	
AKR5876		What state do you live in?	Alabama	
			Alaska	
			Arizona	
			Arkansas	
			California	
			Colorado	
			Connecticut	
			Delaware	
			Florida	
			Georgia	
			Hawaii	
			Idaho	
			Illinois	
			Indiana	
			Iowa	
			Kansas	
			Kentucky	
			Louisiana	
			Maine	

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			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	
AKR5877		Are you living in a:	Urban area	
			Rural area	
			Don't know	
AKR5878		For statistical purposes only, what is your zip code ?		
AKR5879		How do you describe your ethnicity ?	Hispanic	
			Non-Hispanic	
			I prefer not to respond	
AKR5880		How do you describe your race ?	American Indian or Alaska Native	
			Asian or Pacific Islander	
			African American or Black	
			White	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Other	
			I prefer not to respond	
AKR5881		During an average week, about how many hours do you spend using	Less than 6 hours	
			6-10 hours	
			11-20 hours	
			21-40 hours	
			More than 40 hours	
AKR5882		What do you typically use the Internet for?	Research	A
			News	
			Email	
			Work	
			Connecting	
			Watching videos	
			Listening to music	
			Other, please specify:	
AKR5883	A	Other Internet usage		
AKR5884		What is your internet connection speed?	Dial-up	
			Broadband	
			DSL	
			Don't know	



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Primary interest
Radio button, one-up vertical	S	Y		Primary focus
Text area, no char limit		N		Other primary focus
Radio button, one-up vertical	S	Y		Primary looking
Text area, no char limit		N		Other looking for
Radio button, one-up vertical	S	Y		Personal
Text area, no char limit		N		Other personal info/service
Radio button, one-up vertical	S	N		Personal family
Text area, no char limit		N		Other personal family member
Drop down, select one	S	Y		Personal age of
Radio button, one-up vertical	S	Y		Personal specific

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other personal specific interest
Radio button, one-up vertical	S	Y		Personal alcohol
Text area, no char limit		N		Other personal AS topics
Radio button, one-up vertical	S	Y		Personal mental
Text area, no char limit		N		Other personal MH topics
Radio button, one-up vertical	S	Y		Professional
Text area, no char limit		N		Other professional info/pubs
Radio button, one-up vertical	S	Y		Professional



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other professional occupation
Radio button, one-up vertical	S	Y		Professional
Text area, no char limit		N		Other professional workplace
Drop down, select one	S	Y		Frequency of
Radio button, one-up vertical	S	Y		Source brought
				Other source
Checkbox, one-up vertical	M	Y		Area Visited

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Checkbox, one-up vertical	M	Y		Reason
Text area, no char limit		N		Other reason
Radio button, one-up vertical	S	Y		Method
Text area, no char limit		N		Other method
Drop down, select one	S	Y		Locators
Radio button, one-up vertical	S	Y		Find info
Text area, no char limit		N		No info found
Radio button, one-up vertical	S	Y		Options to share



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other options for info sharing
Drop down, select one	S	Y		Share button
Checkbox, one-up vertical	M	Y		Interaction with
Text area, no char limit		N		Other site interaction
Text area, no char limit		N		Other services wanted
Text area, no char limit		N		Improvement
Radio button, one-up vertical	S	Y		Encourage
Radio button, one-up vertical	S	Y		Collaboration and



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Gender
Drop down, select one	S	N		Age
Drop down, select one	S	N		Education
Drop down, select one	S	N		State



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Living area
Text field, <100 char		N		Zip code
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Internet hours
Checkbox, one-up vertical	M	Y		Internet usage
Text area, no char limit		N		Other internet usage
Drop down, select one	S	N		Internet

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SAMHSA NMHIC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5822		Is your primary interest in Substance Abuse and Mental Health:	Personal Professional	A B
AKR5823		Is the primary focus for your visit today:	Substance Abuse Mental Health Other, please specify:	H
AKR5824	H	Other primary focus.		
AKR5825		What are you primarily looking for ?	Prevention Treatment Other, please specify:	C
AKR5826	C	Please specify what you are looking for.		
AKR5827	A1	I am seeking information and/or service(s) for:	Myself A family member A friend or acquaintance A co-worker or subordinate My volunteer organization Other, please specify:	I D
AKR5828	D	Others seeking information or services for.		
AKR5829	I	If family member, who are you seeking information for?	Child Parent Sibling Spouse Other, please specify:	J
AKR5830	J	Other family member.		
AKR5831	A2	Age of person seeking information for:	Children <12 years Teens 13-17 Adults 18-26 Adults 27-35 Adults 36-44 Adults 45-53 Adults 54-64 Adults 65+	
AKR5832	A3	What is your specific interest in?	Prevention programs	

