

National Survey on Drug Use and Health: Main Study Pretest

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting Office of Management and Budget (OMB) approval to conduct up to 198 pretesting interviews over three rounds to test a series of new and revised questions on substance use, mental health and associated covariates for the National Survey on Drug Use and Health (NSDUH). This pretest package is submitted under the NSDUH Methodological Field Test generic OMB clearance (OMB Control No. 0930-0290).

NSDUH is sponsored by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) and approved under OMB Control No. 0930-0110. The data collection is a national survey of the U.S. civilian, non-institutionalized population aged 12 and older. This survey is paramount in meeting a critical objective of SAMHSA's mission—to maintain current data on the incidence and prevalence of substance use and mental health problems in the United States. NSDUH has been conducted on a periodic basis from 1971 to 1988, and annually since 1990.

NSDUH is authorized by Section 505 of the Public Health Service Act (42 USC 290aa4 – Data Collection). Section 505 specifically authorizes annual data collection for monitoring the incidence and prevalence of illicit substance use and mental health problems, as well as the abuse of licit substances in the U.S. population.

There are four primary goals for this pretest: first is to conduct cognitive testing on revisions to substance use questions that will reflect changes in the type and forms of drugs available (e.g., marijuana concentrates, synthetic drugs), changes in the street names used for different substances, changes in the methods of administration of these drugs (e.g., vaping), and changes in the type of substance use treatment methods available (such as medication-assisted treatment).

Second, SAMHSA is interested in improving NSDUH's current mental health measures by: 1) adding questions on non-suicidal self-injury (NSSI); 2) adapting the current NSDUH questions on adult suicide ideation for youth respondents; and 3) improving measures of mental health treatment.

Third, recent literature reviews have shown measures such as sleep, chronic pain and experiences with the criminal justice system are important covariates of substance use and mental health. New and/or revised questions on these topics are also included in this pretest to improve the utility of NSDUH data.

Fourth, SAMHSA is interested in assessing usability issues related to self-administered survey questionnaires, specifically how well respondents select their answers and navigate through the instrument.

In preparation for this pretest, the NSDUH questionnaire was revised to address these changes. The revised questions were reviewed by 22 substantive experts in mental health and substance use assessment (listed below in A.8) who are not affiliated with SAMHSA or the Contractor to ensure the updated survey questions were analytically useful and could be easily and accurately answered by survey respondents.

The next phase of this effort is to conduct three rounds of pretesting interviews to assess how well the revised questions perform and how well potential respondents use the survey platform. These interviews will be conducted with respondents who have chronic pain; difficulty sleeping; received alcohol, drug, or mental health treatment in the past year; been recently incarcerated; or used substances such as nicotine, marijuana, and opioids in the past 12 months. Because NSDUH is designed to produce estimates for the civilian population aged 12 or older, interviews will be conducted with both adolescents (aged 12 to 17) and adults (aged 18 or older). In addition, these revised questions will be administered in English and Spanish as is done with the main NSDUH instrument.

The findings from these pretesting interviews will be delivered by September 2019 to assist CBHSQ in its determination of final changes needed to these questions prior to inclusion in field tests in 2020 and 2022, and then for potential inclusion in the main study NSDUH.

2. **Purpose and Use of Information**

The purpose of this pretest is to conduct cognitive and usability testing on new and revised measures for substance use and mental health prior to their inclusion in field tests in 2020 and 2022, and then for potential inclusion in the main study NSDUH. Specifically, the pretest aims to collect and analyze qualitative data from potential NSDUH respondents to evaluate if they understand the concepts and language of the new and revised questions, whether they find them difficult to answer, whether they are able to provide accurate reports of their substance use behaviors and mental health experiences, and whether they have any difficulty selecting answers or navigating through the self-administered survey platform.

Approximately 470 English-speaking individuals will be screened with the goal of enrolling up to 180 respondents into English-language pretesting interviews across the three rounds. Approximately 30 Spanish-speaking individuals will be screened with the goal of enrolling up to 18 respondents in Spanish-language pretesting interviews across Rounds 2 and 3. The pretesting interviews will be conducted with male and female participants who are representative of NSDUH respondents: adults aged 18 or older and adolescents aged 12 to 17.

An overview and description of the questions and content area covered by the Main Study Pretest are provided in Attachment L. For the Main Study Pretest, the full set of questions are presented in Attachment I.

This pretest will recruit a specific subsample of participants similar to NSDUH respondents who would receive the revised NSDUH questions based on experiences with substance use, treatment or other factors (e.g., chronic pain or sleep issues). Because not all respondents will receive all questions, specific recruiting criteria must be met to ensure

all new and revised questions are sufficiently tested. Some participants will qualify for more than one criterion.

As explained in Section A.1, the findings from the pretesting interviews will be used to revise the survey questions to improve accuracy of the data collected. Revised questions will be potentially included in NSDUH in future years.

3. **Use of Information Technology**

Information technology will be used in two primary situations: 1) participant screening; and 2) participant interviewing.

Screening: All English-speaking adult participants (and a small subset of adolescent participants with a recent history of vaping nicotine or other substances, or who have difficulty sleeping) will be screened for eligibility using a short questionnaire administered via the web. All other adolescent participants will be screened over the telephone (once parental consent has been received). Spanish-speaking participants will be screened over the telephone or in-person.

The web recruitment screener will be programmed using a web survey platform that uses secure (i.e., https) share links, is password protected, and is hosted inside a network that is FIPS-Moderate compliant. Response data will be collected and stored in SQL Server databases that reside inside a FIPS-Moderate security perimeter. Electronic screening data are accessible only within a FIPS-Moderate Virtual Desktop Infrastructure (VDI) environment.

Responses to the phone recruitment screening for adolescents and Spanish-language speakers will be recorded on hardcopy or recorded electronically into an Excel spreadsheet in a FIPS-Moderate network by authorized staff. All hard-copy screeners completed for in-person screening of Spanish-speaking participants will not include a name and will include only a unique participant ID number. They will then be transcribed electronically and secured within the Contractor's FIPS-Moderate network. Hard copies will be destroyed once a digital record has been made.

During the recruitment screening, information will be collected on each respondent's age, race/ethnicity, education, phone number, city of residence, any significant physical limitation that could preclude participation, past substance use, past year treatment for alcohol, drugs or mental health, past year sleep issues, past year issues with chronic pain, and recent incarceration. The telephone numbers collected will be used to remind the participants about upcoming appointments and to recruit additional participants placed on a wait list if some of the originally recruited participants are no longer available or miss an appointment.

Each individual screened will be assigned a unique case number, so participants' names will not be stored with their interview responses.

Screening responses stored electronically will be destroyed within four weeks after the final memorandum with the pretesting interview findings is completed and approved by CBHSQ.

Interviewing: Information technology will be used for both adolescents and adults in administering the pretesting interviews via computer-assisted personal interviewing (CAPI) and audio computer-assisted self-interviewing (ACASI), the same technology used for main study NSDUH interviews. However, the instrument used in this pretest will be administered via an updated version of the software, utilizing Blaise 5 instead of Blaise 4.8. Information technology will also be used for audio recording and screen capture, as well as enabling interview streaming to allow secured, remote observation of interviews by CBHSQ staff.

In all rounds, lightweight, ultra-book laptops will be used, identical to those used for the 2018 NSDUH main study data collection. The interview will use a combination of CAPI and ACASI. All interviews will be conducted by experienced survey methodologists with many years of experience with cognitive and usability interviewing.

The interview will begin after the participant has given his or her consent. The consent procedure includes consent for the interview, as well as consent for audio/screen recording and observation using online streaming. Participants can refuse consent for audio/screen recording and observation, and the interview will proceed without those elements. In such instances, the interviewer will take handwritten notes.

If the participant consents to recording, audio/screen recordings of the participant's ACASI interview experience will be created on the encrypted project laptop using audio/screen capture software such as Camtasia® or a comparable product. It will include only a recording of what the respondent saw on the laptop display, including the respondent's interaction with the ACASI instrument (mouse movements and clicks). The audio component of the recordings will include audio generated by the ACASI instrument, as well as any audible interaction between the respondent and the interviewer. The audio and screen capture recordings will not contain any information that identifies a respondent. The recorded files will be identified by a unique participant ID number. Data structures linking the recording IDs to participants will be stored in a FIPS-Moderate network. Recordings will be destroyed within four weeks after the final memorandum with the pretesting interview findings is completed and approved by CBHSQ.