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			Support programs Treatment Options Treatment Financing Other, please specify:	K
AKR5833	K	Other interest.		
AKR5834	A4	If looking for alcohol or substance abuse information, what specific	Alcohol Illegal substances (e.g., marijuana, meth, cocaine) Over the counter products Prescription drugs Tobacco/Smoking/Nicotine Other, please specify: Not applicable	L
AKR5835	L	Other alcohol or substance abuse topics.		
AKR5836	A5	If looking for mental health information, what specific topics are you	Anger Anxiety Bullying Depression PTSD Stress/Anxiety Suicide Other, please specify: Not applicable	M
AKR5837	M	Other mental health topics.		
AKR5838	B1	I am seeking information/publication(s) for:	<u>Self-education/Research</u> <u>Public awareness campaign/event</u> <u>Sharing with/educating colleagues</u> <u>Use with patients/clients</u> <u>Use within a classroom/youth setting</u> Other, please specify:	E
AKR5839	E	Others seeking publication(s) or information for.		
AKR5840	B2	Please check the box below that best describes your occupation :	<u>Clinician/medical professional</u> <u>Cleric/faith community worker</u> <u>Consultant</u> <u>Corporate finance/operations employee</u> <u>Criminal justice/legal professional</u>	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			<u>Educator/school teacher</u> <u>Librarian/information worker</u> <u>Media/public relations professional/worker</u> <u>Policy advocate/lobbyist</u> <u>Program or service provider/worker</u> <u>Researcher</u> <u>Social Worker/counselor</u> <u>Student</u> Other, please specify:	F
AKR5841	F	Please specify your occupation.		
AKR5842	B3	Please check the box below that best describes your immediate	<u>Church/faith-based organization</u> <u>Client/patient homes</u> <u>Government office</u> <u>Individual or group private practice</u> <u>Managed care/insurance company office</u> <u>Non-Profit/Community-Based Org/Coalition</u> <u>Non-residential/out-patient facility</u> <u>Other corporate office</u> <u>Public place/Interacting in community</u> <u>Residential/in-patient facility</u> <u>School/university</u> Other, please specify:	G
AKR5843	G	Please specify your immediate workplace setting.		
AKR5844		How frequently do you visit this site?	First time Daily More than once a day About once a week About once a month Every 6 months or less	
AKR5845		How did you find out about this agency?	<u>Another website/link</u> <u>Brochure, flyer, poster, or other printed material</u> <u>Media/news story</u> <u>Other government site</u> <u>Referral from a friend/family/colleague/banker</u> <u>Search engine</u> <u>Site bookmarked</u> Other, please specify:	A
AKR5846	A	Other source		

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
EDO05887		What area(s) of the site did you visit today?	Issues, Conditions & Disorders Contact Us En Espanol Location Most Popular My account New Products Professional & Research Topics Register Now Stay Connected Substance Timely Treatment, Prevention & Recovery Other	
AKR5847		Which of the following is the reason for your current visit to the	Grant/funding opportunities Find information on a specific drug Research information by audience Research information by issues/topic Get help for mental health problems Find a prevention program Find a drug treatment program Latest national drug abuse surveys/statistics and data Get latest news/press releases Find phone/email contact information Order publications Register our organization Sign up for email updates Substance abuse and/or mental health information Other, please specify:	
AKR5848	A	Other reason		
AKR5849		What method did you primarily use today to find your information?	Site's search feature Advanced search feature Top navigation bar Left navigation bar/by topic Quick link in the pages Site map Just browsed the pages Other, please specify:	A
AKR5850	A	Other method		
AKR5851		Did you use any of the following features treatment locators ?	Mental Health Services Locator Substance Abuse Treatment Facility Locator Not at this time	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5852		Did you find what you were looking for?	Yes No Partially Still looking	A A A
AKR5853	A	If you could not find what you were looking for, what was it?		
AKR5854		How do you prefer to access SAMHSA's publications and other	Online and place order to receive hard copies by mail Online and view web page (ex. -- HTML format) Online and print (ex. -- download PDF version or printer-friendly format) Call and speak to an Information Specialist Send an email to request information or ask a question Other	A
AKR5855	A	If you selected "Other" to the question above, please describe how you would like to access SAMHSA's publications and other information.		
AKR5856		Do you ever share information from this site with others using any of	Blogs MySpace Facebook Twitter Email Word-of-mouth Other, please specify:	A
AKR5857	A	Other options.		
AKR5858		Do you ever use the site's " Share this " button to share information you	Yes No Not sure	
AKR5859		How would you rate your familiarity with the following?	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5860		Twitter	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5861		Flickr	View and contribute often	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5862		MySpace	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5863		YouTube	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5864		Del.icio.us	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5865		How would you most like to interact with this site? (Please select all	<u>Bookmark or tag pages</u> <u>Adding a widget or gadget to my personalized page</u> <u>By adding comments, ratings, or reviews</u> <u>Contributing to wikis</u> <u>Following a microblog</u> <u>In social networks</u> <u>In virtual worlds</u> <u>Listening to Podcasts or audio</u> <u>None</u> <u>Reading blogs</u> <u>Receiving newsletters/email updates</u> <u>Subscribing to RSS feeds</u> <u>Watching Vodcasts or video</u> <u>Other, please specify:</u>	A
AKR5866	A	Other interaction		