If consent is provided for observation, and there are staff observing remotely, then remote observation (via a program such as Zoom Cloud Meetings) will be viewable only through a password-protected link. Broadband internet cards will be used to create wireless internet hotspots in all interview locations outside the secured network at the Contractor's facilities. The use of these broadband cards will enhance security of the interviews by limiting access to the wireless network to only authorized project staff. Observing the interview includes listening to the interviewer/respondent interaction and watching a screen sharing of only what is displayed on the participant's screen. It will not include any visual of the participant's face or body or images of the room where the interview is taking place.

The interview will begin with the interviewer asking the participant for demographic information such as age (to determine how the interview program should route the participant through questions in the interview). After the CAPI portion of the interview, the interviewer will show each respondent how to navigate through the interview program. Participants will then complete a tutorial to learn how to use the ACASI portion of the

survey. The ACASI tutorial questions were revised due to changes in the Blaise 5 programming software that will be used for this pretest.

Adolescents recruited via online ads or vape shops and who complete the web recruitment screener will only receive the core demographics, audio computer-assisted self-interview (ACASI) tutorial, nicotine and sleep modules due to the potential risk of asking sensitive questions to those not already seeking treatment for substance use or mental health issues.

All other adolescents and adult pretesting participants will complete a key set of modules including core demographics, ACASI tutorial, and the main substance use modules (except for prescription drugs) even if they were not screened as a past year substance user. This will ensure pretesting participants have an experience like that of NSDUH respondents. To reduce burden, these pretesting interviews will use abridged versions of the substance use modules, asking about lifetime use, recency, frequency and needle use (if applicable). Age of first use will only be asked for new questions on vaping and marijuana. Although all pretesting participants will receive these questions, only certain participants will be probed on these modules by the interviewer based on predetermined recruitment criteria. The prescription pain relievers and stimulants modules will only be asked of participants who reported use in the recruitment screeners, due to their administration time and because only the needle use questions are being revised. These participants will be asked the corresponding misuse questions from the main modules and needle use questions (if applicable).

The other modules will only be offered to participants eligible as a result of screening, as well as a small number of participants who did not screen in. With the exception of youth suicide and NSSI, all modules will be administered to a combination of participants who screened in for those particular criteria as well as some who did not screen in. It is important to test the questions with participants who do not meet the criteria to ensure the questions do not generate false positives.

For all three rounds of interviews, participants will be given the option of having questions played over the computer's speakers or turning off the sound and reading the questions aloud. These procedures are required so the interviewer can ask the participant probes after certain questions. Providing participants the option of hearing the questions or reading them allows the pretesting interview process to more closely mimic an actual NSDUH interview where participants can turn down the volume and read the questions, if desired.

Pretesting interviewers may take notes electronically on their laptops, which are also secured with Check Point Endpoint disk encryption software. Thus, the data on the laptops will be encrypted. Any hard-copy notes that are then transcribed electronically will not include any personally identifiable information (PII). All names and any other PII will be redacted before transcribing. Interviewers will use a unique case number rather than the participant's name on all interview notes. Other electronic files containing personal information such as telephone numbers will be password protected. The electronic files and hard copies will be destroyed within four weeks after the final memorandum with the pretesting interview findings is completed and approved by CBHSQ.

4. Efforts to Identify Duplication

CBHSQ is in contact with all major federal health survey managers and is aware of no other efforts to assess how potential respondents may react to changes made to the NSDUH questionnaire. To date, no duplication of effort has been identified.

5. Involvement of Small Entities

This survey does not involve small businesses or other such entities.

6. Consequences If Information Is Collected Less Frequently

This data collection is designed to revise mental health and substance use questions prior to their inclusion in NSDUH field tests in 2020 and 2022, and then for potential inclusion in the main study NSDUH. To meet this deadline, collection and reporting of the interview results must conclude by September 2019 so the new questions can be included in the field tests. This pretest is a one-time collection and will not be repeated.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The revised questions were reviewed by 22 substantive experts in mental health and substance use assessment who are not affiliated with SAMHSA or the Contractor, shown in Table 1. The goal of the expert review was to ensure the survey questions were analytically useful and could be easily and accurately answered by survey respondents.

Table 1. Mental Health and Substance Use Experts Consulted by SAMHSA

Name	Affiliation	Topic
Andrea Villanti	University of Vermont	ENDS
Ben Druss	Emory University	Alcohol, Drug, and Mental Health Treatment
Blair Coleman	U.S. Food & Drug Administration	ENDS
Bonnie Halpern-Travers	Roswell Park	ENDS
Brian King	Centers for Disease Control and Prevention	ENDS
Christine Grella	University of California, Los Angeles	Alcohol, Drug, and Mental Health Treatment
David Shern	N/A	Alcohol, Drug, and Mental Health Treatment
Erin Sutfin	Wake Forest School of Medicine	ENDS
Gary Giovino	SUNY Buffalo	ENDS
Jennifer Pearson	University of Nevada, Reno	ENDS
Jennifer Wagner	U.S. Department of Health and Human Services	ENDS
Jessica Barrington-Trimis	University of Southern California	ENDS
Jonathan Foulds	Penn State University	ENDS
Kevin Conway*	National Institute on Drug Abuse	Alcohol, Drug, and Mental Health Treatment
Mark Olfson	Columbia University Medical Center	Alcohol, Drug, and Mental Health Treatment

Rachel Grana Mayne	National Cancer Institute	ENDS
Richard Miech	University of Michigan	ENDS
Rick Harwood	National Association of State Alcohol and Drug Abuse Directors	Alcohol, Drug, and Mental Health Treatment
Sam Zuvekas	Agency for Healthcare Research and Quality	Alcohol, Drug, and Mental Health Treatment
Saul Shiffman	Pinney Associates	ENDS
Suchitra Krishnan-Sarin	Yale University	ENDS
Terry Zobeck	Office of National Drug Control Policy	Alcohol, Drug, and Mental Health Treatment

*: Dr. Conway currently works for the NSDUH Contractor but was employed by NIDA when consulted as part of these expert reviews.

9. Payment to Respondents

Both adult (aged 18 or older) and adolescent (aged 12 to 17) pretesting interview participants will be given \$40 cash upon completion of the interview. This amount was previously approved by OMB in July 2018 for use with pretesting interviews under NSDUH’s generic OMB clearance (OMB Control No. 0930-0290).

The interviews will last 60 to 75 minutes (on average) and not exceed 90 minutes. This incentive amount will be sufficient to compensate for the participants’ time and any travel expenses incurred. This amount is consistent with the amount requested for other studies of this length.

This incentive amount is recommended for adolescents as well as adults based on experience recruiting adolescents. Although parents must accompany adolescents to the interviews, payment is not provided to the parents as it may place undue pressure on the adolescent to participate. Given the relationship of the schedule for pretest interviewing to the schedule for conducting a field test of the revised NSDUH instrument in 2020, significant delays in recruiting participants with a lower incentive amount could adversely affect the timely implementation of these future activities.

The incentive for the pretesting interview is mentioned in the following materials: Recruitment Flyers (Attachment A), Web Recruitment Screeners (Attachment B), Telephone Recruitment Screener (Attachment C), Parental Permission Form (Attachment D), Participant Informed Consent/Assent Form (Attachment E), Pretesting Introductory Script (Attachment F), and Pretesting Interview Receipt for Participation (Attachment G).

10. Assurance of Confidentiality

Concern for the confidentiality and protection of respondents’ rights has always played a central part in the implementation of NSDUH and will continue to be given the utmost emphasis.

The Contractor’s Institutional Review Board (IRB) was granted a Federalwide Assurance (Attachment H) by the Office for Human Research Protections (OHRP) and the U.S. Department of Health and Human Services (HHS) in compliance with the requirements for the protection of human subjects (45 CFR 46). The Contractor’s IRB will approve the protocols and consent forms for these pretesting interviews prior to any respondent contact. The IRB's primary concern is protecting respondents’ rights, one of which is

maintaining the confidentiality of respondent information. By obtaining IRB approval for NSDUH procedures and materials, CBHSQ is assured that respondent confidentiality will be maintained.

The interviews for this pretest will incorporate several procedures to ensure respondents' rights will be protected. The Recruitment Flyers (Attachment A) will advertise to the participants that "all responses will be kept confidential under federal law." Also, the Web Recruitment and Telephone Recruitment Screeners (Attachments B and C), Parental Permission Form (Attachment D), and the Participant Informed Consent/Assent Forms (Attachment E) all indicate to the participants that the interview will be conducted in private to ensure the following:

- no one aside from authorized project staff at CBHSQ or the Contractor will overhear their answers;
- all answers will be kept private and confidential;
- information given by the participants will not be shared with any persons outside the authorized project staff;
- their name will never be connected with the answers they provide; and
- federal law (Confidential Information Protection and Statistical Efficiency Act of 2002 [CIPSEA]) requires that their answers be kept confidential and used only for statistical purposes.