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5867		Would you participate in a public forum on this website if offered?	Yes No Not sure	A
AKR5868	A	If yes, what topics are you interested in?		
AKR5869		What services could this agency provide to better serve you?		
AKR5870		If you could improve one thing about this site, what would it be?		
AKR5871		Please rate your impression of how well this agency encourages	1=Poor 2 3 4 5 6 7 8 9 10=Excellent Not sure	
AKR5872		Please rate how well this website solicits public input on important	1=Poor 2 3 4 5 6 7 8 9 10=Excellent	
AKR5873		What is your gender ?	Female Male I prefer not to respond	
AKR5874		Please select the category that includes your age .	17 and under 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 and over I prefer not to respond	
AKR5875		Which of the following best describes the highest level of education	Current middle or high school student Did not complete high school High school graduate	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Some college/vocational school	
			College graduate	
			Some postgraduate school	
			Graduate/professional degree	
			MD/PhD	
			Prefer not to respond	
AKR5876		What state do you live in?	Alabama	
			Alaska	
			Arizona	
			Arkansas	
			California	
			Colorado	
			Connecticut	
			Delaware	
			Florida	
			Georgia	
			Hawaii	
			Idaho	
			Illinois	
			Indiana	
			Iowa	
			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	

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			Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington Washington D.C. West Virginia Wisconsin Wyoming	
AKR5877		Are you living in a:	Urban area Rural area Don't know	
AKR5878		For statistical purposes only, what is your zip code ?		
AKR5879		How do you describe your ethnicity ?	Hispanic Non-Hispanic I prefer not to respond	
AKR5880		How do you describe your race ?	American Indian or Alaska Native Asian or Pacific Islander African American or Black White Other I prefer not to respond	
AKR5881		During an average week, about how many hours do you spend using	Less than 6 hours 6-10 hours 11-20 hours 21-40 hours More than 40 hours	
AKR5882		What do you typically use the Internet for?	Research News Email Work Connecting Watching videos Listening to music Other, please specify:	A
AKR5883	A	Other Internet usage		
AKR5884		What is your internet connection speed?	Dial-up	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Broadband	
			DSL	
			Don't know	

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Primary interest
Radio button, one-up vertical	S	Y		Primary focus
Text area, no char limit		N		Other primary focus
Radio button, one-up vertical	S	Y		Primary looking for
Text area, no char limit		N		Other looking for
Radio button, one-up vertical	S	Y		Personal info/service
Text area, no char limit		N		Other personal info/service
Radio button, one-up vertical	S	N		Personal family member
Text area, no char limit		N		Other personal family member
Drop down, select one	S	Y		Personal age of person
Radio button, one-up vertical	S	Y		Personal

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
				specific interest
Text area, no char limit		N		Other personal specific interest
Radio button, one-up vertical	S	Y		Personal alcohol and substance topics
Text area, no char limit		N		Other personal AS topics
Radio button, one-up vertical	S	Y		Personal mental health topics
Text area, no char limit		N		Other personal MH topics
Radio button, one-up vertical	S	Y		Professional info/pubs
Text area, no char limit		N		Other professional info/pubs
Radio button, one-up vertical	S	Y		Professional occupation

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other professional occupation
Radio button, one-up vertical	S	Y		Professional workplace
Text area, no char limit		N		Other professional workplace
Drop down, select one	S	Y		Frequency of visits
Radio button, one-up vertical	S	Y		Source brought to site
				Other source

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Checkbox, one-up vertical	M	Y		Area Visited
Checkbox, one-up vertical	M	Y		Reason
Text area, no char limit		N		Other reason
Radio button, one-up vertical	S	Y		Method
Text area, no char limit		N		Other method
Drop down, select one	S	Y		Locators

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Radio button, one-up vertical	S	Y		Find info
Text area, no char limit		N		No info found
Radio button, one-up vertical	S	Y		Preferred access
Text area, no char limit		N		Other preferred access
Radio button, one-up vertical	S	Y		Options to share information
Text area, no char limit		N		Other options for info sharing
Drop down, select one	S	Y		Share button
Drop down, select one	S	N	Adjust template/style sheet	Facebook
Drop down, select one	S	N	Adjust template/style sheet	Twitter
Drop down, select one	S	N	Adjust	Flickr

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
			template/style sheet	
Drop-down, select one	S	N	Adjust template/style sheet	MySpace
Drop-down, select one	S	N	Adjust template/style sheet	YouTube
Drop-down, select one	S	N	Adjust template/style sheet	Del.icio.us
Checkbox, one-up vertical	M	Y		Interaction with site
Text area, no char limit		N		Other site interaction

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Public forum
Text area, no char limit		N		Public forum topics
Text area, no char limit		N		Other services wanted
Text area, no char limit		N		Improvement
Radio button, one-up vertical	S	Y		Encourage Participation
Radio button, one-up vertical	S	Y		Collaboration and Participation
Drop down, select one	S	N		Gender
Drop down, select one	S	N		Age
Drop down, select one	S	N		Education



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		State

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Living area
Text field, <100 char		N		Zip code
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race
Drop down, select one	S	N		Internet hours
Checkbox, one-up vertical	M	Y		Internet usage
Text area, no char limit		N		Other internet usage
Drop down, select one	S	N		Internet



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
				connection