In these same study materials, participants are informed that their responses are voluntary and are assured there will be no penalties if they decide not to respond, either to the information collection as a whole or to any particular question.

The telephone numbers collected during recruitment and screening will be used to remind participants about their upcoming appointments and to recruit additional participants placed on a wait list if any originally-recruited participant is no longer available or misses an appointment.

All internal communication among project staff regarding participants will include a unique participant ID number rather than the participant's name or contact information.

All recruitment materials connecting the first name of the participant with his or her last name and other personal information will be locked in a cabinet (if in hard-copy form) or password protected (if in electronic form). All electronic files and hard copies containing identifying information will be destroyed within four weeks after CBHSQ approves the final memorandum with the pretesting interview findings.

For those selected for the pretesting interview, recruiters will schedule a time to conduct one-on-one interview appointments at one of the following locations:

- the Contractor's cognitive laboratory facilities;
- a drug, alcohol or mental health treatment facility; or
- another private location, such as a private room in a public library or community center.

For interviews conducted with adolescents, parents will accompany adolescents to the interview. Upon arrival at the assigned facility, the interviewer will review the consent form and assent forms (Attachment D, Parental Permission Form; Attachment E, Participant Informed Consent/Assent Forms) with both the adolescent and the parent or guardian and collect verbal consent.

For interviews conducted with adults, interviewers will review the consent form with the participant and collect verbal consent. To protect respondent anonymity, the informed consent/assent form and parental permission form will be signed only by the interviewer after receiving verbal consent/assent from the participant. Participants will receive a copy of the consent, assent, and parental consent forms.

Only those respondents who give verbal consent/assent to participate will be interviewed. Participants will also be asked to provide consent to have the interview audio/screen recorded. In the event that authorized project staff are present to observe (remotely or in-person), participants will provide consent for that observation to take place. If participants decline to have the interview recorded or observed, the interview will still be conducted without any recording or observations.

During the pretesting interviews, age and gender will be collected from all participants but only to inform the interview program which questions to display and to tailor wording. No links to individual participants will be preserved in the pretesting interview memorandum, and PII will not be included in the data or final memorandum delivered to CBHSQ.

11. Questions of a Sensitive Nature

Many of the questions to be tested concern topics likely to be of a sensitive nature, including nicotine use by persons under 18, alcohol use by persons under 21, use of illegal drugs, suicide, self-harm, and experiences with substance use treatment or mental health treatment. Consequently, some questions could be distressing to respondents. The questions and potential probes included in this pretesting interview are provided in Attachment I, Pretesting Interview Survey Questions. The pretesting interview introductory script is provided in Attachment F.

Measures will be taken to reduce risks to the respondents. Due to the potential risk of asking such sensitive questions to adolescents who are not already seeking mental health treatment, the youth suicide and NSSI modules will only be administered to adolescents who reported in the telephone recruitment screener they received mental health treatment in the past 12 months. Adolescents who complete the web recruitment screener online are not asked about mental health treatment during screening, and thus will be excluded from receiving the youth suicide and NSSI modules. Only those adolescents screened by phone will be asked about mental health treatment in the past 12 months and, depending on their responses, be eligible to receive the youth suicide and NSSI modules.

For participants interviewed onsite at treatment facilities, arrangements will be made with the programs to have a counselor on call at the facility during the times when interviews will be conducted, in case any treatment clients participating in the study become upset by the interview questions and want to speak with a counselor. For participants being interviewed at the Contractor's facilities who become upset with the questions and would like to speak with someone, referral options include a health care provider (if applicable),

the Boys Town National Hotline (1-800-448-3000), and the Lifeline Network (1-800-273-TALK [8255]). Participants recruited from outside of substance use treatment who request information on substance use treatment options will be referred to SAMHSA's 24-hour toll-free Treatment Referral Helpline (1-800-662-HELP [4357]). These procedures are outlined in the Distressed Respondent Protocol in Attachment J.

In addition, all participants regardless of age will be reminded periodically not to report anything that could identify another person, such as referencing individuals who sold or gave them illegal drugs. At the start of the interview, the interviewer will give examples of ways a participant may talk about another person and examples of ways not to talk about someone (Attachment F, page 1). As further protection, the interviewer will interrupt participants who appear ready to report identifying information about themselves or someone else in response to a question/probe.

As noted in A.10, participants will be assured at all stages of the recruiting and interviewing processes that the information they provide is voluntary and will be handled in a confidential manner. These efforts will help participants feel more comfortable with the interview situation and more at ease with the interviewer.

Data from the recruitment screener, pretest interviewing protocols, and screen/audio recordings that include sensitive information will be stored in locked cabinets (if in hard-copy form) or password protected (if in electronic form) during the recruiting and interview process. None of this information will be retained once the data have been extracted and aggregated; nor will the information become part of a system of records containing permanent identifiers that can be used for retrieval.

12. Estimates of Annualized Hour Burden

Approximately 500 individuals will be screened, and up to 198 of the screening respondents will be enrolled across three rounds of pretesting interviews. The targeted final sample size for completed interviews in Round 1 is 60 (26 English-speaking adolescents, 34 English-speaking adults, and 0 Spanish-speaking adults). The targeted final sample size for completed interviews in Rounds 2 and 3 is 69 per round (26 English-speaking adolescents, 34 English-speaking adults, and 9 Spanish-speaking adults).

Administration of the recruitment screener during the recruitment process will take an average of 5 minutes per participant. It is estimated the average amount of time required to conduct each pretesting interview, including consent, will be approximately 60 to 75 minutes. All interviews will be capped at 90 minutes.

The recruitment, pretesting interviewing, and analysis phases for all three rounds of interviews for this pretest will span approximately nine months, from January 2019 through September 2019.

The respondent burden for this pretest is shown in Table 2. The hourly wage of \$18.48 was calculated based on weighted data from 2017 NSDUH respondents' personal annual income reports.

Table 2. Estimated Burden for Main Study Pretest

Activity	Number of Respondents	Responses per Respondent	Average Burden per Response (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Hour Cost
Screening	500	1	0.083	41.50	\$18.48	\$766.92
Full Pretesting Interviews	198	1	1.250	247.50	\$18.48	\$4,573.8
TOTAL	698	–	–	289.00	–	\$5,340.72

13. Estimates of Annualized Cost Burden to Respondents

There are no capital, start-up, operational, or maintenance costs to respondents.

14. Estimates of Annualized Cost to the Government

Total costs associated with the pretesting interviews are estimated to be \$402,855 over a 12-month period. Of the total costs, approximately \$339,355 are for contract costs (e.g., recruiting for, conducting, analyzing, and reporting on pretesting interviews), and approximately \$63,500 represents CBHSQ costs to manage the task.

15. Changes in Burden

Currently there are 2,684.55 total burden hours in the OMB inventory. For the main study pretest, SAMHSA is requesting 289 burden hours.

16. Time Schedule, Publication, and Analysis Plans

These pretesting interviews will be used to test the wording changes and question additions being considered for the NSDUH questionnaire. The sample size and design do not allow for statistical inference to be conducted; therefore, the analyses will be qualitative. Debriefings with the interviewers will be conducted to learn from their experiences regarding participants’ reactions and responses to the survey questions and interviewer probes. The results will be summarized in a memorandum and used to make recommendations for questions to be revised and/or included in NSDUH field tests in 2020 and 2022, and then for potential inclusion in the main study NSDUH.

The schedule for the pretesting interviews for the Main Study Pretest is included in Table 3.

Table 3. Schedule for Main Study Pretest

Subtask	Date
Recruiting for pretesting interviews begins	1/10/2019
Round 1 pretesting interviews begin	1/10/2019
Recruiting for Round 2 pretesting interviews begins	4/11/2019
Round 2 pretesting interviews begin	4/18/2019
Recruiting for Round 3 pretesting interviews begins	6/27/2019
Round 3 pretesting interviews begin	7/5/2019
All pretesting interviews completed	7/29/2019
Final pretesting interview memorandum delivered to SAMHSA	9/19/2019

17. Display of Expiration Date

The OMB expiration date will be displayed on the Parental Permission Form (Attachment D) and Participant Informed Consent/Assent Forms (Attachment E).

18. Exceptions to Certification Statement

The certifications are included in this submission and fully comply with 5 CFR 1320.9